

Medicaid State Plan - Attachment 2

Groups Covered and Eligibility Determinations

Contents

NOTE: Some pages, sections, and subsections in this Attachment have been replaced with the State Plan Amendments (SPAs) listed under "[Eligibility State Plan Amendments \(SPAs\) that replace certain sections listed above](#)" at the end of the Table of Contents. References to the replacement SPAs are incorporated where possible.

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Eligibility State Plan Amendments (SPAs) that replace certain sections listed above

- | | |
|--------------------------------|---|
| <u>14-0022</u> | Presumptive eligibility determinations by hospitals |
| <u>14-0024</u> | Income Limit for Parents and Other Caretaker Relatives |
| <u>14-0031</u> | Medicaid eligibility marriage policy – same sex couples |
| <u>19-0002</u> | Adds the non-MAGI methodologies and the current state plan coverage of mandatory and optional eligibility groups |
| <u>20-0006</u> | Provides full-scope Medicaid services to individuals with blindness or disability who meet employment requirements of the state's Medicaid Buy-in program – Ticket to Work |
| <u>20-0030</u> | Excludes resources accumulated in a separate account that result from earnings during an individual's enrollment in the buy-in program. Applies to the medically needy program and multiple non-MAGI Medicaid eligibility groups, including the Medicare Savings Program. |
| <u>21-0022</u> | Removes the reasonable opportunities pilot. Adds two additional immigrant statutes that are not to be considered lawfully present. |
| <u>22-0034</u> | Disregard all countable resources in determining eligibility for the QMB, SLMB, and QI eligibility groups |
| <u>23-0008</u> | Coverage for Former Foster Care Children |

24-0003

Eligibility for 1915(i) Community Behavioral Health
Support Services

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

State Definition of a Health Maintenance Organization:

A "Health Maintenance organization" is: any organization receiving a certificate of registration or a certificate of authority by the insurance commissioner which provides comprehensive health care services to enrolled participants on a group practice per capita prepayment basis or on a prepaid individual practice plan or otherwise accepts prepayment for health care services and which qualifies as a health maintenance organization pursuant to chapter 48.46 Revised Code of Washington (RCW) or as a health care service contractor pursuant to chapter 48.44 RCW: or the Washington Basic Health Plan operating pursuant to chapter 70.47 RCW.

An Health Maintenance Organization also meets the requirements of 42 CFR 434.20 (c)(2).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR
ELIGIBILITY DETERMINATIONS

Agency*	Citation(s)	Groups Covered
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Page replaced by SPA 13-0030

The following groups are covered under this plan.

A. Mandatory Coverage – Categorically Needy and Other Required
Special Groups

IV-A	42 CFR 435.110	1. Recipients of AFDC The approved State Plan AFDC includes: <u>X</u> Families with an unemployed parent for the mandatory 6-month period and an optional extension of <u>6</u> months. <u>X</u> Pregnant women with no other eligible children. <u>X</u> AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training. The standards for AFDC payments are listed in Supplement 1 of Attachment 2.6-A.
IV-A	42 CFR 435.115	2. Deemed Recipients of AFDC a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Agency*	Citation(s)	Groups Covered
IV-A	A.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
		2. Deemed Recipients of AFDC (cont)
	1902(a)(10)(A)(i)(I) of the Act	Replaced by SPA 13-0030 b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act
	402(a)(22)(A)	Replaced by SPA 13-0030 c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.
	406(h) and 1902(a)(10)(A)(i)(I) of the Act	See SPA 19-0002 d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or Increased collection of support and meets the requirements of section 406(h) of the Act.
	1902(a) of the Act	e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster title IV-E of the Act.

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Agency*	Citation(s)	Groups Covered
IV-A		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	407(b), 1902 (a)(10)(A)(i) And 1905(m)(l)	Replaced by SPA 13-0030, now obsolete 3. Qualified Family Members Effective October 1, 1990, qualified family member who would be eligible to receive AFDC under section 407 of the Act because the principle wage earner is unemployed. <u>X</u> Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.
	1902(a)(52) and 1925 of the Act	See SPA 19-0002 4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Agency*	Citation(s)	Groups Covered
<i>Page replaced by SPA 13-0030, now obsolete</i>		
IV-A	A.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	42 CFR 435.113	5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are: <ul style="list-style-type: none">a. Families denied AFDC solely because of income and resources deemed to be available from—<ul style="list-style-type: none">(1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;(2) Grandparents;(3) Legal guardians; and(4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Agency*	Citation(s)	Groups Covered
IV-A	A.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
		Replaced by SPA 13-0030, now obsolete
		6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
		<u>X</u> Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
		<u>X</u> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
		— Not applicable with respect to intermediate care facilities; State did or does not cover this service.
		Replaced by SPA 13-0030
	1902(a)(10) (A)(i)(III) And 1905(n) of The Act	7. Qualified Pregnant Women and Children a. A pregnant woman whose pregnancy has been medically verified who— (1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation(s) Groups Covered

Page replaced by SPA 13-0030

- A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
- (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
- b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resources of the State's approved AFDC plan.
- 1902(a)(10)(A)
(i)(III) and
1905(n) of the Act

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation(s) Groups Covered

Page replaced by SPA 13-0030

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continue)

1902(a)(10)(A)
(i)(IV) and
1902(1)(1)(A) and
the Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the federal poverty level described in section 1902(a)(10)(i)(IV) and (B) of 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to Attachment 2.6-A.

X The State uses a percentage greater than 133 but not more than 185 percent of the federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902(a)(10)(A)
1902(1)(1)(c)
(i)(VI)

- a. who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the federal poverty levels.

1902(a)(10)(A)(i)
(VII) and 1902(1)
(1)(D) of the Act

- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the federal Poverty levels.

Income levels for these groups are specified in Supplement 1 to Attachment 2.6-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Citation(s)	Groups Covered
	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	Replaced by SPA 13-0030, now obsolete
1902(a)(10) (A)(i)(V) 1905(m) of the Act	10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.
	Replaced by SPA 13-0030
1902(e)(5) of the Act	11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
1902(e)(6) of the Act	b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation(s)	Groups Covered
	See SPA 19-0002
	A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)
42 CFR 435.117 1902(e)(4) of the Act	12. A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth.
42 CFR 435.120 Assistance	13. Aged, Blind and Disabled Individuals Receiving Cash <u>X</u> a. Individuals receiving SSI. This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1982, persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act. <u>X</u> Aged <u>X</u> Blind <u>X</u> Disabled

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State WASHINGTON

Citation(s)	Groups Covered
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See SPA 19-0002

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

435.121

13. / / b.

Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)
of the Act

- Aged
- Blind
- Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Agency*	Citation(s)	Groups Covered
See SPA 19-0002		
SSI	1902(a) (10)(A) (i)(II) and 1905 (q) of the Act	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 14. Qualified severely impaired blind and disabled individuals under age 65, who- a. For the month preceding the first month of eligibility under the requirements of section 1905 (q) (2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619 (a) of the Act and were eligible for Medicaid; or b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must- (1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled; (2) Except for earnings, continue to meet all non-disability-related requirements for eligibility for SSI benefits; (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
See SPA 19-0002		
SSI	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)	<ul style="list-style-type: none"><li data-bbox="675 625 1166 741">(4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and<li data-bbox="675 779 1179 1020">(5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.<li data-bbox="675 1052 1399 1171">/ / Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients

* Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Agency*	Citation(s)	Groups Covered
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See SPA 19-0002

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1619(b)(3) of the Act	/ /	The state applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.
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*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Agency*	Citation(s)	Groups Covered
See SPA 19-0002		
SSI		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	1634(c) of the Act	15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who-- a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. / / c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. / / d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
	42 CFR 435.122	Now obsolete 16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency Provides Medicaid under S435.230), because of requirements that do not apply under title XIX of the Act.
	42 CFR 435.130	See SPA 19-0002 17. Individuals receiving mandatory State supplements.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Agency*	Citation(s)	Groups Covered
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See SPA 19-0002

SSI	A.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
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42 CFR
435.131

18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

/X/ In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

X Aged X Blind X Disabled

// Not applicable. In December 1973, the essential spouse was not eligible for Medicaid

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Agency*	Citation(s)	Groups Covered
See SPA 19-0002		
SSI		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
-	42 CFR 435.132	19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they-- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and b. Remain institutionalized; and c. Continue to need institutional care.
-	42 CFR 435.133	20. Blind and disabled individuals who-- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and b. Were eligible for Medicaid in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
See SPA 20-0030		
SSI	A.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	42 CFR 435.134	21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
		/X/ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
		/X/ Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
		/ / Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Agency*	Citation(s)	Groups Covered
See SPA 19-0002		
SSI		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	42 CFR 435.135	22. Individuals who - a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income. / / Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients. / / Not applicable because the State applies more restrictive eligibility requirements than those under SSI. / / The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

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State WASHINGTON

Agency*	Citation(s)	Groups Covered
See SPA 19-0002		
SSI	A.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	1634 of Of the Act	23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21. and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.
		// Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.
		// The State applies more restrictive eligibility

*Agency that determines eligibility for coverage.

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State WASHINGTON

Agency*	Citation(s)	Groups Covered
See SPA 19-0002		
SSI	A.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	1634(d) Of the Act	24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.
		— The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.
		— In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in §1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.
		— In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to be disregarded is specified in Supplement 4 to Attachment 2.6-A.
		— In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in §1634(d)(1)(A) in determining the income of the individual.

*Agency that determines eligibility for coverage.

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STATE PLAN UNDEER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation(s)

Groups Covered

See SPA 20-0030

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(i),
1905(p) and
1860D-14(a)(3)(D)
of the Act

25. Qualified Medicare beneficiaries-

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer index.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),
1905(p)(3)(A)(i)
And 1905(s)
of the Act

26. Qualified disabled and working individuals-

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation(s)	Groups Covered
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See SPA 20-0030

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- a. Whose resources do not exceed two times the SSI resource limit.
- a. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

1902(a)(10)(E)(iii),
1905(p)(3)(A)(ii), and
1860D-14(a)(3)(D)
of the Act

27. Specified Low-Income Medicare Beneficiaries --

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. whose income is greater than 100 percent but less than 120
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Citation(s)

Groups Covered

See SPA 20-0030

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(iv)
and 1905(p)(3)(A)(ii)
and 1860D-14(a)(3)(D)
of the Act

28. Qualifying Individuals --

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. whose income is at least 120 percent but less than 135 percent of the Federal poverty level;
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

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Agency*	Citation(s)	Groups Covered
IV-A	B. Optional Groups Other Than the Medically Needy	
		Replaced by SPA 13-0030
	42 CFR 435.210 1902 (a) (10)(A)(ii) and 1905(a) of The Act	<input checked="" type="checkbox"/> 1. Individuals described below who meet the income and resources requirements of AFDC, SSI, or an optional state supplement as specified in 42 CFR 435.230, but who do not receive cash assistance. <input checked="" type="checkbox"/> The plan covers all individuals as described above. <input type="checkbox"/> The plan covers only the following group or groups of individuals: <input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled <input type="checkbox"/> Caretaker relatives <input type="checkbox"/> Pregnant women
	Section 1902 (V)(1) (42 U.S.C. 1396a)	<input checked="" type="checkbox"/> The plan covers individuals not receiving SSI who the State finds blind or disabled and who are determined otherwise eligible for assistance during the period of time prior to which a final determination of disability or blindness is made by Social Security Administration. The State applies the definitions of disability and blindness found in Section 1614 (a) of the Social Security Act.
		See SPA 19-0002
42 CFR		<input checked="" type="checkbox"/> 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

*Agency that determines eligibility for coverage

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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 &
1902l(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508 (section
4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO), or a primary care case management organization (PCCM) program, but who have enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to HMO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

The State elects not to guarantee eligibility.

The State elects to guarantee eligibility. The minimum enrollment period is _____ months (not to exceed six).

The State measures the minimum enrollment period from:

The date beginning the period of enrollment in the HMO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.

The date beginning the period of enrollment in the HMO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

The date beginning the last period of enrollment in the HMO or PCCM as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

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Citation(s)

Groups Covered

1932(a)(4) of
the Act

B. Optional Groups Other Than the Medically Needy
(Continued)

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirements applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

Disenrollment rights are restricted for a period of months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

No restrictions upon disenrollment rights.

1903(m)(2)(H),
1902 (a)(52) of
the Act
P.L. 101-508
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

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Agency*	Citation(s)	Groups Covered
See SPA 20-0030		
IV-A	B. Optional Groups Other Than the Medically Needy (Continued)	
42 CFR 435.217	<u>X</u>	4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915l waiver under which this group(s) is covered. In the event an existing 1915l waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.
	<u>X</u>	PACE enrollees

*Agency that determines eligibility for coverage.

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See SPA 19-0002

IV-A	B.	Optional Groups Other Than the Medically Needy (Continued)
	1902(a)(10) (A)(ii)(VII) of the Act	/X/ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.
		/X/ The State covers all individuals as described above.
		/ / The State covers only the following group or groups of individuals:
		<input type="checkbox"/> Aged
		<input type="checkbox"/> Blind
		<input type="checkbox"/> Disabled
		<input type="checkbox"/> Individuals under the age of-
		<input type="checkbox"/> 21
		<input type="checkbox"/> 20
		<input type="checkbox"/> 19
		<input type="checkbox"/> 18
		<input type="checkbox"/> Caretaker relatives
		<input type="checkbox"/> Pregnant women

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
IV-A		B. Optional Groups Other Than the Medically Needy (Continued)
	42 CFR 435.220	Now obsolete 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC. <input type="checkbox"/> The State covers all individuals as described above.
	1905(a)(10)(A)	<input type="checkbox"/> The State covers only the following group or groups of individuals: <input type="checkbox"/> Individuals under the age of – <input type="checkbox"/> 21 <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18 <input type="checkbox"/> Caretaker relatives <input type="checkbox"/> Pregnant women
	42 CFR 435.222 1902(a)(10) (A)(ii) 1905(a)(i) of the Act	Replaced by SPA 13-0030 7. <input checked="" type="checkbox"/> a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below. <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 19 <input type="checkbox"/> 18

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Agency*	Citation(s)	Groups Covered
Page replaced by SPA 13-0030		
IV-A	B.	Optional Groups Other Than the Medically Needy (Continued)
	42 CFR 435.222	<p data-bbox="667 604 1333 667"><u>X</u> b. Reasonable classifications of individuals Described in (a) above as follows:</p> <p data-bbox="764 699 1427 783"><u>X</u> (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:</p> <p data-bbox="951 814 1427 909"><u>X</u> (a) In foster homes (and are under the age of <u>21</u>).</p> <p data-bbox="951 940 1427 1035"><u>X</u> (b) In private institutions (and are under the age of <u>21</u>).</p> <p data-bbox="967 1066 1427 1308"><u>X</u> (c) In addition to the group under b. (1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of <u>21</u>).</p> <p data-bbox="764 1339 1427 1434"><u>X</u> (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of <u>21</u>).</p> <p data-bbox="764 1465 1427 1560"><u>X</u> (3) Individuals in NFs (who are under the Age of <u>21</u>). NF services are provided under this plan.</p> <p data-bbox="764 1612 1427 1703"><u>X</u> (4) In addition to the group under (b)(3), individuals in ICFa/MR (who are under the age of <u>21</u>).</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Agency*	Citation(s)	Groups Covered
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Page replaced by SPA 13-0030

IV-A	B.	Optional Groups Other Than the Medically Needy (Continued)
	<u>X</u>	(5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of <u>21</u>). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

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Agency*	Citation(s)	Groups Covered
Page replaced by SPA 13-0030		
IV-A	1902(a)(10) (A)(ii)(VIII) Of the Act	<p data-bbox="570 468 1386 497">B. Optional Groups Other Than the Medically Needy (continued)</p> <p data-bbox="667 529 1490 739">8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the of the Act) who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child as special needs for medical or rehabilitative care, and who before execution of the agreement –</p> <ul style="list-style-type: none"> <li data-bbox="761 772 1360 831">a. Was eligible for Medicaid under the State's approved Medicaid plan; or <li data-bbox="761 865 1425 982">b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-foster care program were applied rather than the AFDC standards and methodologies. <li data-bbox="761 1016 1393 1075">c. There are no income or resource tests for this population. <p data-bbox="761 1108 1317 1138">The State covers individuals under the age of –</p> <ul style="list-style-type: none"> <li data-bbox="761 1171 886 1201"><u> X </u> 21 <li data-bbox="761 1205 886 1234">— 20 <li data-bbox="761 1239 886 1268">— 19 <li data-bbox="761 1272 886 1302">— 18

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Citation(s) Groups Covered

Page replaced by SPA 13-0030, now obsolete

B. Optional Groups Other than the Medically Needy (continued)

42 CFR 435.223	<u>X</u>	9.	Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:
1902(a)(10) (A)(ii) and 1905(a) of The Act	___	___	Individuals under the age of –
		___	21
		___	20
		___	19
		___	18
		___	Caretaker relatives
		___	Pregnant women

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See SPA 19-0002

B. Optional Groups Other Than the Medically Needy (Continued)

SSI	42 CFR 435.230	/X/ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.
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The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is—

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

 X (1) All aged individuals.

 X (2) All blind individuals.

 X (3) All disabled individuals.

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Agency*	Citation(s)	Groups Covered
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See SPA 19-0002

B. Optional Groups Other Than the Medically Needy (Continued)

SSI	42 CFR 435.230	<input checked="" type="checkbox"/> (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input checked="" type="checkbox"/> (5) Blind individuals in domiciliary facilities or other group living arrangements as refined under SSI.
		<input checked="" type="checkbox"/> (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input checked="" type="checkbox"/> (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input type="checkbox"/> (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input type="checkbox"/> (9) Individuals in additional classifications approved by the Secretary as follows:

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See SPA 19-0002

SSI B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 X Yes.
 No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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See SPA 19-0002

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.121
435.230
1902(a)(10)
(A)(ii)(XI)
of the Act

/ /

11. Section 1902(8 States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is—

- a. Based on need and paid in cash on a regular basis.
- d. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- e. Available to all individuals in each classification and available on a Statewide basis.
- f. Paid to one or more of the classifications of individuals listed below:
 - ___ (1) All aged individuals.
 - ___ (2) All blind individuals.
 - ___ (3) All disabled individuals.

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Citation(s)	Groups Covered
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See SPA 19-0002

B. Optional Groups Other Than the Medically Needy (Continued)

- ___ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ___ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ___ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ___ (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ___ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ___ (9) Individuals in additional classifications approved by the Secretary as follows:

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Groups Covered

See SPA 19-0002

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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Agency*	Citation(s)	Groups Covered
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See SPA 19-0002

B. Optional Groups Other Than the Medically Needy (Continued)

SSI

42 CFR 435.231 1902(a)(10) (A)(ii)(V) Of the Act	/X/ 12.	Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.
---	---------	--

/X/	The state covers all individuals as described above.
-----	--

/ /	The state covers only the following group or groups of individuals:
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1902(a)(10)(A) (ii) and 1905(a) of the Act	<input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled <input type="checkbox"/> Individuals under the age of-
	<input type="checkbox"/> 21 <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18
	<input type="checkbox"/> Caretaker relatives <input type="checkbox"/> Pregnant women

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B. Optional Groups Other Than the Medically Needy (Continued)

See SPA 19-0002

1902I(3) of the Act	/ / 13.	Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a *institution, and for whom the State has made a determination as required under section 1902I(3)(B) of the Act. *medical institution Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
------------------------	---------	--

Replaced by SPA 13-0030

IV-A 1902(a)(10) (A)(ii)(IX) And 1902(I) Of the Act	/X/ 14.	The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 165 percent of the federal poverty income level) specified in Supplement 1 to Attachment 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to Attachment 2.6-A: a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and b. Infants under one year of age.
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Page replaced by SPA 13-0030

		B. Optional Groups Other Than the Medically Needy (Continued)
IV-A	1902(a) /X/ (1)(A) (ii)(IX) And 1902(1)(1) (D) of the Act	15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the federal poverty level) specified in Supplement 1 of Attachment 2.6-A for a family of the same size. Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained – age 19* / / 7 years of age; or / / 8 years of age.

*A mandatory coverage group under OBRA 1990.

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Page replaced by SPA 13-0030

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(47)
and 1920 of the Act

- 17. Pregnant women who are determined by a “qualified provider” (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under Attachment 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

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B. Optional Groups Other Than the Medically Needy (Continued)

1906 of the Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of _____ months.

1902(a)(10)(F) and 1902(u)(1) of the Act

See SPA 19-0002

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

Replaced by SPA 13-0030

The state covers:

 All children described above who are under age (18, 19) with family income at ore below percent of the FPL.

 The following reasonable classification of children described above who are under age (18, 19) with family income at or below the percent of the FPL specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FPL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.

 X 21. A child under age 19 who has been determined eligible for a total of 12 months regardless of changes in circumstances other than the attainment of the maximum age stated above.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation(s)			Groups Covered
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See SPA 19-0002

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10(A)	<u>X</u>	23.	Women who: (a) Have been screened for breast cancer under the Centers for Disease Control and Prevention and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix; (b) Are not otherwise covered under creditable coverage, as defined in section 2701I of the Public Health Service Act; (c) Are not eligible for Medicaid under any mandatory categorically needy eligibility group; and (d) Have not attained age 65.
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1920B of the Act	___	24	Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.
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The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

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Citation(s)	Groups Covered
See SPA 20-0030	
B. Optional Groups Other Than the Medically Needy (Continued)	
1902(a)(10)(A) (ii)(XIII) of the Act	/ / 28. BBA Work Incentives Eligibility Group – Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.
1902(a)(10)(A) (ii)(XV) of the Act	/X/ 29. TWWIIA Basic Coverage Group – Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6-A..
1902(a)(10)(A) (ii)(XVI) of the Act	/X/ 30. TWWIIA Medical Improvement Group – Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.6-A.. NOTE: If the State elects to cover this group, it MUST also cover the Basic Coverage Group described in no. 24 above.

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Agency*	Citation(s)	Groups Covered
See SPA 19-0002		
IV-A		C. Optional Coverage of the Medically Needy
	42 CFR 435.301	This plan includes the medically needy. / / No. /X/ Yes. This plan covers:
	1902I of the Act	1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act. 2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60 th day falls.
	1902(a)(10) I(ii)(I) of the Act	3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

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Citation(s)

Groups Covered

See SPA 19-0002

- | | | |
|----------|-----|---|
| <u>X</u> | (c) | In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of <u>21</u>). |
| <u>X</u> | (2) | Individuals in adoptions subsidized in full or part by a public agency (who are under the age of <u>21</u>), |
| <u>X</u> | (3) | Individuals in NFs (who are under the age of <u>21</u>). NF services are provided under this plan. |
| <u>X</u> | (4) | In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of <u>21</u>). |
| <u>X</u> | (5) | Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of <u>21</u>). Inpatient psychiatric services for individuals under age 21 are provided under this plan. |
| --- | (6) | Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A. |

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Agency*	Citation(s)	Groups Covered
C. Optional Coverage of the Medically Needy (Continued)		
See SPA 21-0002		
IV – A	42 CFR 435.310	6. Caretaker Relatives
IV – A	42 CFR 435.320 and 42 CFR 435.330	XX 7. Aged Individuals
IV – A	42 CFR 435.322 and 42 CFR 435.330	XX 8. Blind individuals
IV – A	42 CFR 435.324 and 42 CFR 435.330	9. Disabled individuals
	42 CFR 435.326	10. Individuals who would be eligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
	42 CFR 435.326	See SPA 19-0002 11. Blind and disabled individuals who: <ul style="list-style-type: none"> a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; b. Were eligible as medically needy in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy (Continued)

1906 of the
Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of _____ months-

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Citation (s)	Groups Covered
1935(a) and 1920(a)(66) 42 CFR 423.774 And 423.904	<p>The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935I of the Social Security Act.</p> <ol style="list-style-type: none">1. The agency makes determinations of eligibility for premium and cost sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act.2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined.3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State Plan or under a waiver of the State Plan.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Page replaced by SPA 13-0030

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

Individuals under age 21, who on their 18th birthday were in foster care under the legal responsibility of any of the following (only those individuals whose 18th birthday fall on or after July 22, 2007, are covered):

- The department of Social and Health Services (DSHS);
- A federally recognized Indian Tribe that has a Title IV-E agreement and receives Title IV-E funding and that is located in Washington State; or
- A federally recognized Indian Tribe located in Washington State.

Individuals under age 19, who are pregnant, are covered.

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THERE IS NO SUPPLEMENT 2 TO ATTACHMENT 2.2-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children At Home

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
See SPA 19-0002	
A. General Conditions of Eligibility	
Each individual covered under the plan:	
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435,	2. Meets the applicable non-financial eligibility a. For the categorically needy: Replaced by SPA 13-0030 (I) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions in the AFCD program. (ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	Replaced by SPA 13-0030 (iii) For financially eligible pregnant women, infants, or Children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(i)(VI), 1902(a)(10)(i)(VII) and 1902(a)(10)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.
1902(m) of the Act	See SPA 19-0002 (iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1905(p) of the Act	<p>b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.</p> <p>See SPA 21-0002</p> <p>c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)I(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.</p>
1905(s) of the Act	<p>See SPA 19-0002</p> <p>d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)I(ii) of the Act, meets the non-financial criteria of section 1905(s).</p>
42 CFR 435.406	<p>Replaced by SPA 13-0034</p> <p>3. Is residing in the United States and</p> <ul style="list-style-type: none"> a. Is a citizen or national of the United States. b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended. c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA so that eligibility is limited to treatment of an emergency medical condition s defined in section 401 of PRWORA. d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA. e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended. <p><input checked="" type="checkbox"/> State covers all authorized QAs <input type="checkbox"/> State does not cover authorized QAs</p> <p>(1) State elects CHIPRA option to provided full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States including the following: A qualified alien as defined in section 431 of PRWORA (8 .S.C. §1641); An alien in nonimmigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
Page replaced by SPA 13-0034	
(2)	An alien who has been paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. §1182(d)(5)) for less than 1 year, except for an alien paroled for deferred inspection or pending removal proceedings;
(3)	An alien who belongs to one of the following classes: <ul style="list-style-type: none"><li data-bbox="667 695 1422 779">(i) Aliens currently in temporary resident status pursuant to section 210 or 245A of the INA (8 U.S.C. §1255a respectively);<li data-bbox="667 789 1422 909">(ii) Aliens currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 U.S.C. §1254a) and pending applicants for TPS who have been granted employment authorization;<li data-bbox="667 919 1430 961">(iii) Aliens who have been granted employment authorization under 8 CFR 274a 12(c)(9), (10), (16), (18), (20), or (24);<li data-bbox="667 972 1373 1024">(iv) Family Unit beneficiaries pursuant to section 301 of Pub. L. 101-649, as amended;<li data-bbox="667 1035 1365 1087">(v) Aliens currently under Deferred Enforced departure (DED) pursuant to a decision made by the resident;<li data-bbox="667 1098 1276 1119">(vi) Aliens currently in deferred action status; or<li data-bbox="667 1129 1406 1178">(vii) Aliens whose visa petition has been approved and who have a pending application for adjustment of status.
(4)	A pending applicant for asylum under section 208 of the INA (8 U.S.C. §1158) or for withholding of removal under section 241(b)(3) of the INA (8 U.S.C. §1231) or under the Convention Against Torture who has been granted employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days.
(5)	An alien who has been granted withholding of removal under the convention against torture.
(6)	A child who has a pending application for Special Immigrant Juvenile status as described in section 101(a)(27)(J) of the INA (8 U.S.C. §1101(A)(27)(J));
(7)	An alien who is lawfully present in the Commonwealth of the Northern Mariana Islands under 48 U.S.C. §1806); or

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation (s)	Condition or Requirement
<i>Page replaced by SPA 13-0034</i>	
(8)	An alien who is lawfully present in American Samoa under the immigration laws of American Samoa.
<u> X </u>	Elected for pregnant women;
<u> X </u>	Elected for children under age <u> 21 </u> .
f.	<u> X </u> The State provides assurances that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility determination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application, If the State cannot do so from the information readily available, it must require the individual to provided documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) Condition or Requirement

Page replaced by SPA 13-0033

42 CFR 435.403
1902(b) of the Act

4. Is a resident of the state, regardless of whether or not the individual maintains the residence permanently or maintains it At a fixed address.

/X/ State has interstate residency agreement with the following states:

Idaho

/ / State has open agreement

/ / Not applicable; no residency requirement.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
A. General Conditions of Eligibility (cont)	
42 CFR 435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. / / Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number). Exception, aliens seeking medical assistance for the treatment of an emergency medical condition under Section 1903(v)(2) of the Social Security Act (Section 1137(f)). / / Assignment of rights is automatic because of State law.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
<i>Page replaced by SPA 13-0030, now obsolete</i>	
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for or receiving Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(ii)(IX) of the Act.
1902a(10)(A) And (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).
U.S. Supreme Court case New York State Department Of Social Services v. Dublino 413 U.S. (1973)	11. Is required to apply for coverage under Medicare Parts A, B and/or D if it is likely that the individual would meet the eligibility criteria for any or all of those programs. The state agrees to pay any applicable premiums and cost-sharing (except those applicable under Part D) for individuals required to apply for Medicare. Application for Medicare is a condition of eligibility unless the state does not pay the Medicare premiums, deductibles or co-insurance (except those applicable under Part D) for persons covered by the Medicaid eligibility group under which the individual is applying.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	B. Post-eligibility Treatment of Institutionalized Individuals' Incomes (PETI)
	1. The following items are not considered in the post-eligibility process:
1902(0) of the Act	a. SSI and SSP benefits paid under §1611(1)I and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.
Bondi v. Sullivan (SSI)	b. Austrian Reparation Payments (pension (reparation) payments made under §500 – 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902I(1) of the Act	c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P. L. 100-383	d. Japanese and Aleutian Restitution Payments.
1. (a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent orange product liability litigation, M.D.L. No.381 (E.D.N.Y.)
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.
12005 of P. L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

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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 and 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>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 a and 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>

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	<p>3. In addition to the amounts under item 2. , the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:</p> <p>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)I. The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</p> <p><u> X </u> The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.</p> <p>___ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to %, of the official poverty level (still subject to maximum maintenance needs standard).</p> <p>___ The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)I.</p> <p>Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing; exceed the community spouse's income, or at the amount of any court-ordered support.</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	<p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <p><input checked="" type="checkbox"/> the standard utility allowance under §51 of the Food Stamp Act of 1977 or</p> <p><input type="checkbox"/> the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.</p> <p>b. the monthly income allowance for other dependent family members living with the community spouse is:</p> <p><input checked="" type="checkbox"/> one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B)) exceeds the dependent family member's monthly income.</p> <p><input type="checkbox"/> a greater amount calculated as follows:</p> <p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1): N/A</p> <p>c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</p> <p>i. Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>ii. Necessary medical or remedial care recognized under State law but not covered under the State, plan. (Reasonable limits on amounts are described in Supplement-3 to ATTACHMENT 2.6-A.)</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none">• AFDC level or• Medically needy level: <p>(Check one)</p> <p><input type="checkbox"/> AFDC levels in Supplement 1</p> <p><input checked="" type="checkbox"/> Medically needy level in Supplement 1</p> <p><input type="checkbox"/> Other: \$</p> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A.)</p>
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes (the applicable amount is shown on page 5a.)</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	<p><input checked="" type="checkbox"/> Amount for maintenance of home is: <u>100% FPL</u></p> <p><input type="checkbox"/> Amount for maintenance of home is the actual maintenance costs not to exceed \$_____.</p> <p><input type="checkbox"/> Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individual's home and the community spouse's home are different.</p> <p><input type="checkbox"/> Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.</p> <p>6. SSI benefits paid under section 1611I(1)I and (G) of the Act to individuals who receive care in a hospital or nursing facility.</p> <p>7. Except as provided under Section 1924 of the Act, the policies reflected in C. apply. See Supplement 13 for additional policies related to Section 1924.</p>

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
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Page replaced by SPA 13-0030

42 CFR 435.711
435.721, 435.831

C. Financial Eligibility

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902I(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to Attachment 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level – pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act – and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
<u>X</u>	Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
—	Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
—	Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902 (f) of the Act.
—	Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902 (f) of the Act.
<u>X</u>	Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902I(2) of the Act.
<u>X</u>	Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902 I (2) of the Act.
<u>X</u>	Supplement 8c to ATTACHMENT 2.6A specifies the method of determining resource eligibility for a person qualifying for the State's long-term care partnership permitted under sections 1902I(2) and 1917 of the Act.
—	Supplement 14 to ATTACHMENT 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902 (z) (1) of the Act.

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State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902I(2) of the Act	<p>C.1. Methods of Determining Income</p> <p>a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</p> <p>Replaced by SPA 13-0030</p> <p>(1) In determining countable income for AFCD-related individuals, the following methods are used:</p> <p>(a) The methods under the State's approved AFDC plan only; or</p> <p>(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to Attachment 2.6-A.</p> <p>Replaced by SPA 13-0030</p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902I(6) the Act	<p>See SPA 19-0002</p> <p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

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State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	See SPA 19-0002
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902l(2) of the Act	b. Aged individuals. In determining countable income or aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used ___ The methods of the SSI program only. <u>X</u> The methods of the SSI program and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
See SPA 19-0002	
/ /	For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 206-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
/ /	For institutional couples, the methods specified under section 1611(5) of the Act.
/ /	For optional State supplement recipients under section 435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
/ /	For optional State supplement, recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements – ____ SSI methods only ____ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A. ____ Methods more restrictive an/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
	See SPA 19-0002
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902l(2) of the Act	<p>c. Blind individuals. In determining countable income for blind individuals, the following methods are used:</p> <ul style="list-style-type: none"><input type="checkbox"/> The methods of the SSI program only.<input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.<input type="checkbox"/> For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A, and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.<input type="checkbox"/> For institutional couples, the methods specified under section 1611l(5) of the Act.<input type="checkbox"/> For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.<input type="checkbox"/> For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements-<ul style="list-style-type: none"><input type="checkbox"/> SSI methods only.<input type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.<input type="checkbox"/> Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

See SPA 19-0002

In determining relative responsibility, the agency
Considers only the income of spouses living in the same
household as available to spouses and the income of
parents as available to children living with parents until
the children become 21.

42 CFR 435.721,
and 435.831
1902(m)(1)(B),
(m)(4), and
1902l(2) of
the Act

- d. Disabled individuals. In determining
countable income of disabled
individuals, including individuals
with incomes up to the Federal poverty
level described in section 1902(m) of
the Act the following methods are used:

The methods of the SSI program.

SSI methods and/or any more liberal methods
described in Supplement 8a to ATTACHMENT
2.6-A.

For institutional couples: the methods specified
under section 1611l(5) of the Act.

For optional State supplement recipients under
§435.230: income methods more liberal than SSI,
as specified in Supplement 4 to ATTACHMENT
2.6-A.

For individuals other than optional State
supplement recipients (except aged and disabled
individuals described in section 1903(m)(1) of the
Act): more restrictive methods than SSI, applied
under the provisions of section 1902(f) of the Act,
as specified in Supplement 4 to ATTACHMENT
2.6-A; and any more liberal methods described in
Supplement 8a to ATTACHMENT 2.6-A.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation

Condition or Requirement

- ___ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 Agreements—
 - ___ SSI methods only.
 - ___ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
 - ___ Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement-4-to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	<i>Page replaced by SPA 13-0030</i>
1902(1)(3)(E) and 1902(r)(2) of the Act	<p>e. Poverty level pregnant women, infants, and children. For 1902 pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act –</p> <p>(1) The following methods are used in determining countable income:</p> <ul style="list-style-type: none"><input type="checkbox"/> The methods of the State's approved AFDC plan.<input type="checkbox"/> The methods of the State's approved title IV-E plan.<input checked="" type="checkbox"/> The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to Attachment 2.6-A.<input type="checkbox"/> The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to Attachment 2.6-A.

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Citation(s)	Condition or Requirement
	<p>Replaced by SPA 13-0030</p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902l(6) of the Act	<p>(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>
1905(p)(1), 1902(m)(4), and 1902l(2) of the Act	<p>See SPA 19-0002</p> <p>f. Qualified Medicare beneficiaries. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)l(i) of the Act, the following methods are used:</p> <p><input checked="" type="checkbox"/> The methods of the SSI program only.</p> <p><input type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.</p> <p><input type="checkbox"/> For institutional couples, the methods specified under section 1611l(5) of the Act.</p>

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Citation	Condition or Requirement
See SPA 19-0002	
	<p>If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.</p>
	<p>For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.</p>
	<p>For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.</p>
1905(s) of the Act	<p>g. Qualified disabled and working individuals. In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)I(ii) of the Act, the methods of the SSI program are used.</p>
1905(p) of the Act	<p>h. Specified low-income Medicare beneficiaries. In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)I(iii) of the Act, the same method as in f. is used.</p>

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Citation	Condition or Requirement
See SPA 19-0002	
1902(u) of the Act	<p>j. COBRA Continuation Beneficiaries</p> <p>In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:</p> <ul style="list-style-type: none">___ The disregards of the SSI program;___ The agency uses methodologies for treatment income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6. <p>NOTE: For COBRA continuation beneficiaries specific at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).</p>

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Citation	Condition or Requirement
See SPA 19-0002	
1902(a)(10)(A) (ii)(XIII) of the Act	<p>(k) Working Individuals with Disabilities – BBA</p> <p>In determining countable income and resources for working individuals with disabilities under the BBA, the following methodologies are applied:</p> <ul style="list-style-type: none"> ___ The methodologies of the SSI program. ___ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and/or Supplement 5 (resources) to Attachment 2.6-A. ___ The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.

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Citation	Condition or Requirement
	See SPA 20-0006
1902(a)(10)(A) (ii)(XV) of the Act	<p data-bbox="535 493 1430 567">(I) Working Individuals with Disabilities – Basic Coverage Group – TWWIIA</p> <p data-bbox="535 588 1430 682">In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:</p> <p data-bbox="535 703 1430 777"><u> </u> The agency does not apply any income or resource standard.</p> <p data-bbox="535 798 1430 871">NOTE: If the above option is chosen, no further eligibility-related options should be elected.</p> <p data-bbox="535 892 1430 1016"><u> X </u> The agency applies the following income and/or resource standards): 220% FPL – income standard</p>

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Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	<p data-bbox="704 432 919 464" style="text-align: center;">See SPA 20-0006</p> <p data-bbox="667 495 935 527">Income Methodologies</p> <p data-bbox="667 590 1338 674">In determining whether an individual meets the income standard described above, the agency uses the following methodologies.</p> <ul style="list-style-type: none"> <li data-bbox="667 705 1317 737"><input checked="" type="checkbox"/> The income methodologies of the SSI program. <li data-bbox="667 768 1305 915">___ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A. <li data-bbox="667 947 1305 1075">___ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

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Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	<p data-bbox="703 430 919 462" style="text-align: center;">See SPA 20-0006</p> <p data-bbox="664 493 959 525">Resource Methodologies</p> <p data-bbox="664 556 1292 646">In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.</p> <p data-bbox="664 678 1354 951">Unless one of the following items is checked the agency, under the authority of section 19021(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.</p> <ul style="list-style-type: none"> <li data-bbox="664 982 1300 1073">___ The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans. <li data-bbox="664 1104 1338 1226">___ The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
See SPA 20-0006	
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	<p data-bbox="665 504 1435 577">— The agency does not disregard funds in retirement accounts.</p> <p data-bbox="665 598 1435 756">— The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</p> <p data-bbox="665 777 1435 850">— The agency uses the resource methodologies of the SSI program.</p> <p data-bbox="665 871 1435 1024">— The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.</p>

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Citation	Condition or Requirement
See SPA 20-0006	
1902(a)(10)(A) (ii)(XVI) of the Act	<p data-bbox="552 504 1430 598">(iii) Working Individuals with Disabilities – Employed Medically Improved Individuals – TWWIIA</p> <p data-bbox="552 619 1430 756">In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:</p> <p data-bbox="552 777 1430 850"><u> </u> The agency does not apply any income or resource standard.</p> <p data-bbox="552 871 1430 966">NOTE: If the above option is chosen, no further eligibility-related options should be elected.</p> <p data-bbox="552 987 1430 1113"><u> X </u> The agency applies the following income and/or resource standard(s): 220% FPL – income standard</p>

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
See SPA 20-0006	
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	<p data-bbox="667 506 935 539">Income Methodologies</p> <p data-bbox="667 569 1338 659">In determining whether an individual meets the income standard described above, the agency uses the following methodologies.</p> <ul style="list-style-type: none"> <li data-bbox="667 688 1206 751"><u> X </u> The income methodologies of the SSI program. <li data-bbox="667 781 1338 932">_____ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A. <li data-bbox="667 961 1360 1083">_____ The agency uses more liberal income methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A.

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Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	<p data-bbox="704 457 922 489" style="text-align: center;">See SPA 20-0006</p> <p data-bbox="761 520 1057 552">Resource Methodologies</p> <p data-bbox="761 611 1390 705">In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.</p> <p data-bbox="761 737 1419 1010">Unless one of the following items is checked the agency, under the authority of section 1902l(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.</p> <p data-bbox="761 1041 1398 1125">___ The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.</p> <p data-bbox="761 1157 1403 1278">___ The agency disregards funds in retirement accounts in a manner other than those listed above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.</p>

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
See SPA 20-0006	
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	<p>— The agency does not disregard funds in retirement accounts.</p>
	<p>— The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</p>
	<p>— The agency uses the resource methodologies of the SSI program.</p>
	<p>— The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.</p>

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Citation	Condition or Requirement
See SPA 20-0006	
1902(a)(10)(A) (ii)(XVI) and 1905(v)(2) of the Act	Definition of Employed – Employed Medically Improved Individuals – TWWIIA
	<p><u>X</u> The agency uses the statutory definition of “employed”, i.e., earning at least the minimum wage, and working at least 40 hours per month.</p> <p>— The agency uses an alternative definition of “employed” that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency’s threshold criteria are described below:</p>

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Citation	Condition or Requirement
----------	--------------------------

See SPA 20-0006

1902(a)(10)(A)(ii)(XIII),
(XV), (XVI), and 1916(g)
of the Act

Payment of Premiums or Other Cost Sharing Charges

For individuals eligible under the BBA eligibility group described in No. 23 on page 23e of Attachment 2.2-A:

X The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:

The agency requires individuals to pay premiums or other cost sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.

The premiums or other cost sharing charges, and how they are applied, are described In Attachment 2.6-A page 12o.

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Citation	Condition or Requirement
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act (cont.)	See SPA 20-0006
	For individuals eligible under the Basic Coverage Group described in No. 24 on page 23e of Attachments 2.2-A, and the Medical Improvement Group described in No. 25 on page 23e of Attachment 2.2-A:
	NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.
	<u>X</u> The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.
	The premiums or other cost-sharing charges, and how they are applied, are described on page 12o.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation

Condition or Requirement

Sections 1902(a)(10)(A)
(ii)(XV), (XVI), and 1916(g)
of the Act (cont.)

Premiums and Other Cost-Sharing Charges

For the Basic Coverage Group and the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described below.

Individuals pay a monthly premium equal to a total of the following:

- 50 percent of unearned income in excess of the medically needy income level
- 5 percent of all unearned income
- 2.5 percent of earned income after deducting \$65

Except that the premium amount shall not exceed 7.5 percent of total income.

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Citation(s)		Condition or Requirement
1902(k) of the Act	C.2.	<p>Medicaid Qualifying Trusts</p> <p>In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p>/X/ The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.</p>
1902(a)(10) of the Act	C.3.	<p>See SPA 20-0030</p> <p>Medically needy income levels (MNILs) are based on family size.</p> <p>Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.</p>

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation

Condition or Requirement

See SPA 20-0030

42 CFR 435.732,
435.831

C.4. Handling of Excess Income – Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States only

- a. Medically Needy
- (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either 3 or 6 month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
 - (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order
 - (a) Health insurance premiums, deductibles and coinsurance charges.
 - (b) Expenses for necessary medical and remedial care not included in the plan.
 - (c) Expenses for necessary medical and remedial care included in the plan.

___ Reasonable limits on amounts of expense deducted from income under a.(2)(a) and (b) above are listed below.

* In determining countable income for the medically needy, costs of health insurance premiums, except Medicare are deducted from monthly income.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

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Citation Condition or Requirement

See SPA 20-0030

Medically Needy (Continued)

1903(f)(2) of
the Act

— (3) If countable income exceeds the MNIL
standard, the agency deducts spenddown
payments made to the State by the
individual.

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Citation(s)

Condition or Requirement

See SPA 20-0030

42 CFR
435.732

b. Categorically Needy – Section 1902 (f) States

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in section 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4) Other deductions from income described in this plan at Attachment 2.6-A. Supplement 4.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

1902(a)(17) of the
Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

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Citation	Condition or Requirement
	See SPA 20-0030
	4. b. Categorically Needy – Section 1902(f) States_(contd)
1903(f)(2) of the Act	____ (6) Spenddown payments made to the State by the individual.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation

Condition or Requirement

See SPA 19-0002

C.5. Methods for Determining Resources

a. AFDC-related individuals let for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(b) The methods under the State's approved A plan; and

// (b) The methods under the State's approved A plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only t resources of spouses living in the same household as available to spouses and the resources of parents as available to children living-with parents until the children become 21.

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Citation

Condition or Requirement

See SPA 19-0002

5. Methods for Determining Resources

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B)
and I, and
1902I of the Act

b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:

The methods of the SSI program.

The methods of the SSI program

SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

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Citation

Condition or Requirement

See SPA 19-0002

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B), and
1902l of the
Act

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

The methods of the SSI program.

SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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Citation

Condition or Requirement

See SPA 19-0002

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B)
and I, and
1902 l(2) of
the Act

- d. Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources:
- The methods of the SSI program.
 - SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
 - Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

Replaced by SPA 13-0030, now obsolete

1902(l)(3) and
1902l(2) of the Act

- e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.

The agency uses the following methods in the treatment of resources.

- The methods of the SSI program only.
- The methods of the SSI program and/or any more liberal methods described in Supplement 5a to Attachment 2.6-A.

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Page replaced by SPA 13-0030 – now obsolete

	<p><input type="checkbox"/> Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 8a to Attachment 2.6-A.</p> <p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(1)(3) and 1902©(2) of the Act	<p>f. Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.</p> <p>The agency uses the following methods for the treatment of resources:</p> <p><input type="checkbox"/> The methods of the State's approved AFDC plan.</p> <p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)© of the Act, as specified in Supplement 5a to Attachment 2.6-A.</p> <p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 8b to Attachment 2.6-A.</p> <p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p>

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1902(1)(3) and Act1902(r)(2) of the Act	<p>g. 1. Poverty level children covered under section of the 1902(a)(10)(A)(i)(VI) of the Act.</p> <p>The agency uses the following methods for treatment of resources:</p> <p>The agency uses the following methods for the treatment of resources:</p> <ul style="list-style-type: none"><input type="checkbox"/> The methods of the State's approved AFDC plan.<input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a to Attachment 2.6-A.<input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 8b to Attachment 2.6-A.<input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility. <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>

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1902(1)(3) and 1902(2) of The Act	<p>g. 2. Poverty level children under section 1902(a)(10)(A)(i)(VII)</p> <p>The agency uses the following methods for the treatment of resources:</p> <p>___ The methods of the State's approved AFDC plan.</p>
1902(1)(3)(C) the Act	<p>___ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in Supplement 5a to ATTACHMENT 2.6-A.</p>
1902(r)(2) of the Act	<p>___ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8a to Attachment 2.6-A.</p> <p><u>X</u> Not applicable. The agency does not consider resources in determining eligibility.</p> <p>In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>

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		See SPA 19-0002
1905(p)(1) I and (D) and 1902l(2) of the Act	5.	<p>h. For Qualified Medicare beneficiaries covered under section 1902(a)(10)I(i) the Act, the agency uses the following methods for treatment of resources:</p> <p><u>X</u> The methods of the SSI program only.</p> <p>___ The methods of the SSI program and/or more liberal methods as described in Supplement 8b to ATTACHMENT 2.6-A.</p>
1905(s) of the Act		<p>i. For qualified disabled and working individuals covered under section 1902(a)(10)I(ii) of the Act, the agency uses SSI program methods for the treatment of resources.</p>
1902(u) of the Act		<p>Now obsolete</p> <p>j. For COBRA continuation beneficiaries, the agency uses the following-methods for treatment of resources.</p> <p>___ The methods of the SSI program only.</p> <p>___ More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.</p>

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Citation	Condition or Requirement
	See SPA 19-0002
1902(a)(10)I(iii) of the Act	<p>k. Specified low-income Medicare beneficiaries covered under section 1902(a)(10)I(iii) of the Act-</p> <p>The agency uses the same method as in 5.h. of Attachment 2.6-A..</p>
	<p>6. Resource Standard – Categorically Needy</p>
	<p>a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:</p> <p>___ Same as SSI resource standards.</p> <p>___ More restrictive.</p> <p>The resource standards for other individuals are the same as those in the related cash assistance program.</p>
	<p>b. Non-1902(f) States (except as specified under items 6.c. and d. below)</p> <p>The resource standards are the same as those in the related cash assistance program.</p> <p>Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.</p>

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1902(1)(3)(A), (B) and (C) of the Act	<p>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. Supplement 2 to Attachment 2.6-A specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program, and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (C) of the Act	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. Supplement 2 to Attachment 2.6-A Specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource Standard to these individuals.</p>

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e. For children covered under the provisions of section 1902(a)(10)(A)(i)(VII) of the Act, the agency applies a resource standard.

See SPA 19-0002

1902(m)(1)I
and (m)(2)(B)
of the Act

f. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:

— Same as SSI resource standards.

— Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).

Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.

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	<p style="text-align: center;">See SPA 19-0002</p>
	<p>7. Resource Standard – Medically Needy</p> <ul style="list-style-type: none">a. Resource standards are based on family size.b. A single standard is employed in determining resource resource eligibility for all groups.c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for–<ul style="list-style-type: none"><input type="checkbox"/> Aged<input type="checkbox"/> Blind<input type="checkbox"/> Disabled <p>Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to ATTACHMENT 2.6-A so indicates.</p>
1902(a)(10)(C)(i) of the Act	
1902(a)(10)I, 1905(p)(1)I, and 1860D-14(a)(3)(D) of the Act	<p>8. Resource Standard – Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals</p> <p>For Qualified Medicare Beneficiaries covered under section 1902(a)(10)I(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)I(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)I(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.</p>

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1902(a)(10)I(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act	<p>See SPA 19-0002</p> <p>9. Resource Standard – Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)I(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.</p>
1902(u) of the Act	<p>Now obsolete</p> <p>10. For COBRA continuation beneficiaries, the resource standard is:</p> <p>___ Twice the SSI resource standard for an individual.</p> <p>___ More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.</p>

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See SPA 19-0002

- | | |
|--------------------|---|
| 1902(u) of the Act | 11. Excess Resources |
| | a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries |
| | Any excess resources make the individual ineligible. |
| | b. Categorically Needy Only |
| | <u>X</u> This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources. |
| | c. Medically Needy |
| | Any excess resources make the individual ineligible. |

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Citation(s)	Condition or Requirement
42 CFR 435.914	<p>12. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p>

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Citation(s)	Condition or Requirement
1902(b)(1) of the Act	<p style="text-align: center;">Replaced by SPA 13-0030</p> <p>___ (3) For a presumptive eligibility for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in Attachment 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p>
1902l(8) and 1905(a) of the Act	<p style="text-align: center;">See SPA 20-0030</p> <p><u>X</u> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for—</p> <p style="margin-left: 40px;"><u>X</u> 12 months</p> <p style="margin-left: 40px;">___ 6 months</p> <p style="margin-left: 40px;">___ ___ months (no less than 6 months and no more than 12 months)</p>

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Citation	Condition or Requirement
1902 (a) (18) and 1902 (f) of the Act	<p>12. Pre-OBRA 93 Transfer of Resources – Categorically and Medically Needy, Qualified Medicare Beneficiaries and Qualified Disabled and Working Individuals.</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to Attachment 2.6-A.</p>
1917I	<p>13. Transfer of Assets – All eligibility groups</p> <p>The agency complies with the provisions of section. 1917 I of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in Supplement 9(a) to ATTACHMENT 2.6-A, except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts – All eligibility groups</p> <p>The agency complies with the provisions of section 1917 (d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p>— The agency uses more restrictive methodologies under section 1902 (f) of the Act, and applies those methodologies in dealing with trusts;</p> <p>— The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to ATTACHMENT 2.6-A.</p>

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Citation	Condition or Requirement
1924 of the Act	<p>15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p>_____ the maximum standard permitted by law;</p> <p>_____ the minimum standard permitted by law; or</p> <p><u>\$45,104</u> a standard that is an amount between the minimum and the maximum.</p> <p>For the fiscal biennium beginning July 1, 2007, and each biennium thereafter, the maximum resource allowance amount for the community spouse will be adjusted for economic trends and conditions by increasing the amount allowable by the consumer price index as published by the Federal Bureau of Labor Statistics. However, in no case will the amount allowable exceed the maximum resource allowance permissible under the Social Security Act.</p>

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INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC (TANF)-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Maximum Payment Need Standard</u>	<u>Payment Standard</u>
1	\$ 989	\$ 349
2	1,251	440
3	1,545	546
4	1,823	642
5	2,101	740
6	2,379	841
7	3,043	1,075
8	3,336	1,180*

*Maximum amount \$1,283

2. Pregnant Women and Infants Under Section 1902(a)(10)(A)(i)(IV) of the Act

Effective April 1, 2008, the income limit for eligibility is based on 185% of the official federal income poverty level guideline for the contiguous 48 states as revised annually in the Federal Register.

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INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (continued)

3. For children under Section 1902)a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902)a)(10)(i)(VI) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the federal poverty level (as revised annually in the Federal Register) for the size family involved.

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INCOME ELIGIBILITY LEVELS

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant women and infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of the sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on ___ percent of the official federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

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INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

Family Size	Income Level
1	\$ _____
2	\$ _____
3	\$ _____
4	\$ _____
5	\$ _____

4. Special Income Level for Institutionalized Individuals

300 percent of the SSI Federal Benefit Level for an individual in his or her own home who has no income.

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See SPA 19-0002

5. Aged and Disabled Individuals

Same as SSI resource levels

More restrictive than SSI levels and are as follows:

Family Size	Resource Level
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____

Same as medically needy resources levels (applicable only if State has a medically needy program)

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See SPA 19-0002

INCOME ELIGIBILITY LEVELS (continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1989 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal Income poverty level:

Eff. Jan. 1, 1989:	___	80 percent	___	percent (no more than 100)
Eff. Jan. 1, 1990:	___	85 percent	___	percent (no more than 100)
Eff. Jan 1, 1991:	___	95 percent	___	percent (no more than 100)
Eff. Jan. 1, 1992:	___	100 percent		

b. Levels:

<u>Family Size</u>	<u>Income Levels</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____

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See SPA 20-0030

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups. Applicable to all groups except those specified below.
Excepted group income levels are also listed on an attached page 3.

(1) Family Size	(2) Net income level protected for maintenance for <u>3 or 6</u> months	(3) Amount by which Column (2) exceeds limits specified in CFR 435.1007 ^{1/}	(4) Net income level for persons living in rural areas for _____ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ^{1/}
-----------------------	---	---	--	--

Urban only

Urban & rural

1	\$ 467	\$	\$	\$
2	\$ 592	\$	\$	\$
3	\$ 667	\$	\$	\$
4	\$ 742	\$	\$	\$
For each Additional Person, Add: _____				
	\$ _____	\$ _____	\$ _____	\$ _____

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

- Applicable to all groups.
 Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1) Family Size	(2) Net income level protected for maintenance for <u>3 or 6</u> months	(3) Amount by which Column (2) exceeds limits specified in CFR 435.1007 ¹	(4) Net income level for persons living in rural areas for ___ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
	<input type="checkbox"/> urban only			
	<input checked="" type="checkbox"/> urban & rural			

5	\$ 858	\$	\$	\$
6	\$ 975	\$	\$	\$
7	\$ 1,125	\$	\$	\$
8	\$ 1,242	\$	\$	\$
9	\$ 1,358	\$	\$	\$
10	\$ 1,483	\$	\$	\$
For each Additional Person, Add: _____				
	\$ 0	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

// Same as SSI resource levels

/X/ Less restrictive than SSI resource levels and is as follows: NA

Family Size	Resource Level
-------------	----------------

1	_____
2	_____

b. Optional Groups

// Same as SSI resources level

/X/ Less restrictive than SSI resource levels and is as follows: NA

Family Size	Resource Level
-------------	----------------

1	_____
2	_____

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2. Infants

A. Mandatory Group of Infants

/ / Same as resource levels in the State's approved AFDC plan.

/X/ Less restrictive than the AFDC levels and are as follows: NA

Family Size	Resource Level
-------------	----------------

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b. Optional Groups of Infants

// Same as resource levels in the State's approved AFDC plan.

/X/ Less restrictive than the AFDC levels and are as follows: NA

Family Size	Resource Level
1	\$ _____
2	\$ _____
3	\$ _____
4	\$ _____
5	\$ _____
6	\$ _____
7	\$ _____
8	\$ _____
9	\$ _____
10	\$ _____

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3. Children

// Same as resource levels in the State's approved AFDC plan.

/X/ Less restrictive than the AFDC levels and are as follows: NA

Family Size	Resource Level
1	\$ _____
2	\$ _____
3	\$ _____
4	\$ _____
5	\$ _____
6	\$ _____
7	\$ _____
8	\$ _____
9	\$ _____
10	\$ _____

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- b. Mandatory Group of Children under Section 19092(a)(10)(i)(VI) of the Act. (Children after September 30, 1983 who have attained age 6 but have not attained age 19.)

// Same as resource levels in the State's approved AFDC plan.

/X/ Less restrictive than the AFDC levels and are as follows: NA

Family Size	Resource Level
1	\$ _____
2	\$ _____
3	\$ _____
4	\$ _____
5	\$ _____
6	\$ _____
7	\$ _____
8	\$ _____
9	\$ _____
10	\$ _____

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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See SPA 20-0030

4. Aged and Disabled Individuals

/X/ Same as SSI resource levels.

/ / More restrictive than SSI levels and are as follows:

Family Size	Resource Level
5	<u>2,000</u>
<u>2</u>	<u>3,000</u>
<u>3</u>	<u>3,050</u>
<u>4</u>	<u>3,100</u>
<u>5</u>	<u>3,150</u>

/X/ Same as medically needy resource levels (applicable only if State has a medically needy program).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

See SPA 20-0030

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups—

// Except those specified below under the provisions of section 1902(f)
of the Act.

Family Size	Resource Level
<u>1</u>	<u>2,000</u>
<u>2</u>	<u>3,000</u>
<u>3</u>	<u>3,050</u>
<u>4</u>	<u>3,100</u>
<u>5</u>	<u>3,150</u>
<u>5</u>	<u>3,200</u>
<u>7</u>	<u>3,250</u>
<u>8</u>	<u>3,300</u>
<u>9</u>	<u>3,350</u>
<u>10</u>	<u>3,400</u>
For each additional person	<u>50</u>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

Reasonable and necessary medical expenses not covered by Medicaid, incurred within the three month period prior to the month of application are allowable deductions. Expenses incurred prior to this three month period are not allowable deductions. Institutional long-term care medical expenses are allowed as a deduction at an amount equal to the Medicaid reimbursement rate.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM
THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(2) of the Act. Use Supplement 8a for section 1902(2) methods.)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

MORE RESTRICTIVE METHODS OF TREATING RESOURCES
THAN THOSE OF THE SSI PROGRAM – Section 1902 (f) States only

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902I(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902I(2) methods.)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

FEDERALLY ADMINISTRATED 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:	2,250	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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

FEDERALLY ADMINSTRATED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

	Gross Income Level	Standard	SSI Benefit	State Supplement
Statewide Standard – Other Living/1:				
Individuals:	\$2,250	2,250	750	0

Includes individuals in a Congregate Care Facility, Adult Residential Treatment Facility, Adult Family Home, or Group Home. (These are non-Title XIX facilities).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

INCOME LEVELS FOR 1902(f) STATES – CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

RESOURCE STANDARDS FOR 1902 (f) STATES – CATEGORICALLY NEEDY

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONMORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902 I (2) OF THE ACT*

// Section 1902(f) State /X/ Non-Section 1902 (f) State

1. The following is not considered available income for the Medical'. Needy Program and the Optional Categorically Needy Program as defined in clauses (IV), (V), and (VI) of Section 1902 (a)(10) (A) (ii) of the Social Security Act.

Effective July 1, 1986, if the community income received in the name of the non-applicant or ineligible spouse, living in a separate residence, exceeds the community income received in the name of the applicant/recipient spouse, the applicant/recipient spouse's interest in that excess is considered unavailable to the applicant/recipient.

Replaced by SPA 13-0030

2. The following applies to Optional /categorically Needy minor pregnant women covered under 42 CFR 435.222, as specified on Supplement 1 to Attachment 2.2-A page 1. In determining income eligibility of these minor pregnant women, all income is disregarded.

Individuals under age 19 who are pregnant, are covered.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Page replaced by SPA 13-0030

3. The following applies to children covered under Section 1902(a)(10)(A)(i)(III) of the Act, who are defined in 1905(n) of the Act.

As a result of the Washington State legislature authorizing and appropriating funding, the state has implemented the following methodology:

- a. Effective January 1, 1992, income in excess of the state's AFDC standard, but less than 100% of the federal poverty level (FPL), is disregarded.
- b. Effective July 1, 1994, income in excess of the state's AFDC standard, but less than 200% of the federal poverty level (FPL), is disregarded.

When determining or re-determining eligibility, a self-employed applicant or recipient may choose to use a standard earned income deduction of \$100 or actual expenses, whichever is most beneficial.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Page replaced by SPA 13-0030

4. The following income regulation applies to individuals described in subclauses (A) (i) (III), (A) (i) (IV), (A) (i) (VI), (A) (i) (VII)*, (A) (ii), and (C) (i) (III) of subsection 1902(a) (10), and section 1905(p) of the Social Security Act.

Effective April 1, 1992, to the extent that total gross income does not exceed the limitations in 1903(f), unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

5. The following income regulation applies to individuals described in sub clause I(i)(III) of subsection 1902(a)(10) of the Social Security Act.

Effective July 1, 1992, income of an individual is exempt in an amount equal to the maintenance allowance of the individual's spouse, living in the same household, who is eligible under clause (VI) of section 1902 (a) (10) (A) (ii) of the Act, less the income of the spouse.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

6. The following applies to individuals covered under Section 1902 (a)(10)(A)(ii)(IV) of the Act, who are defined in 1905 (a) (iii) and (vii).

Disregard income equal to the difference between the Federal Benefit Rate and the Categorically Needy Income Level for individuals and couples as in effect on January 1, 2002 and as described in supplement 6 to Attachment 2.6-A, Page 1.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Page replaced by SPA 13-0030

7. The following applies to:

Children and pregnant women covered under Section 1902(a)(10)(A)(i)(III) of the Act, who are defined in 1905(n) of the Act. The agency shall exclude income equal to the amount of:

- (a) Actual work-related child and dependent care; and
- (b) Child support for a child living outside the home.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONMORE LIBERAL METHODS OF TREATING INCOME UNDER
SECTION 1902(r)(2) OF THE ACT

8. A more liberal method of treating income is established for the following Medicare Cost-sharing programs:
- (a) Qualified Medicare Beneficiary as described in 1902(a)(10)(E)(i) and 1905 (p)(1) of the Act; and
 - (b) Specified Low-Income Medicare Beneficiary as described in 1902(a)(10)(E)(iii) and 1905 (p)(3) (A)(ii) of the Act.

When determining the available income of an individual for the above Medicare Cost-sharing programs, the department shall exclude from countable income an amount equal to that expended on medical expenses.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

MORE LIBERAL METHOD OF TREATING INCOME UNDER
SECTION 1902(r)(2) OF THE ACT

9. Effective January 1, 2005, disregard the difference between the medically needy standard described on Supplement 1 to Attachment 2.6-A, page 8 and the SSI benefit for an individual described on Supplement 6 to Attachment 2.6-A, page 1. This applies to all medically needy groups: children, pregnant women, and the aged, blind and persons with disabilities.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

MORE LIBERAL METHODS OF TREATING INCOME UNDER
SECTION 1902(r)(2) OF THE ACT

10. Effective July 1, 2008, disregard the difference between the TANF payment standard by family size, and the AFDC payment standard by family size, as described in Supplement 1 to Attachment 2.6-A, Page 1, of the Medicaid State Plan for institutionalized AFDC-related eligibility groups under 1902(a)(10)(A)(ii)(IV) of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

MORE LIBERAL METHODS OF TREATING INCOME UNDER
SECTION 1902(r)(2) OF THE ACT

11. Wages paid by the Census Bureau for temporary employment related to census activities are excluded for the following eligibility groups:

Replaced by SPA 13-0030

X Qualified children and pregnant women under 1902(a)(10)(A)(i)(III).

Replaced by SPA 13-0030

X Poverty level pregnant women and infants (133 – 185% FPL) under 1902(a)(10)(A)(i)(IV)

Replaced by SPA 13-0030

X Poverty level children under age 6 (133 – 185% FPL) under 1902(a)(10)(A)(i)(VI)

Replaced by SPA 13-0030

X Poverty level children under age 19 (100% FPL) under 1902(a)(10)(A)(i)(VII)

See SPA 19-0002

X Optional categorically needy groups under 1902(a)(10)(A)(ii) as listed below.

- 1902(a)(10)(A)(ii)(XI) - recipients of optional State supplemental payments
- 1902(a)(10)(A)(ii)(XV)
- 1902(a)(10)(A)(ii)(XVI)

Note: The Special Income Level Group under 1902(a)(10)(A)(ii)(V), the individuals who would be Eligible if an Institution Group under 1902(a)(10)(A)(ii)(VI), and the Hospice Group under 1902(a)(10)(A)(ii)(VII) cannot be included in this disregard.

X Medically Needy under 1902(a)(10)(C)(i)(III)

 All aged, blind or disabled groups in 209(b) states under 1902(f).

X QMBs, SLMBs and QIs under 1905(p).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

See SPA 20-0030

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902 (r) (2) OF THE ACT

- X For all eligibility groups not subject to the limitations on payment explained in section 1903 (f) of the Act*: All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

* Less restrictive methods may not result in exceeding gross income limitations under section 1903(f).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION
1902(r)(2) OF THE ACT

- ___ For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on payment explained in 1903(f) of the Act: All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.

- ___ For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on payment explained in 1903(f) of the Act: All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.

- ___ For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on payment explained in 1903(f) of the Act: All interest earned on an IDA account funded under the Assets for Independence Act is excluded.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

See SPA 20-0030MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 19 02 (r) (2) OF THE ACT

[] Section 1902 (f) State [X] Non-Section 1902 (f) State

1. The following resource regulation applies to the Medically Needy Program and the Optional Categorically Needy Program as defined in clauses (IV),(V), and (VI) of Section 1902(a)(10)(A)(ii) of the Social Security Act.

Effective January 10, 1988, it is presumed that one-half of the total resources held jointly by the husband and wife, or held separately by the applicant/recipient, are owned by each spouse. (TN 88-5, Approved 5/4/89 - Washington v. Bowen)

2. To the extent that it does not conflict with Section 1924 of the Social Security Act, the following resource regulation applies to the Medically Needy Program and the Optional Categorically Needy Program as defined in clauses (IV, (V), and (VI) of Section 1902 (a)(10)(A)(ii) of the Social Security Act.

Effective January 1, 1989, it is presumed that one-half of the total resources held jointly by the husband and wife, or held separately by the applicant/recipient, are owned by each spouse (TN 89-2, Approved 8/17/90)

3. The following resource regulation applies to individuals described in clause (A) (ii) , and subclause (C) (i) (III) of subsection 1902(a)(10) of the Social Security Act.

Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONMORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT, Continued. Section 1902 (f) State Non-Section 1902 (f) State

4. The following resource regulation applies to individuals described in clauses (A)(ii), and subclause (C)(i)(III) of subsection 1902(a)(10) of the Social Security Act.

Effective July 1, 1990, individuals, non-cash resources, that cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful. (TN 90-21, Approved 11/5/90)

5. The following resource policy applies to institutionalized individuals eligible under subclauses (IV), (V), and (VI) of clause (A) (ii) of section 1902 (a) (10).

Effective October 1, 1991, non-exempt resources in excess of the Supplemental Security Income (SSI) resource levels found in SUPPLEMENT 2 TO ATTACHMENT 2.6-A, Page 6, can, at the individuals option, be reduced by incurred expenses listed in C. 4. a. (2) of ATTACHMENT 2.6-A (Page 14) as long as such expenses have not been used to reduce excess income. (TN 90-17, Approved 10/4/91)

6. The following resource policy applies to institutionalized individuals eligible under subparagraph (C) of Section 1902 (a) (10).

Effective October 1, 1991, non-exempt resources in excess of the Medically Needy resource levels found in SUPPLEMENT 2 TO ATTACHMENT 2.6-A, Page 7, can, at the individuals option, be reduced by incurred expenses listed in C. 4. a. (2) of ATTACHMENT 2.6-A (Page 14) as long as such expenses have not been used to reduce excess income. (TN 90-17, Approved 10/4/91)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Replaced by SPA 13-0030

7. The following resource methodology applies to children covered under Section 1902(a)(10)(i)(III) of the Act.

All resources will be excluded in determining eligibility for individuals who are defined in 1905(n)(2) of the Act. (TN 93-08)

8. The following resource methodology applies to individuals described in sub-clause (C)(i)(III) of subsection 1902(a)(10) of the Social Security Act.

All resources will be excluded in determining eligibility for children under 19 years of age or women who are pregnant.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

9. The following resource methodology applies to SSI-related individuals described in clause (A)(ii), and sub-clause (C)(i)(III) of subsection 1902(a)(10) of the Social Security Act.

Furnishings, clothing, and ordinary household and personal items which provide the essentials of living, basic comfort, and convenience are excluded without limit when determining eligibility.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902 (r) (2) OF THE ACT.

[] Section 1902 (f) State [] Non-Section 1902 (f) State

A resource disregard is given to an aged, blind or disabled person who has purchased a long term care insurance policy approved by the Washington Insurance Commissioner, under Washington Long-Term Care Partnership Program.

The resource disregard shall be equal to the amount paid for licensed nursing facility and/or home and community-based services covered under Medicaid.

Pursuant to Section 1917 (c) (2) (C)(ii), a transfer of resources disregarded under this provision shall not be subject to a penalty period.

If retained, the disregarded resources are subject to Medicaid estate recoveries under Section 1917 (b) (1) (c) (i) of the Act.

Washington State Insurance Commissioner shall ensure that long-term care brokers fully disclose the impact of Medicaid estate recovery to buyers, or potential buyers, of such insurance.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902 (r) (2)
OF THE ACT.

[] Section 1902 (f) State [] Non-Section 1902 (f) State

The following applies to all individuals covered under Section 1902 (a) (10) (A) (ii) (I),
Section 1902 (a) (10) (C) , and Section 1905 (p) of the Act.

When determining the countable resources for a Holocaust survivor, exclude
recoveries of insurance proceeds or other assets.

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REVISION:

SUPPLEMENT 8b TO ATTACHMENT 2.6-A
ADDENDUM

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

LESS RESTRICTIVE METHODS OF TREATING RESOURCES UNDER SECTION
1902(r)(2) OF THE ACT

For all eligibility groups subject to 1902(r)(2) of the Act: All funds in IDA
accounts funded under the Assets for Independence Act is excluded.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) The following more liberal methodology applies to individuals who are 1917(b)(1)(C) eligible for medical assistance under one of the following eligibility groups:

A. Optional categorically needy groups under 1902(a)(10)(A)(ii)(V),(VI)and (VII).

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

- a. Disregard during the person's lifetime the value of assets the person designates for protection from recovery in an amount not to exceed the dollar amount of long term care benefits utilized under a partnership policy;
- b. Disregard appreciation of or the protected asset's increase in value (including an increase in value due to income, dividends, or profits) for a partnership participant to the extent the increase does not cause the amount of the person's total disregard to exceed the dollar value of benefits utilized under a partnership policy;
- c. Disregard additional assets that become available to a partnership participant with an unused amount of asset protection at the time of qualifying for the partnership, up to the dollar amount of long-term care benefits utilized under a partnership policy; and
- d. Trusts excluded under 1917(d)(4)(A) and (C) or annuities and similar legal instruments under 1917(e) are excluded from the provision.

X The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Office of the Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the Office of the Insurance Commissioner.

- (1) The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
- (2) The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.
- (3) The policy was issued no earlier than the effective date of this State plan amendment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

STATE LONG-TERM CARE INSURANCE PARTNERSHIP (cont)

A. The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.

(4) The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.

The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.

(5) The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.

B. The State Office of the Insurance Commissioner assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.

C. The Agency provides information and technical assistance to the State Office of the Insurance Commissioner regarding the training described above.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF RESOURCES

1902(f) and 1917
of the Act

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

The criteria specified in Sections 1613(a), 1917(c) and 1924(f) of the Social Security Act are followed.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

- b. / / The period of ineligibility is less than 24 months, as specified below:
- c. / / The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

2. Transfer of the home of an individual who is an inpatient in a medical institution.

// A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(i).

- a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 24 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 24 months of care in an SNF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

- b. / / Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

No individual is ineligible by reason of item A.2 if-

- (i) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;
- (ii) Title to the home was transferred to the individual's spouse or child who is under age 21. or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;
- (iii) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or
- (iv) The agency determines that denial of eligibility would work an undue hardship.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

3. 1902(f) States

// Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:

B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

1. If the uncompensated value of the transfer is \$12,000 or less:
2. If the uncompensated value of the transfer is more than \$12,000:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):
4. Other procedures:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF RESOURCES

1902(f) and 1917
Of the Act

Dollar Amount of Uncompensated Value	Months of Ineligibility
\$ 0 - \$ 1,000	1
1,001 - 2,000	2
2,001 - 3,000	3
3,001 - 4,000	4
4,001 - 5,000	5
5,001 - 6,000	6
6,001 - 7,000	7
7,001 - 8,000	8
8,001 - 9,000	9
9,001 - 10,000	10
10,001 - 11,000	11
11,001 - 12,000	12
12,001 - 13,500	13
13,501 - 15,000	14
15,001 - 16,500	15
16,501 - 18,000	16
18,001 - 19,500	17
19,501 - 21,000	18
21,001 - 22,500	19
22,501 - 24,000	20
24,001 - 25,500	21
25,501 - 27,000	22
27,001 - 28,500	23
28,501 - 30,000	24
30,001 - 31,667	25
31,668 - 33,333	26
33,334 - 35,000	27
35,001 - 36,667	28
36,668 - 38,333	29
38,334 - 40,000	30
40,001 - 41,667	31
41,668 - 43,333	32
43,334 - 45,000	33
45,001 - 46,667	34
46,668 - 48,333	35
48,334 - 50,000	36

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF ASSETS

1917 (c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value en or after the look-back date.

The agency withholds payment to institutionalized individuals for the following services:

Payments based on a level of care in a nursing facility;

Payments based on a nursing facility level of care in a medical institution;

Home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

— The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section - 1905 (a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for function-ally disabled and elderly adults (section 1905(a) 22);

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

— The following other long-term care services for which medical assistance is otherwise under the agency plan:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF ASSETS

3. Penalty Date-The beginning date of each penalty period imposed for an uncompensated transfer of assets is:
- the first day of the month in which transferred;
 - the first day of the month following the month of transfer.
4. Penalty Period - Institutionalized Individuals-
In determining the penalty for an institutionalized individual, the agency uses:
- the average monthly cost to a private patient of nursing facility services in the agency;
 - the average monthly - cost to a private patient of nursing facility services in the community in which the individual is institutionalized.
5. Penalty Period - Non-institutionalized Individuals-
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services; imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care
- a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:
- Does not impose a penalty;
- Imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.
- b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:
- Does not impose a penalty;
- Imposes a series of penalties, each for less than a full month.
7. Transfers made so that penalty periods would overlap
The agency:
- Totals the value of all assets transferred to produce a single penalty period;
- Calculates the individual penalty periods and imposes them sequentially.
8. Transfers made so that penalty periods would not overlap
The agency:
- Assigns each transfer its own penalty period;
- Uses the method outlined below:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF ASSETS

9. Penalty periods – transfer by a spouse that results in a penalty period for the individual-

- (a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

When both spouses are institutionalized, the agency will divide any existing period of ineligibility between the spouses. When both spouses are in a nursing facility, the period of ineligibility may be divided by two with each spouse assigned one-half of the total number of months of ineligibility. When one spouse is receiving community-based services, such spouse may be assigned a greater number of months of ineligibility than the spouse in a nursing facility.

- (b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

10. Treatment of income as an asset-
When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

For transfers of individual income payments, the agency will impose partial month penalty periods.

For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.

The agency uses an alternate method to calculate penalty periods, as described below:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

11. Imposition of a penalty would work an undue hardship-
The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determinations:

When the client has transferred assets, the agency reviews the client's situation with the client or the client's representative and makes a determination whether the denial of eligibility would create undue hardship. If undue hardship exists, the client's transfer of assets is disregarded. Such decision must be made within forty-five days of the initial application.

If the client is denied, the client is sent a written notice of the agency's decision within forty-five days of the initial application which includes notice the client is entitled to request a fair hearing on the agency's decision.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

Undue hardship means that the application of the transfer penalty would result in the client's inability to meet shelter, food, clothing and health care needs.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF ASSETS

1917(c) FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006, the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

Nursing facility services

Nursing facility level of care provided in a medical institution

Home and community-based services under a 1915(c) or (d) waiver

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF ASSETS (cont.)

2. Non-institutionalized individuals

— The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

— The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

The agency withholds payment to non-institutionalized individuals for the following service:

Program of All Inclusive Care for the Elderly (PACE)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF ASSETS (cont.)

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is:
 1. For individuals applying for Medicaid payment of long-term care services, the date on which the individual is eligible for medical assistance under the State plan and would otherwise be receiving institutional level care services described in paragraph 1 that, were it not for the imposition of the penalty period, would be covered by Medicaid (based on an approved application for such care);

or

 2. For individuals receiving Medicaid payment for long-term care services, the first day of the month following advance notice of the penalty period, but no later than the first day of the month that follows three full calendar months from the date of the report or discovery of the transfer:

and

 3. Which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF ASSETS (cont.)

4. Penalty Period - Institutionalized Individuals

In determining the penalty for an institutionalized individual, the agency uses:

The average monthly cost to a private patient of nursing facility services in the State at the time of application;

The average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.

5. Penalty Period - Non-institutionalized Individuals

The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services:

Imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

6. Penalty period for amounts of transfer less than cost of nursing facility care

Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.

The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

7. Penalty periods - transfer by a spouse that results in a penalty period for the individual

(a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF ASSETS (cont.)

8. Treatment of a transfer of income

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

X For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.

X For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

9. Imposition of a penalty would work an undue hardship

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

- (a) Of medical care such that the individual's health or life would be endangered; or
- (b) Of food, clothing, shelter, or other necessities of life.

10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

- (a) Notice to a recipient subject to a penalty that an undue hardship exception exists;
- (b) A timely process for determining whether an undue hardship waiver will be granted; and
- (c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

TRANSFER OF ASSETS (cont.)

11. Bed Hold Waivers For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

___ Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed ___ days (may not be greater than 30).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

CONSIDERATION OF MEDICAID QUALIFYING TRUSTS – UNDUE HARDSHIP

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not apply the trust provisions because doing so would work an undue hardship:

Undue hardship means the application of the trust provisions would result in the client's inability to meet shelter, food, clothing and health care needs.

Under the agency's undue hardship provisions, the agency exempts, the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is
\$_____.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation

Condition or Requirement

COST EFFECTIVENESS METHODOLOGY FOR
COBRA CONTINUATION BENEFICIARIES

1902(u) of the
Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods.

- The methodology as described in SMM section 3598.
- Another cost-effective methodology as described below.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE (PNA)

1. The PNA is increased for persons who reside in a Medicaid-certified state operated VA Home based on these higher needs.

A VA Home is usually located more than 50 miles from the person's last community residence prior to institutionalization, resulting in additional expenses for transportation and communication;

VA Homes provide opportunities for the resident's involvement in the governance of programs for a multiple facility organization. This requires extra funds for inter-facility travel and additional expenses.

The PNA is increased to \$70.00 for persons residing in a VA Home who are subject to provisions in 1902(r)(1)(B) of the Social Security Act and receive a veteran's pension in excess of \$90.00 per month.

The PNA is increased to \$160.00 for persons residing in a VA Home who are not eligible to receive a veteran's pension in excess of \$90.00 per month as described in 1902(r)(1)(B) of the Social Security Act.

2. The PNA is increased by the amount of income garnished for child support subject to the following limitations:

The increase applies only to a garnishment made in the same time period covered by the PNA.

The increase does not apply to any amount of the garnishment that is deducted under another provision in the post-eligibility process.

3. The PNA is increased for persons participating in a department-approved training or rehabilitative work program. These persons retain earned income to meet the needs of work-related expenses, such as, clothing, transportation or special tools/equipment, etc.

The person's retained income plus the usual PNA may not exceed a one-person MNIL.

4. The PNA is increased for an institutionalized person's income tax under the following limitations. The withholdings from earned or unearned income are necessary to meet expected Federal, State or local income tax liability.

Federal, State, or local income taxes that are not covered by earned or unearned income withholding but are owed or have been paid.

The person's income tax deduction plus the usual PNA may not exceed the one-person MNIL.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Disclosure Statement for Post-Eligibility Preprint

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 #0938-0673. The time required to complete this information collection is estimated at 3 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestion for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland, 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

The following resource regulation applies to individuals described in clause (A)(ii), and subclause (C)(i)(III) of subsection 1-02(a)(10) of the Social Security Act.

Effective July 1, 1990, individuals, non-cash resources, that cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

LESS RESTRICTIVE RESOURCE METHODS ALLOWED UNDER 1902(r) OF THE SOCIAL SECURITY ACT.

The following resource policy applies to institutionalized individuals eligible under subclauses (IV), (V), and (VI) of clause (A)(ii) of section 1902(a)(10).

Effective October 1, 1991, non-exempt resources in excess of the Supplemental Security Income (SSI) resource levels found in SUPPLEMENT 2 TO ATTACHMENT 2.6-A, Page 2, can, at the individual's option, be reduced by incurred expenses listed in C. 4. a. (2) of ATTACHMENT 2.6-A (Page 11) as long as such expenses have not been used to reduce excess income.

The following resource policy applies to institutionalized individuals eligible under subparagraph (C) of section 1902(a)(10).

Effective October 1, 1991, non-exempt resources in excess of the Medically Needy resource levels found in SUPPLEMENT 2 TO ATTACHMENT 2.6-A, Page 1, can, at the individual's option, be reduced by incurred expenses listed in C.4.a.(2) of ATTACHMENT 2.6-A (Page 11) as long as such expenses have not been used to reduce excess income.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Page replaced by SPA 13-0030

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The state covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

- Pregnant women with no other children
- AFDC children age 18 who are full-time students in a secondary school or the equivalent level of vocational or technical training.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 with the following modifications:

- The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:
- The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since Jul 16, 1996 as follows:
- The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
- The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
 1. When determining countable resources, the equity value of one car up to \$5000 is exempt.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Page replaced by SPA 13-0030

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- 1 and 2 When determining countable resources, the equity value of One car up to \$1500 is exempt.
3. When determining countable resources, the resource limit of any available Resources for applicants and recipients may amount up to \$1000.
4. When determining income eligibility, the state applies a gross income test of 185% of federal poverty level.
5. When determining countable income, \$90 and \$30 and 1/3 are exempt.
6. An increase in earned income is not excluded for two months. A person who has received Medicaid under Section 1931 for less than three months is not eligible for twelve month of transitional Medicaid.
7. Diversion cash assistance did not exist.
8. Court-ordered child support was not an income deduction.
9. Childcare and dependent care earned income deductions were limited to:
 - (a) \$175 per month for a child age two and older; and
 - (b) \$200 per month for a child under the age of two.
10. When determining or re-determining eligibility, actual expenses of a self-employed applicant or recipient were used as an earned income deduction.
11. Wages paid by the Census Bureau for temporary employment related to decennial census activities were counted as earned income.

The agency terminates medical assistance (except for certain pregnant women and children) For individuals who fail to meet TANF work requirements.

The agency continues to apply the following waivers of provisions of part A of title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

Under Section 402(a)(41) and 402(a)(38) allows the State to provide benefits to families in which the principle earner works 100 or more hours per month.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Page replaced by SPA 13-0030

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

- X The agency uses less restrictive income and/or resource methodologies than those in effect as of Jly 16, 1996, as follows:

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

- X The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

Wages are counted when determining eligibility for a medical program.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Page replaced by SPA 13-0030

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

- The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
- All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded from income.
 - All interest earned on an IDA account funder under the Assets for Independence Act is excluded from income.
 - All funds in IDA accounts funder under the Assets for Independence Act are excluded from resources.
 - All otherwise countable income deposited in an IDA account funded under Section 404 of the Social Security Act is excluded from income.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Section 1924 Provisions

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility the State resource standard is the maximum resource allowance permissible under section 1924 of the Social Security Act.
- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below.

Undue hardship means the client's inability to meet shelter, food, clothing, and health care needs.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

This supplement describes the individuals with greater need; describes the greater need; describes the basis or formula for determining the deductible.

Personal Needs Allowance for Title XVI-related individuals with greater need - Work Related.

1. Individuals participating in a department approved training or rehabilitative work program.
2. These individuals retain earned income to meet the needs for work related expenses, such as, clothing, transportation, special tools/equipment, etc.
3. The retained income plus personal needs allowance may not exceed a one person MINIL.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Page replaced by SPA 13-0030

INCOME AND RESOURCE REQUIREMENTS FOR TUBERCULOSIS (TB) INFECTED INDIVIDUALS

For TB infected individuals under §1902(z)(1) of the Act, the income and resource eligibility levels are as follows:

The state shall not consider this group as eligible for medical assistance.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Personal Needs Allowance, cont.

INCOME TAX DEDUCTION.

Under 42 CFR 435 .725 (c) (1), allow the following Personal Needs Allowance (PNA) when combined with other reasonable amounts for clothing and other personal needs of the individual while in the institution, not to exceed the Medically Needy Income Level (MNIL).

1. Withholdings from earned and unearned income necessary to meet expected Federal, State or local tax liability.
2. Federal, State or local income taxes that are not covered by earned or unearned income withholding but are owed or have been paid.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PERSONAL NEEDS ALLOWANCE - NURSING FACILITY RESIDENTS WITH HIGHER NEEDS

A personal needs allowance (PNA) is allowed for nursing facility residents who require guardianship and/or attorney services. The individual has one or more of the following needs:

1. Guardianship Fees

Guardianship fees will be allowed under a court order, including an order that establishes or continues a legal guardianship and the order requires a future review or accounting in an amount not to exceed \$235 per month.

2. Guardianship-related Costs (including Attorney's Fees)

Costs are limited to an amount not to exceed \$1850 for the initial establishment of a guardianship.

Costs are limited to an amount not to exceed \$1200 during any three year period for the review of a guardianship.

The monthly total amount allowed for guardianship and attorney fees plus all other personal needs allowance may not exceed a one person MNIL.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PERSONAL NEEDS ALLOWANCE - NURSING FACILITY RESIDENTS WITH HIGHER NEEDS

A personal needs allowance (PNA), of \$160.00 per month, is allowed for nursing home residents who meet any four of the five following criteria.

The individual is a resident of a nursing facility that:

1. Is located in excess of 50 miles from the individual's last community residence, prior to Institutionalization, resulting in additional expenses for transportation and communication.
2. Provides regular access, at resident's expense, to long-distance phone services and cable television.
3. In addition to providing nursing care, provides co-located, less intensive services for higher functioning individuals, including integrated social activities for both groups, promoting an active lifestyle that necessitates a higher PNA.
4. Provides on campus access to goods and services, including, but not limited to, a barber shop, commissary and snack bar that allows for normal activities of daily living that necessitates a higher PNA.
5. Provides opportunity for resident's involvement in governance of programs for a multiple facility organization. This requires additional funds for inter-facility travel and additional expenses.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ASSET VERIFICATION SYSTEM

1940(a) 1
of the Act

The agency will provide for the verification of assets for purposes of determining or re-determining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.

- The request and response system must be electronic:
 - Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - The system cannot be based on mailing paper-based requests.
 - The system must have the capability to accept responses electronically.
- The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
- The system must establish and maintain a database of FIs that participate in the agency's AVS.
- Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or re-determine the individual's eligibility.
- The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ASSET VERIFICATION SYSTEM

- System Development
 - A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.
 - B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.
 - C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.
 - D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.
 - E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

Washington meets the requirements of Sec. 1940 (42 USC 1396w) of the Social Security Act by contracting with a vendor who specializes in getting financial institution verifications for Medicaid agencies. Verifications are completed on all Medicaid Aged, Blind, and/or Disabled (ABD) cases where asset information housed in financial institutions in cities within Washington and bordering Washington are located for ABD recipient/applicant asset verification. Washington used a Request for Proposal process when contracting with vendors for this service. The system and entity chosen complies with the following requirements:

- (i) Is an electronic process for asset verification.
- (ii) Has a database of financial institutions that provide data to the entity, meeting the geographic requirements of the consortium.
- (iii) Has a 5-year "look-back" of the assets on individual applicants, recipients, spouses, and partners.
- (iv) Is a secure system based on a recognized industry standard as defined by the U.S Commerce Department's National Institute.
- (v) Verification requests will include both open and closed asset account information.
- (vi) The acceptable asset verification entity will provide adequate data for the generation of all required reports expected to meet federal reporting requirements, such as the number of requests, number of responses, and amounts of undisclosed assets found.

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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:
- \$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).
- 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.

- This higher standard applies statewide.
- This higher standard does not apply statewide. It only applies in the following areas of the State:
- 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.

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METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part

2) approved by CMS on March 31, 2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

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Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group		Applicable Population Adjustment			
Population Group	Relevant Population Group Income Standard	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
	For each population group, indicate the lower of: 1. The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or • 133% FPI	Enter "Y" (Yes), "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.			
A	B	C	D	E	F
Parents/Caretaker Relatives	Attachment A, Column C, Line 1 of Part 2 of the CMS-approved MAGI Conversion Plan, including any subsequent CMS-approved modifications to the MAGI Conversion Plan	No	No	No	No
Disabled Persons, non-institutionalized	Attachment A, Column C, Line 2 of Part 2 of the CMS-approved MAGI Conversion Plan, including any subsequent CMS-approved modifications to the MAGI Conversion Plan	No	No	No	No
Disabled Persons, institutionalized	Attachment A, Column C, Line 3 of Part 2 of the CMS-approved Conversion Plan, including any subsequent CMS-approved modifications to the MAGI Conversion Plan	No	No	No	No
Children Age 19 or 20	Attachment A, Column C, Line 4 of Part 2 of the CMS-approved MAGI Conversion Plan, including any subsequent CMS-approved modifications to the MAGI Conversion Plan	n/a	n/a	n/a	n/a
Childless Adults	Attachment A, Column C, Line 5 of Part 2 of the CMS-approved MAGI Conversion Plan, including any subsequent CMS-approved modifications to the MAGI Conversion Plan	n/a	n/a	Yes	n/a

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Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

1. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

The state:

Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

Does not apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

Data source used for resource proxy adjustments:

The state:

Applies existing state data from periods before January 1, 2014.

Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

Resource Proxy Methodology: to be submitted as a new SPA at a later date.

2. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 4).

An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

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1. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).

The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:

- Yes. The combined enrollment cap adjustment is described in Attachment C
- No.

3. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

4. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

The state:

- Applies a special circumstances adjustment(s).
- Does not apply a special circumstances adjustment.

The state:

- Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
- Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).

Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

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Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

5. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.

The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

6. Expansion State Designation

The state:

Does not meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)

Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated 02/22/2013.

7. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

Does not qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).

Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated_. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

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Part 5 - State Attestations

The State attests to the following:

8. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
9. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

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Attachment A

Most Recent Updated Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan*

	Population Group	Net Standard as of 12/1/09	Converted Standard for FMAP Claiming	Same as converted eligibility standard? (yes, no, or n/a)	Source of information in column C (New SIPP conversion or Part 1 of approved stte MAGI conversion plan)	Data source for Conversion (SIPP or state data)		
	A	B	C	D	E	F		
Conversions for FMAP Claiming Purposes								
1	Parents/Caretaker Relatives Dollar standards by family size							
	1	\$359	\$511					
	2	\$453	\$658					
	3	\$562	\$820					
	4	\$661	\$972					
	5	\$762	\$1,127	Yes	Part 1 of approved state MAGI conversion plan	State data		
	6	\$866	\$1,284					
	7	\$1,000	\$1,471					
	8	\$1,107	\$1,631					
	9	\$1,215	\$1,792					
	10 or higher	\$1,321	\$1,951					
	Add-on	n/a	n/a					
2	Noninstitutionalized Disabled persons	100%	103%	n/a			New SIPP conversion	SIPP
	SSI FBR%							
3	Institutionalized Disabled persons	300%	300%	n/a			ABD conversion template	n/a
	SSI FBR%							
4	Children age 19 – 20	n/a	n/a	n/a	n/a	n/a		
5	Childless adults	n/a	n/a	n/a	n/a	n/a		
	FPL%							

n/a: Not applicable

*The numbers in this summary chart will be updated automatically in the case of modification in the CMS approved MAGI conversion plan.

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ATTACHMENT D

Washington State administered a Presumptive SSI program until January 1, 2014. As of January 1, 2014, these individuals were placed into the newly eligible group and will be claimed at 100% federal match. The newly eligibles are indicated by ACES Coverage Group N05, corresponding to RAC Group 1201. The Department of Social and Health Services (DSHS) has recently submitted a request to set up a new ACES Coverage Group, which can be mapped to a new RAC Code. Once this is complete, claiming for the clients in the Presumptive SSI group can be set at 75% (or an updated annual figure). Until then, the Medicaid Agency (the Health Care Authority (HCA)) needs a process to ensure claiming at only 75% for these individuals and that the weekly federal draws take this into account. To do this, HCA will utilize an approved cost allocation methodology, which is processing data through a base.

Using a base, a certain percentage of expenditures or clients can be assigned to two groups (in Washington, it would be two groups). Consider Presumptive SSI. If, for example, 15% of the expenditures in the newly eligibles are for Presumptive SSI clients, then 15% of the expenditures for the newly eligibles would be placed in one portion of the base and the other 85% of the expenditures would be placed in the other half. The 15% would target a cost objective code that would allocate 75% federal match, while the remaining 85% would target a cost objective code that would allocate 100% federal match. The initial percentages would be based on the budgeted amounts, and then going forward, estimates would be made at the beginning of each month. The estimates will be based on previous actuals. "True-ups" to the estimates will be performed monthly after fiscal month close. A journal voucher (JV) will be processed to adjust to the actuals ensuring the accounting records are correct. The JV process is as follows:

1. Obtain the client IDs for these presumptive SSI clients from the Automated Client Eligibility System (ACES) maintained by DSHS, by identifying those that are in the Adult Blind/Disabled (ABD) cash assistance program.
2. Match these clients to the medical eligibility data in Provider One to obtain a list of ABD clients that are also eligible for Medicaid in the newly eligible population segment at the same time.
3. On a monthly basis, HCA Budget pulls all expenses for these clients. Medicaid claims data for clients is obtained from various Washington State systems, including Provider One, SSPS (Social Service Payment System), etc. The Journal Voucher data is then provided to HCA Accounting to ensure federal match for these clients is exactly 75% (or updated annual figure).

Regarding the 15% figure, preliminary data suggest that for SFY14 the percentage for ProviderOne payments is 10%. The corresponding figure for DSHS expenditures may be higher. The monthly updating of the percentage figures for the base (15% and 85% in the example above) will be done manually by the accounting staff. Actual expenditures for the true-ups will be determined by pulling claims experience – from Provider One on the part of HCA, and from the Social Services Payment System (SSPS) on the part of DSHS. Percentages would be determined as the percent of the newly eligible (RAC 1201/ACES group N05) constituted by the Presumptive SSI Clients. The list of the Presumptive SSI clients will be determined by DSHS using their ACES eligibility system, drawing from the list of ABD Cash Assistance clients that will be eligible in months corresponding to the months of expenditures.

With respect to the CMS 64, the monthly JV process ensures a "true-up" of the expenditures so that on a quarterly basis, the actual dollars for the Presumptive SSI are claimed appropriately at exactly 75% federal match.

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Attachment D (cont)

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 eligible, 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 eligible 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 eligible, but is no longer used for those receiving the ABD cash benefit.

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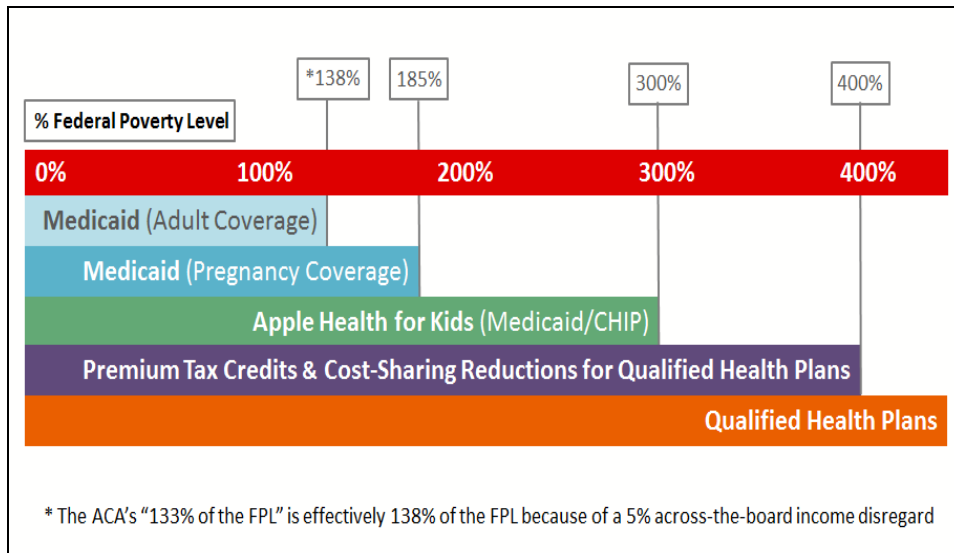
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Attachment E

Washington State Revised 2014 Transition Plan

As a requirement of Washington State's 1115 Transitional Bridge Demonstration waiver, preliminary planning began early in 2012 and was revised early in 2013 as the details of the Insurance Affordability Program (IAP) continuum that will be available in 2014 evolved. An overview is shown in the following chart.



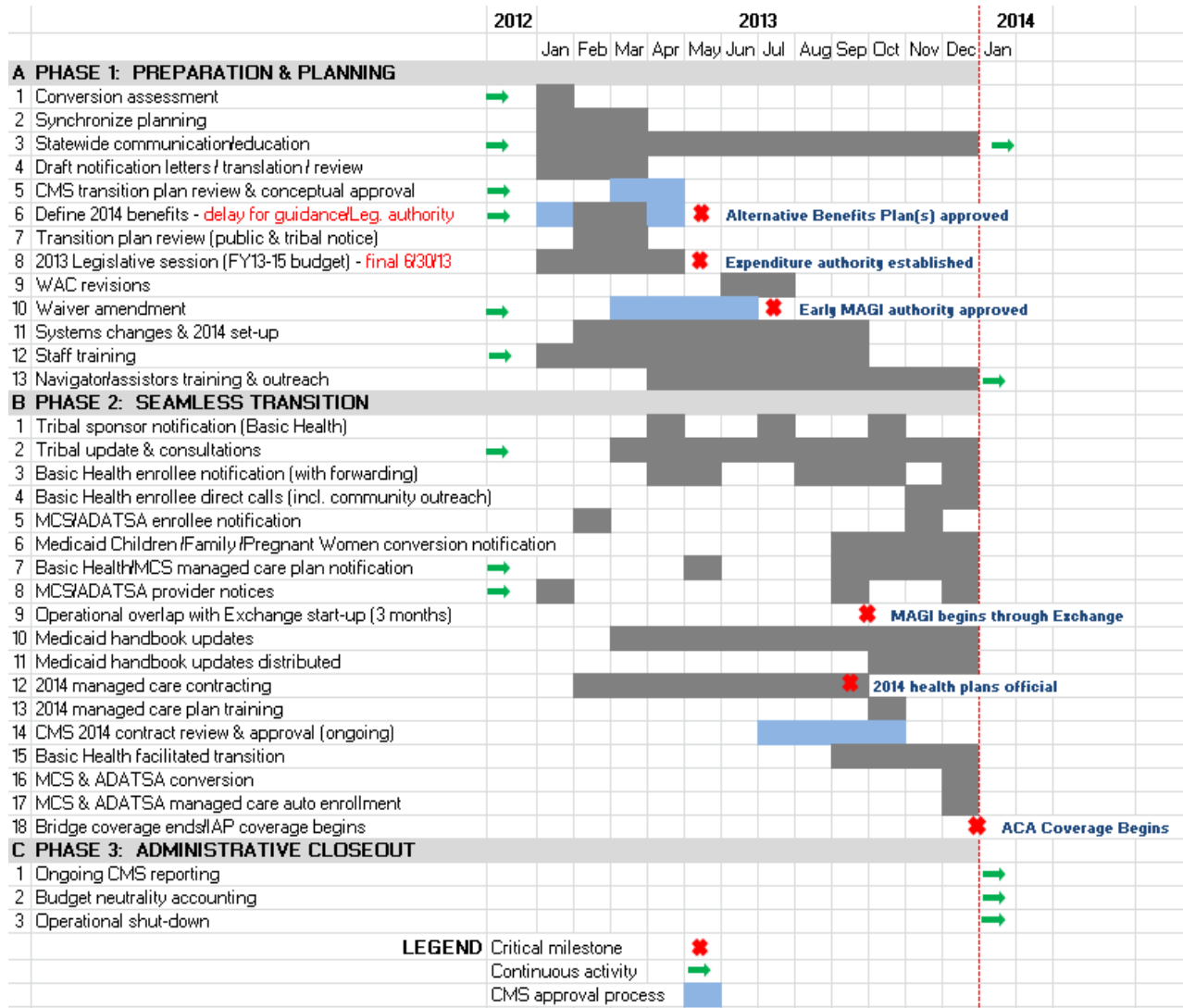
A broad range of discussions, presentations and webinars has been hosted to clarify general Medicaid expansion and transition details for Tribes, stakeholders, health plans and others interested. The timeline and critical milestones for preparation/planning, seamless transition and administrative closeout of the Transitional Bridge Demonstration in particular, were reviewed with CMS earlier in 2013. Underlying details have been revised following Washington State's 2013 extended Legislative sessions (ending June 30, 2013) and to incorporate evolving CMS guidance. The following chart summarizes the plan, referencing the impacted elements in red. While definition of the Alternative Benefit Plan has been delayed by about 4 months from the original plan we don't expect an impact on readiness for 2014 implementation.

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Attachment E (cont)



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A. Coverage in 2014

Through the authority of the Transitional Bridge waiver Washington State will adopt MAGI-based eligibility determination methods beginning on October 1, 2013 to help facilitate a streamlined enrollment process for 2014 for all IAPs. (A general fact sheet on 2014 eligibility for Medicaid/CHIP is available at: http://www.hca.wa.gov/hcr/me/documents/ME2014_Changes_Comparison_Fact_Sheet.pdf. Populations covered through current 1115 Demonstrations will transition to 2014 coverage as follows.

Eligibility Category			Benefits	Delivery System
Population	Current Authority	1/1/2014 Authority		
Medical Care Services- Disability Lifeline Medical Care Services- ADATSA Basic Health (up to 133% FPL based on MAGI methods)	Early Medicaid expansion adults (1115 Transitional Bridge waiver)	Mandatory State Plan expansion adults up to 133% FPL <i>(renewal typically occurs 12 months from enrollment under State Plan)</i>	Alternative Benefit Plan	Same as current Medicaid State Plan – primarily managed care, some FFS
Basic Health (over 133% FPL based on MAGI methods)	Early Medicaid expansion adults (1115 Transitional Bridge waiver)	State Health Benefit Exchange adults not eligible for Medicaid <i>(renewal typically occurs during open enrollment period under marketplace rules)</i>	Essential Health benefits	Qualified Health Plans
Take Charge (Pre-pregnancy family planning up to 250% FPL)	Family planning waiver	Waiver amendment in process to limit eligibility to: (a) individuals not eligible for Medicaid, with incomes up to 250% FPL and (b) Youth/victims of domestic violence requiring confidential services	Family planning services	Approved Take Charge providers - local clinics, doctors' offices and pharmacies

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B. Process for Transition

During the preparation and planning for the required Transitional Bridge close-out, an assessment of demonstration populations was conducted to determine the potential to (a) automate conversion to the 2014 State Plan expansion adult group or (b) support seamless transition through the WashingtonHealthPlanFinder (www.wahealthplanfinder.org.)

Screening of cases showed that income requirements for eligibility to the Medical Care Services-Disability Lifeline and Medical Care Services-ADATSA demonstration populations (i.e., "Transition Eligibles") aligned fully with eligibility for the 2014 Medicaid expansion adults. An automated conversion will occur for individuals enrolled in these programs in December 2013.

Screening of the Basic Health "Transition Eligible" population determined that an automated conversion would not be possible - details required to support MAGI household and income requirements are not available in current data, nor available in the sponsorship program through which external organizations subsidize enrollment in Basic Health (e.g., Tribes.) In addition, collection of additional (tax-related) data not needed for Basic Health eligibility determination would have required Legislative action *before* all details of the MAGI determination methodology were known. The process for transition of Basic Health individuals will involve heavy facilitation through multiple notices and assistance from Basic Health sponsors (e.g., Tribes), health plans who serve current enrollees, and advocacy organizations. Individuals may also obtain coverage for 2014 through Washington's healthplanfinder portal, paper forms, or other call-center/personal assistance.

The Take Charge program covers a limited family planning benefit to help participants avoid unintended pregnancies. The 2013 Legislature authorized continuation of the program in 2014 for individuals not otherwise eligible for Medicaid, and for youth requiring confidential access to services. Otherwise, current beneficiaries will continue coverage through their certification period. They will then receive a renewal notice requiring them to apply for coverage in the same manner as other Medicaid recipients. (A waiver amendment is being drafted.)

Population	Action by State	Action by Beneficiary (or Sponsor)
Automated Conversion to 2014 Medicaid		
Medical Care Services-Disability Lifeline and Medical Care Services-ADATSA	4. Standard beneficiary notice of program termination and automated conversion to Medicaid, with reasons and official authorization	None
Seamless Facilitated Transition to 2014 IAP (Medicaid or HBE)		
Basic Health	5. Beneficiary notice re program termination and action needed to activate 2014 coverage, with reasons and official authorization 6. Training of health plans, community-based organizations, Tribes/other sponsors to provide additional support	Individuals will choose from electronic, phone, mail-in and other assisted options (e.g., current sponsors) to expedite 2014 coverage
Take Charge	7. Based on waiver amendment beneficiaries will be asked to follow standard 2014 Medicaid application process	Individuals will not need to take action until their 2014 renewal notification

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C. Notification/Notices

As shown in the Transitional Bridge Demonstration waiver Gantt chart above, planning for communication with beneficiaries, health plans, providers and sponsors began in 2012. Conversations with Take Charge providers has been increasing since December 2012 when the Governor’s budget for 2013-15 leveraged the ACA-related opportunities to streamline current programs whose enrollees would have expanded benefits available through 2014 IAP options.

As required, notices comply with the notice requirements in 42 CFR 431.206, 431.210 and 431.213 and where applicable, information on appeal and hearing rights as outlined in 42 CFR 431.220 and 431.221 is included. In general, the terms and conditions of the Transitional Bridge waiver which expires December 31, 2013, make the need for hearing and appeal rights not relevant since the programs will not continue for Transition Eligibles. A full list and sample of actual notices is included in Attachment 1. Multiple versions of these notices have been reviewed through email, webinar, teleconference and verbal interactions with State agency staff, advocates, Tribal representatives and others. The notification process is as follows:

Population	Timing and Delivery of Beneficiary Notices	Support for Questions
Basic Health	<p>Letter # a: Member alert Preliminary announcement mailed early July 2013 along with the monthly notice for premium payment (September coverage)</p>	<p>8. Online at www.wahealthplanfinder.org. 9. Call 1-800-660-9480 or Exchange 10. Mail to PO Box 946, Olympia, WA 98507 11. Email at CustomerSupport@wahbexchange.org 12. Call 1-855-923-4633 to find a cost free in-person assister 13. Health plans, community organizations, and other tribal sponsors, etc. 14. Follow-up personal phone call (and facilitation) will occur for individuals who have not activated coverage for 2014 by the end of November</p>
	<p>Letter # b: 90-day first notice Notification of need to provide details for 2014 coverage determination through the Washington HealthPlanFinder – included in September notice for premium payment for November coverage</p>	
	<p>Letter # c: 60-day second notice Follow-up notification of need to provide details for 2014 coverage determination through the Washington HealthPlanFinder – included in October notice for premium payment for December coverage <i>for those who have not already completed 2014 coverage action</i></p>	

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Attachment E (cont)

Population	Timing and Delivery of Beneficiary Notices	Support for Questions
Basic Health (cont)	<p>Letter # d: termination notice where individual has activated 2014 coverage Final notice to be mailed in December</p> <p>Letter # e: termination notice where individual has not activated 2014 coverage Final notice to be mailed in December</p>	
Medical Care Services- Disability Lifeline And Medical Care Services- ADATSA	<p>Letter # f: MCS/ADATSA conversion notice Official notice of automatic upgrade to Medicaid coverage – mailed the end of November.</p>	<p>15. Online at www.wahealthplanfinder.org.</p> <p>16. Call 1-855-923-4633 or 1-855-627-9604</p> <p>17. Fax to 360-841-7620</p> <p>18. Mail to PO Box 946, Olympia, WA 98507</p> <p>19. Email at CustomerSupport@wahbexchange.org</p> <p>20. Call 1-855-923-4633 to find a cost free in-person assister</p> <p>21. Local Community Service Offices (CSO).</p>
Take Charge	Standard renewal letter – no change	Family planning clinics and all other standard Medicaid support avenues

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Medicaid Furnished Out of State

Medicaid may be furnished to eligible individuals by Canadian providers under the following conditions:

1. Medical services are required because of a medical emergency and a Canadian provider is the closest source of care or
2. Needed medical services are more readily available in Canada and the aggregate cost of care is equal to or less than the aggregate cost of the same care when provided within the state.

In order for the department to reimburse Canadian providers each participating provider must:

1. Have a signed agreement with the department and bill at U.S. exchange rate in effect at the time the service was provided.
2. Satisfy all Medicaid conditions of participation,
3. Meet functionally equivalent licensing requirements, and
4. Be subject to the same utilization control standards as in-state providers.

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Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals	S21
42 CFR 435.1110	
One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="checkbox"/> The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:	
<input checked="" type="checkbox"/> A qualified hospital is a hospital that:	
Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of	
<input checked="" type="checkbox"/> its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.	
Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance	
<input checked="" type="checkbox"/> with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.	
Assists individuals in completing and submitting the full application and understanding any documentation requirements.	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="checkbox"/> The eligibility groups or populations for which hospitals determine eligibility presumptively are:	
<input checked="" type="checkbox"/> Pregnant Women	
<input checked="" type="checkbox"/> Infants and Children under Age 19	
<input checked="" type="checkbox"/> Parents and Other Caretaker Relatives	
<input checked="" type="checkbox"/> Adult Group, if covered by the state	
<input checked="" type="checkbox"/> Individuals above 133% FPL under Age 65, if covered by the state	
<input checked="" type="checkbox"/> Individuals Eligible for Family Planning Services, if covered by the state	
<input checked="" type="checkbox"/> Former Foster Care Children	
<input checked="" type="checkbox"/> Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state	
<input type="checkbox"/> Other Family/Adult groups:	
<input type="checkbox"/> Eligibility groups for individuals age 65 and over	
<input type="checkbox"/> Eligibility groups for individuals who are blind	
<input type="checkbox"/> Eligibility groups for individuals with disabilities	
<input type="checkbox"/> Other Medicaid state plan eligibility groups	
<input type="checkbox"/> Demonstration populations covered under section 1115	
The state establishes standards for qualified hospitals making presumptive eligibility determinations.	

TN 14-0022-1M7

Supersedes: N/A

Approval Date: 9/24/14

Effective Date: January 1, 2014

Washington

14-0022

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Medicaid Eligibility

Yes No

Select one or both:

- The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

The State will implement standards to assess:

- 1) The number of PE applications submitted
- 2) The proportion of those individuals approved for PE that complete and submit an application for full ongoing coverage
- 3) The proportion of those individuals approved for PE and that complete and submit an application for full ongoing coverage who are determined eligible for full ongoing benefits
- 4) The accuracy of Hospitals' determination that applicants do not have coverage
- 5) The accuracy of Hospitals' determination that applicants do not have a prior period of PE in the preceding twenty-four month period

Given that criteria from current PE states are either inconsistent or otherwise not proven, the State will collect and require Hospitals to collect baseline data for up to 12 months in order to determine effective criteria.

Initial standards, therefore, will be attached to data collection and reporting and will require 100% compliance from any Hospital that wishes to continue as a qualified PE determination entity.

Description of standards:

The State will implement standards to assess:

- 1) The number of PE applications submitted
- 2) The proportion of those individuals approved for PE that complete and submit an application for full ongoing coverage
- 3) The proportion of those individuals approved for PE and that complete and submit an application for full ongoing coverage who are determined eligible for full ongoing benefits
- 4) The accuracy of Hospitals' determination that applicants do not have coverage
- 5) The accuracy of Hospitals' determination that applicants do not have a prior period of PE in the preceding twenty-four month period

Given that criteria from current PE states are either inconsistent or otherwise not proven, the State will collect and require Hospitals to collect baseline data for up to 12 months in order to determine effective criteria.

Initial standards, therefore, will be attached to data collection and reporting and will require 100% compliance from any Hospital that wishes to continue as a qualified PE determination entity.

- The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: Same as above

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or



Medicaid Eligibility

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:
- No more than one period within a calendar year.
 - No more than one period within two calendar years.
 - No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes No

- The presumptive eligibility determination is based on the following factors:

- The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
- Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
- State residency
- Citizenship, status as a national, or satisfactory immigration status

- The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

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 0938-1148. 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.

SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: 14-0024 MM S25 Parents and Other Caretaker Relatives	STATE: Washington
Pages or sections of pages being superseded by S25 and related pages or sections of pages being deleted as obsolete	
State Plan Section	Superseded Page (s)
S25	S25 TN 13-0030

14-0024



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

S25

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

- Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

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

- Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

- Options relating to the definition of caretaker relative (select any that apply):

- Options relating to the definition of dependent child (select the one that applies):

- The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

- The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

- Have household income at or below the standard established by the state.

- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

- Income standard used for this group

- Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

- The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

- Maximum income standard

No:14-0024 Supersedes TN No: N/A Approval Date: 5/09/14 Effective Date: April 1, 2014

Page 1 of 4



Medicaid Eligibility

The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

- The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- A percentage of the federal poverty level: %
- The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- Other dollar amount

Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
The standard is as follows: <ul style="list-style-type: none"> <input checked="" type="radio"/> Statewide standard <input type="radio"/> Standard varies by region <input type="radio"/> Standard varies by living arrangement <input type="radio"/> Standard varies in some other way 	
<div style="border: 1px solid black; background-color: #e0e0e0; padding: 2px;"> Enter the statewide standard </div>	



Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	511	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	658	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	820	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	972	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	1,127	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	1,284	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	1,471	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	1,631	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	1,792	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	1,951	<input checked="" type="checkbox"/>

Additional incremental amount

Yes No

Increment amount \$

The dollar amounts increase automatically each year

Yes No

Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
 The maximum income standard

The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

Another income standard in-between the minimum and maximum standards allowed

There is no resource test for this eligibility group.

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No



Medicaid Eligibility

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 0938-1148. 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.

TN No:14-0024 Supersedes TN No: N/A Approval Date: 5/09/14 Effective Date: April 1, 2014



Medicaid Eligibility

State Name:

Transmittal Number: WA - 14- 0031

OMB Control Number: 0938-1148

Medicaid Eligibility Marriage Policy

S12

1902(e)(14)(G)

1902(a)(17)

- With respect to individuals for whom the state must complete a determination of income either based on MAGI or for MAGI-excepted groups utilizing AFDC-related or SSI-related methodologies, the state:
- Recognizes same-sex couples as spouses, if they are legally married under the laws of the state, territory, or foreign jurisdiction in which the marriage was celebrated.
 - Does not recognize same-sex couples as spouses, even if they were legally married in a state, territory, or foreign jurisdiction that recognizes same-sex marriages.

- With respect to individuals whose eligibility for Medicaid is based on eligibility for another benefit program, and for whom the state does not complete a determination of income for Medicaid eligibility, the state will not make any determination concerning marital status. Medicaid eligibility will continue to be based on the determination of eligibility for the applicable benefits.

- The option elected above, with respect to income determinations, also governs the state's definition for post-eligibility issues, including spousal impoverishment, asset transfers and estate recovery rules, to the degree permitted by state law.

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 0938-1148. The time required to complete this information collection is estimated to average 1 hour 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.

V.20141021

TN NO: 14-0031

Approved: 2/20/2015

Supersedes TN: N/A

Effective Date: October 1, 2014

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

Package Header

Package ID	WA2019MS0001O	SPA ID	WA-19-0002
Submission Type	Official	Initial Submission Date	2/15/2019
Approval Date	5/3/2019	Effective Date	1/1/2019
Superseded SPA ID	9-29 91-22 92-6		
	User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

Package Header

Package ID	WA2019MS0001O	SPA ID	WA-19-0002
Submission Type	Official	Initial Submission Date	2/15/2019
Approval Date	5/3/2019	Effective Date	1/1/2019
Superseded SPA ID	92-16 11-01		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.

2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

Yes

No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

- 1. Amounts that would be deducted in determining eligibility under SSI.
- 2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

G. Additional Information (optional)

Package Header

Package ID	WA2019MS00010	SPA ID	WA-19-0002
Submission Type	Official	Initial Submission Date	2/15/2019
Approval Date	05/03/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2019	9-29 91-22 92-6
Non-MAGI Methodologies	1/1/2019	92-16 11-01
Mandatory Eligibility Groups	1/1/2019	WA-14-0024
Optional Eligibility Groups	1/1/2019	WA-13-0030

Income/Resource Methodologies

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Non-MAGI Methodologies

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

- The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
- The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

- The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
 No

- The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

- 1. Amounts that would be deducted in determining eligibility under SSI.
- 2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.











G. Additional Information (optional)

Mandatory Eligibility Groups











Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Extended Medicaid due to Spousal Support Collections		<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 
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

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

Optional Eligibility Groups

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"/>	APPROVED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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"/>	APPROVED
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

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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"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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 type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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

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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 type="radio"/>	NEW
Medically Needy Children under Age 18		<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 
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="radio"/>	APPROVED

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

SPA 19-0002

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.

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Package Header

Package ID WA2020MS0001O	SPA ID WA-20-0006
Submission Type Official	Initial Submission Date 3/26/2020
Approval Date 06/03/2020	Effective Date N/A
Superseded SPA ID 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):

Optional Eligibility Groups
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"/>	APPROVED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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"/>	APPROVED
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

SPA 20-0006

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"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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 type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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

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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 type="radio"/>	NEW
Medically Needy Children under Age 18		<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 
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="radio"/>	APPROVED

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
Submission Type	Official	Initial Submission Date	3/26/2020
Approval Date	06/03/2020	Effective Date	1/1/2020
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.

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.

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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.

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.

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: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

Package ID WA2019MS0004O	SPA ID WA-20-0030
Submission Type Official	Initial Submission Date 6/30/2020
Approval Date 02/10/2021	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID WA-20-0030

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	4/1/2020	WA-19-0002
Non-MAGI Methodologies	4/1/2020	WA-19-0002
Medically Needy Income Level	4/1/2020	WA-05-002
Handling of Excess Income (Spendedown)	4/1/2020	WA-91-22
Medically Needy Resource Level	4/1/2020	WA-91-22
Mandatory Eligibility Groups	4/1/2020	WA-19-0002
Qualified Medicare Beneficiaries	4/1/2020	WA-10-007
Specified Low Income Medicare Beneficiaries	4/1/2020	WA-10-007
Qualifying Individuals	4/1/2020	WA-10-007
Optional Eligibility Groups	4/1/2020	WA-20-0006
Individuals Eligible for but Not Receiving Cash Assistance	4/1/2020	WA-91-22
Individuals Eligible for Cash Except for Institutionalization	4/1/2020	WA 91-22
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	4/1/2020	WA 08-027
Work Incentives	4/1/2020	WA-20-0006
Ticket to Work Basic	4/1/2020	WA-20-0006
Ticket to Work Medical Improvements	4/1/2020	WA-20-0006
Medically Needy Populations Based on Age, Blindness or Disability	4/1/2020	WA-02-011

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

See uploaded spreadsheet - "SPAs superseded by WA2019MS0004O WA-20-0030.

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Non-MAGI Methodologies

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.

2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

Yes

No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

(1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

(2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No
- a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
- b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
- c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
- d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
- e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
- f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
- g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
- h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

4. The state uses the same definition of family size for the selected FPL eligibility groups.

- Yes
- No

5. For the selected FPL eligibility groups, family size is defined as follows:

- a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.

Optional description:

- b. The state uses another definition of family.

E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

G. Additional Information (optional)

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

A. Income Level Used

- The state employs a single income level for the medically needy.
- The income level varies based on differences between shelter costs in urban and rural areas.
 Yes
 No
- The level used is:

Household size	Standard
1	\$467.00
2	\$592.00
3	\$667.00
4	\$742.00
5	\$858.00
6	\$975.00
7	\$1125.00
8	\$1242.00
9	\$1358.00
10	\$1483.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

The dollar amounts increase automatically each year

- Yes
 No

B. Basis for Income Level

- Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

- Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

C. Additional Information (optional)

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Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

a. One budget period of:

b. More than one budget period, as described below:

i. Community budget period

Length of budget period:

- (1) 6 months
 (2) 5 months
 (3) 4 months
 (4) 3 months
 (5) 2 months
 (6) 1 month

ii. Institutional budget period

Length of budget period:

- (1) 6 months
 (2) 5 months
 (3) 4 months
 (4) 3 months
 (5) 2 months
 (6) 1 month

iii. Other budget period

Table with 3 columns: Name of other budget period, Length of budget period, and Description. Rows include Institutional optional budget period and Community optional budget period.

2. The state includes part or all of the retroactive period in the budget period.

- Yes
 No

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B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:
 - a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
 - b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
 - c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
 - d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.
2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.
 - Yes
 - No
3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:
 - a. Eligible expenses incurred during the budget period, whether paid or unpaid.
 - b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
 - c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
 - i. At any time prior to the budget period.
 - ii. Prior to the third month before the month of application, but no earlier than:
 - iii. No earlier than the third month before the month of application.
2. For prospective budget period(s), the state deducts:
 - a. Eligible expenses incurred during the budget period, whether paid or unpaid.
 - b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
 - c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
2. In chronological order by the date of the service, or the date cost sharing payments are due.
3. In chronological order by the date the bill is submitted to the state by the individual.

E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
 No

G. Additional Information (optional)

Income/Resource Standards

Medically Needy Resource Level

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

B. Resource Level Used

The level used is:

Household size	Standard
1	\$2000.00
2	\$3000.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

Incremental Amount:

\$50.00

C. Additional Information (optional)

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Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030











Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Extended Medicaid due to Spousal Support Collections		<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 
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package [?]	Included in Another Submission Package	Source Type [?]
Adult Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

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

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

B. Financial Methodologies

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

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

Yes
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility
MSP	When determining the available income of an individual for the QMB or SLMB program the agency shall exclude from countable income an amount equal to that expended on medical expenses.

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

- Yes
- No

The less restrictive resource methodologies are:

- A specified type of resource is disregarded:

Name of resource type:	Description:
Independence Account - earnings while enrolled in MBI	Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.
Sales contract resource	Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.
IDA account	All funds in IDA accounts funded under the Assets for Independence Act
20 days	Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.
Holocaust survivor	When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

F. Additional Information (optional)

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

B. Financial Methodologies

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

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

- Yes
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility
MSP	When determining the available income of an individual for the QMB or SLMB program the agency shall exclude from countable income an amount equal to that expended on medical expenses.

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

- Yes
 No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
Independence Account - earnings while enrolled in MBI	Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

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Sales contract resource	Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.
IDA account	All funds in IDA accounts funded under the Assets for Independence Act
20 days	Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.
Holocaust survivor	When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

F. Additional Information (optional)

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

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B. Financial Methodologies

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

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

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility

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

- Yes
- No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
Independence Account - earnings while enrolled in MBI	Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.
Sales contract resource	Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.
IDA account	All funds in IDA accounts funded under the Assets for Independence Act
20 days	Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

Name of resource type:	Description:
Holocaust survivor	When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

F. Additional Information (optional)

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030












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"/>	APPROVED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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"/>	APPROVED
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

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Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
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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"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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 type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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

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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 type="radio"/>	NEW
Medically Needy Children under Age 18		<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 
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

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

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 type="radio"/>	APPROVED

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- a. SSI
- b. Optional State Supplement
- c. AFDC

2. Do not receive cash assistance under these programs.

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility

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

- Yes
- No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
Independence Account - earnings while enrolled in MBI	Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

	considered unearned income, unless otherwise exempted.
IDA account	All funds in IDA accounts funded under the Assets for Independence Act
20 days	Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.
Holocaust survivor	When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

F. Additional Information (optional)

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

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

- Are in a medical institution.
- Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
 - a. SSI
 - b. Optional State Supplement
 - c. AFDC

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
 No

C. Financial Methodologies

- In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:
 - a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
 - b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
 - Between the following percentages of the FPL:
 - Between the medically needy income limit and a percentage of the FPL:
 - Between the SSI Federal Benefit Rate and:
 - Between other income standards:

Between this standard: TANF payment standard by family size
and this standard: AFDC payment standard by family size

The following less restrictive methodologies are used:

Name of methodology:	Description:
community income	Effective July 1, 1986, if the community income received in the name of the non-applicant or ineligible spouse, living in a separate residence, exceeds the community income received in the name of the applicant/recipient spouse, the applicant/recipient spouse's interest in that excess is considered unavailable to the applicant/recipient.
income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility
FBR and CN	Disregard income equal to the difference between the Federal Benefit Rate and the Categorically Needy Income Level for individuals and couples as in effect on January 1, 2002

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

Yes

No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
property sales contract	Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

The following less restrictive methodologies are used:

Name of methodology:	Description:
One-half resources	Effective January 1, 1989, it is presumed that one-half of the total resources held jointly by the husband and wife, or held separately by the applicant/recipient, are owned by each spouse (TN 89-2, Approved 8/17/90)
Independence Account - earnings while enrolled in MBI	Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.
IDA account	All funds in IDA accounts funded under the Assets for Independence Act
20 days	Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

Non-exempt resources

Non-exempt resources in excess of the Medically Needy resource levels can, at the individuals option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

F. Additional Information (optional)

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | WA2019M50004O | WA-20-0030

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
 - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
 - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

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

Yes

No

The less restrictive income methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
community income	Effective July 1, 1986, if the community income received in the name of the non-applicant or ineligible spouse, living in a separate residence, exceeds the community income received in the name of the applicant/recipient spouse, the applicant/recipient spouse's interest in that excess is considered unavailable to the applicant/recipient.

income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility
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3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- A specified type of resource is disregarded:

Name of resource type:	Description:
Independence Account - earnings while enrolled in MBI	Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

D. Additional Information (optional)

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

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

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.

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.

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.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in
Independence/Freedom accounts

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

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.

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.

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 in attachment 2.6-A page 12o.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Individuals between ages 16 and 64 with a disability, who have earned income.

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. 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.

3. 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.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in
Independence/Freedom accounts

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

C. Income Standard Used

The income standard for this group is:

1. No income standard
 2. A percentage of the federal poverty level:
 3. A percentage of the SSI Federal Benefit Rate:
 4. A dollar amount
 5. Other

D. Resource Standard Used

The resource standard for this group is:

1. No resource standard
 2. SSI resource standard
 4. A dollar amount higher than the SSI resource standard

E. 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.

F. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections, as well as in attachment 2.6-A page 12o.

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Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
 - a. Earning at least the minimum wage and working at least 40 hours per month.
 - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. 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.

3. 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.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in Independence/Freedom accounts

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

E. 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.

F. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections, as well as in attachment 2.6-A page 12o.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet at least one of the following:
 - a. Are age 65 or older;
 - b. Have blindness; or
 - c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
- No

2. The financial methodology used is:

- a. SSI methodologies. 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:

- Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

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The following less restrictive methodologies are used:

Name of methodology:	Description:
Income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility
Maintenance for MN	Income of an individual is exempt in an amount equal to the maintenance allowance of the individual's spouse, living in the same household, who is eligible under clause (V) of section 1902 (a) (10) (A) (ii) of the Act, less the income of the spouse.
community income	Effective July 1, 1986, if the community income received in the name of the non-applicant or ineligible spouse, living in a separate residence, exceeds the community income received in the name of the applicant/recipient spouse, the applicant/recipient spouse's interest in that excess is considered unavailable to the applicant/recipient.

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SPA 20-0030

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

Yes No

The less restrictive resource methodologies are:

Real property not otherwise excluded is disregarded.

Description of disregard: Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

Description: All funds in IDA accounts funded under the Assets for Independence Act

Resources set aside in Independence/Freedom accounts

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

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SPA 20-0030

└ A specified type of resource is disregarded:

Name of resource type:	Description:
Property sales contract	Sales Contract – Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.

└ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

└ The following less restrictive methodologies are used:

Name of methodology:	Description:
One-half resources	Effective January 1, 1989, it is presumed that one-half of the total resources held jointly by the husband and wife, or held separately by the applicant/recipient, are owned by each spouse (TN 89-2, Approved 8/17/90)
LTC MN excess resources	Non-exempt resources in excess of the Medically Needy resource levels can, at the individuals option,

	be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.
Holocaust survivor proceeds	When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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Package Header

Package ID	WA2021MS00020	SPA ID	WA-21-0022
Submission Type	Official	Initial Submission Date	8/12/2021
Approval Date	10/29/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Citizenship and Non-Citizen Eligibility	7/1/2021	WA-18-0031

Non-Financial Eligibility**Citizenship and Non-Citizen Eligibility**

- The state provides Medicaid to citizens and nationals of the United States and certain non-citizens who meet all other Medicaid eligibility requirements under the state plan, consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

A. Citizens, Nationals and Eligible Non-Citizens

The state provides Medicaid eligibility to otherwise eligible individuals:

- Who are citizens or nationals of the United States; or
- Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641) or who are non-citizens treated as refugees under other federal statutes for purposes of Medicaid eligibility, subject to the requirements at 8 U.S.C. §1612(b)(2), and are not restricted by section 403 of PRWORA (8 U.S.C. §1613); or who are non-citizens whose eligibility is required by 8 U.S.C. 1612(b)(2)(E) and (F); and
- Who have declared themselves to be citizens or nationals of the United States, or non-citizens having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

- a. The agency provides for an extension of the reasonable opportunity period for non-citizens if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

- Yes
 No

- b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

The date benefits are furnished is:

- i. The date of the application containing the declaration of citizenship or immigration status.
 ii. The first day of the month of application.

B. Optional Coverage of Qualified Non-Citizens

The state provides Medicaid coverage to all otherwise-eligible Qualified Non-Citizens whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. §1613).

- Yes
 No

C. Coverage of Lawfully Residing Individuals

The state elects the option to provide Medicaid coverage to otherwise eligible individuals, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

- Yes
 No

1. Pregnant women

2. Individuals under a specified age:

- a. Individuals under age 21
 b. Individuals under age 20
 c. Individuals under age 19

3. An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

SPA 22-0034

4. An individual is considered to be lawfully present in the United States if he or she is:

- a. A qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
- b. A non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
- c. A non-citizen who has been paroled into the United States in accordance with 8 U.S.C.1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
- d. A non-citizen who belongs to one of the following classes:
 - i. Granted temporary resident status in accordance with 8 U.S.C.1160 or 1255a, respectively;
 - ii. Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
 - iii. Granted employment authorization under 8 CFR 274a.12(c);
 - iv. Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
 - v. Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
 - vi. Granted Deferred Action status;
 - vii. Granted an administrative stay of removal under 8 CFR 241;
 - viii. Beneficiary of approved visa petition who has a pending application for adjustment of status;
- e. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231,or under the Convention Against Torture who:
 - i. Has been granted employment authorization; or
 - ii. Is under the age of 14 and has had an application pending for at least 180 days;
- f. Has been granted withholding of removal under the Convention Against Torture;
- g. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C.1101(a)(27)(j));
- h. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
- i. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b)).
- j. **Exception:** An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (a) through (i) of this definition.
- k. Other

Description:

- Individuals granted an administrative stay of removal under 8 CFR 241, described under C.4.d.vii., above, are not considered to be lawfully present;
- Individuals granted employment authorization under 8 CFR 274a.12(c)(35) and (c)(36), described under paragraph C.4.d.iii, are not considered to be lawfully present unless they have an immigration status considered lawfully present under paragraph 4.a. through i.

D. Emergency Coverage

The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the Social Security Act and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:

1. Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613(a)
2. Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

Package Header

Package ID	WA2023MS0001O	SPA ID	WA-22-0034
Submission Type	Official	Initial Submission Date	1/12/2023
Approval Date	2/2/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-21-0002		
	System-Derived		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:





Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW




SPA 22-0034

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

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

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS00010 | WA-22-0034

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

- Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
- Have income and resources at or below the standard for this group.

system-derived

B. Financial Methodologies

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

2. **Less restrictive methodologies are used in calculating countable income.**

Yes
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

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The following less restrictive methodologies are used:

Name of methodology:	Description:
Income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility
MSP	When determining the available income of an individual for the QMB or SLMB program the agency shall exclude from countable income an amount equal to that expended on medical expenses.

3. 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.

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

F. Additional Information (optional)

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS00010 | WA-22-0034

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

B. Financial Methodologies

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

2. **Less restrictive methodologies are used in calculating countable income.**

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility
MSP	When determining the available income of an individual for the QMB or SLMB program the agency shall exclude from countable income an amount equal to that expended on medical expenses.

3. **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.

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

F. Additional Information (optional)

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

B. Financial Methodologies

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

2. **Less restrictive methodologies are used in calculating countable income.**

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility

3. **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.

system-derived

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS00020 | WA-23-0008











Package Header

Package ID	WA2023MS00020	SPA ID	WA-23-0008
Submission Type	Official	Initial Submission Date	3/8/2023
Approval Date	5/25/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-22-0034		
	User-Entered		









Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:



Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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 
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

SPA 23-0008

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

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

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS00020 | WA-23-0008

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

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

- Are under age 26
- Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
- Are described under either Section B. or C.

B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and

b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

D. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Package Header

Package ID WA2024MS0001O	SPA ID WA-24-0003
Submission Type Official	Initial Submission Date 1/10/2024
Approval Date 04/03/2024	Effective Date N/A
Superseded SPA ID N/A	

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SPA ID WA-24-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	7/1/2024	WA-22-0034
Infants and Children under Age 19	7/1/2024	WA-13-0030
Pregnant Women	7/1/2024	WA-13-0030
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	7/1/2024	WA-91-22
Former Foster Care Children	7/1/2024	WA-23-0008
Transitional Medical Assistance	7/1/2024	WA-91-22
Closed Eligibility Groups	7/1/2024	WA-91-22
Working Individuals under 1619(b)	7/1/2024	WA-91-22
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Reasonable Classifications of Individuals under Age 21	7/1/2024	WA-13-0030
Children with Non-IV-E Adoption Assistance	7/1/2024	WA-13-0030
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Page Number of the Superseded Plan Section or Attachment (If Applicable):











Mandatory Eligibility Groups

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Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Extended Medicaid due to Spousal Support Collections		<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 
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

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

Infants and Children under Age 19

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Infants and children under age 19 with household income at or below standards established by the state based on age group.

The state covers the mandatory infants and children under age 19 group in accordance with the following provisions:

A. Characteristics

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

- Are under age 19
- Have household income at or below the standard established by the state.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standards Used

- The amount of the income standard for infants under age one is: **FPL 210.00%**
- The amount of the income standard for children age one through five is: **FPL 210.00%**
- The amount of the income standard for children age six through eighteen is: **FPL 210.00%**

D. Basis for the Income Standard for Infants under Age 1

1. Minimum income standard

a. The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

Yes No

b. Enter the amount of the minimum income standard (no higher than 185% FPL): **FPL 185.00%**

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2. Maximum income standard

- a. The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

b. The state's maximum income standard for this age group is:

- i. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

c. The amount of the maximum income standard is:

FPL 210.00%

E. Basis for the Income Standard for Children Age One through Age Five**1. Minimum income standard**

The minimum income standard used for this age group is 133% FPL.

2. Maximum income standard

- a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

b. The state's maximum income standard for this age group is:

- i. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 133% FPL

c. The amount of the maximum income standard is:

FPL 210.00%

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F. Basis for the Income Standard for Children Age Six through Age Eighteen

1. Minimum income standard

The minimum income standard used for this age group is 133% FPL.

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

b. The state's maximum income standard for this age group is:

- i. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 133% FPL

c. The amount of the maximum income standard is:

FPL 210.00%

G. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for Community Behavioral Health Support (CBHS) shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00010 | WA-24-0003

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

The state covers the mandatory pregnant women group in accordance with the following provisions:

A. Characteristics

1. Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
2. Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

- Yes
- No

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The state uses the following income standard for this group:

FPL 193.00%

D. Benefits for Pregnant Women

Benefits for individuals in this eligibility group consist of the following:

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

E. Basis for Pregnant Women Income Standard

1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes
 No

a. The amount of the minimum income standard (no higher than 185% FPL) is:

FPL 185.00%

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

c. The amount of the maximum income standard is:

FPL 193.00%

G. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for Community Behavioral Health Support (CBHS) shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

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Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance maintenance payments are made under Title IV-E of the Act.

The state covers the mandatory children with Title IV-E adoption assistance, foster care or guardianship care group in accordance with the following provisions:

A. Characteristics

1. Individuals qualifying under this eligibility group must meet one of the following criteria:

- a. An adoption assistance agreement is in effect for the individual with any state or Tribe under title IV-E of the Act, regardless of whether adoption assistance is being provided or an interlocutory or other judicial decree of adoption has been issued; or
- b. Foster care or kinship guardian assistance maintenance payments are being made by a state or Tribe under Title IV-E of the Act.

2. The upper age limit for eligibility under this group is determined by the terms of the adoption assistance agreement or the terms of the foster care or kinship guardianship assistance maintenance payments, as established by the IV-E plan of the state or Tribe that established the agreement or is making the payments.

3. Individuals may not be required to file an application for this group.

B. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

Former Foster Care Children

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Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

D. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

Transitional Medical Assistance

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Families with Medicaid eligibility extended for up to 12 months because of earnings.

The state covers the mandatory transitional medical assistance group in accordance with the following provisions:

A. Characteristics

1. An individual qualifying under this eligibility group must meet one of the following criteria:
 - a. Lost coverage under the parents and other caretaker relatives group (42 CFR 435.110) due to work hours or income from employment, or
 - b. Is the child of a parent or caretaker relative described in A.1.a.
2. In accordance with the requirements described in section 1925 of the Act, and in this reviewable unit, the state provides extended Medicaid eligibility, as follows:
 - a. The initial extended eligibility period is for 6 months, followed by a second extended eligibility period of 6 months.
 - b. The initial extended eligibility period is for 12 months, with no second extended eligibility period.

B. Individuals Covered

1. Parents or other caretaker relatives
 - a. A parent or other caretaker relative must meet the following criteria to qualify for an initial extended eligibility period:
 - i. Was eligible and enrolled in the parents and other caretaker relatives eligibility group, during the six months immediately preceding the month that eligibility was lost, for at least:
 - (1) 1 month
 - (2) 2 months
 - (3) 3 months
 - ii. Lost eligibility under the parents and other caretaker relatives eligibility group because:
 - (1) The earnings of a parent or caretaker relative caused household income to exceed the income standard of that group; or
 - (2) The hours of employment of a parent or caretaker relative resulted in the individual no longer being considered to have a dependent child (as described in 42 CFR 435.4 and the Parents and Other Caretaker Relatives RU).
 - iii. Continues to live with a child.
2. A child qualifying under this eligibility group must meet all of the following requirements:
 - a. Lives with a parent or other caretaker relative who is eligible under this eligibility group.
 - b. Is not eligible for the infants and children under age 19 eligibility group (42 CFR 435.118).

C. Initial Extended Eligibility Period

1. Income/Resource Standard Used

There is no income or resource standard.

2. Medical Assistance Provided

- a. The amount, duration, and scope of coverage provided is the same as that provided to parents and caretaker relatives enrolled in the parents and other caretaker relatives eligibility group and to children enrolled in the eligibility group for infants and children under age 19.
- b. The state's election to provide premium assistance for employer sponsored coverage is described in the benefits section of the state plan.

3. Termination of Extension

- a. If the family ceases to include a child, the initial extension of eligibility will end prior to the scheduled end date. In such cases, eligibility is terminated at the close of the first month in which the family no longer includes a child.
- b. Termination of eligibility will occur in accordance with all requirements described in the Eligibility Process RU.

F. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

Closed Eligibility Groups

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Certain individuals who were eligible in the 1970s and 1980s and continue to qualify under specified requirements.

The state covers mandatory individuals who were previously eligible for Medicaid in the 1970s or 1980s and continue to meet the eligibility requirements. These individuals are described in one or more of the following sections A through F.

A. Individuals Receiving Mandatory State Supplements

Individuals qualifying under this eligibility group must be receiving mandatory state supplements.

B. Individuals Who Are Essential Spouses

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

1. In December, 1973 were eligible for Medicaid as essential spouses;
2. Have continued to live with and be essential to the well-being of an individual who continues to meet the eligibility requirements for one of the cash assistance programs under OAA, AB, APTD, or AABD; and
3. Continue to meet the December, 1973 criteria that applied in determining the amount of the cash payment.

C. Institutionalized Individuals Continuously Eligible Since 1973

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

1. Were eligible for Medicaid in December, 1973 as inpatients of medical institutions or residents of intermediate care facilities participating in Medicaid;
2. For each consecutive month after December, 1973, continue to meet the requirements for Medicaid eligibility in effect under the state plan in December, 1973 for institutionalized individuals, and remain institutionalized; and
3. Are determined by the state or a professional standards review organization to continue to need institutional care.

D. Individuals Eligible in 1973 Who Have Blindness or a Disability

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

1. Meet all the current Medicaid eligibility requirements, except for blindness and disability;
2. Were eligible for Medicaid in December, 1973 as blind or disabled; and
3. Continue to meet the December, 1973 criteria for Medicaid.

E. Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972

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

1. Were entitled to and receiving cash assistance in August, 1972, or would have been eligible had they applied or not been institutionalized (and the state covered these optional groups); and
2. Would currently be eligible for SSI or state supplement, except for the increase in OASDI under Public Law No. 92-336.

F. Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI

1. Individuals qualifying under this eligibility group must meet all of the following criteria:

- a. Are disabled widows or widowers who are deemed to be SSI or state supplement beneficiaries.
- b. Became ineligible for SSI or state supplement as a result of the elimination of the reduction factor required by section 134 of Public Law No. 98-21.
- c. Would be eligible for SSI or state supplement, except for the increase under Public Law No. 98-21 and subsequent cost-of-living increases in widow's or widower's benefits under section 215(i) of the Act.
- d. Filed a written application for Medicaid on or before June 30, 1988.

2. Individuals receiving only state supplement qualify for this group.

Yes

No

3. SSI Methodologies are used in calculating household income.

G. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

Working Individuals under 1619(b)

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00010 | WA-24-0003

Individuals who have blindness or a disability who participated in Medicaid as SSI beneficiaries or who were considered to be receiving SSI, who would still qualify for SSI except for earnings.

The state covers the working individuals under 1619(b) mandatory eligibility group in accordance with the following provisions:

A. Characteristics

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

1. In the month preceding the month of qualification under this group:
 - a. Received SSI or state supplement; and
 - b. Were eligible for Medicaid under the state plan.
2. Continue to have blindness or a disability.
3. Continue to meet all non-disability-related requirements for eligibility for SSI or state supplement.
4. Would qualify for SSI or State Supplement, except for earned income.
5. For whom the loss of eligibility for Medicaid would seriously inhibit the individual's ability to continue or obtain employment.
6. For whom the individual's earnings are not sufficient to provide a reasonable equivalent of SSI (including state supplement), Medicaid, and publicly funded attendant care services.

B. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.







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"/>	APPROVED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

SPA 24-0003

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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

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 type="radio"/>	NEW
Medically Needy Children under Age 18		<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 
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="radio"/>	APPROVED

C. Additional Information (optional)

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

Reasonable Classification of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

One or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state.

The state covers the reasonable classifications of individuals under age 21 group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 21, or a lower age, as specified in C.
2. Have household income at or below the standard established by the state, if the state has an income standard.
3. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covered all children under a specified age or at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

- Yes
 No

2. The state covers at least one age group or reasonable classification of children who were not covered prior to January 1, 2014.

- Yes
 No

3. The state covers at least one age group or reasonable classification of children who were covered prior to January 1, 2014.

- Yes
 No

a. The state covers all children under a specified age limit who were covered prior to January 1, 2014.

- Yes
 No

b. Reasonable classifications of children who were covered prior to January 1, 2014, and are still covered:

Name of classification	Age Range
Pregnant teens	Under age 19

Name: Pregnant teens

Description: Pregnant teens

Age Covered: Under age 19

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D. Income Standard Used

- Pregnant teens

The income standard for this age group or classification that was covered prior to January 1, 2014 and is still covered is:

- 1. No income test
- 2. The maximum standard
- 3. Another income standard

E. Basis for Income Standard

- Pregnant teens

1. Minimum income standard

The minimum income standard for this age group or classification is an FPL percent greater than lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group.

2. Maximum Income Standard

- a. The state certifies that it has submitted and received approval for its converted income standards for this age group or classification to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.
- b. The state's maximum income standard for this age group or classification is:
 - i. The state's effective income level for this age group or classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - ii. The state's effective income level for this age group or classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - iii. The state's effective income level for this age group or classification under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - iv. The state's effective income level for this age group or classification under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- c. The amount of the maximum income standard is:
 - i. A percentage of the federal poverty level:
 - ii. No income test
 - iii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
 - iv. The maximum income standard for Parents and Other Caretaker relatives.
 - v. Other dollar amount

F. Additional Information (Optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00010 | WA-24-0003

Children with special needs for medical or rehabilitative care for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid immediately before the adoption agreement was executed, or who had income at that point in time at or below a standard established by the state .

The state covers the children with non IV-E adoption assistance group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 21 or a lower age, as specified in C.
2. Have a state adoption assistance agreement in effect between the adoptive parent(s) and a state.
3. The state adoption agency has determined that they cannot be placed for adoption without Medicaid coverage because of special needs for medical or rehabilitative care.
4. Immediately prior to execution of the adoption agreement, were eligible under the Medicaid state plan of the state with the adoption assistance agreement or, at the state's option, immediately prior to execution of the adoption agreement had income no more than the income standard (which could be no income test) specified in Section D.
5. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

When income is considered, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all children under a specified age limit for whom there is an adoption assistance agreement in place from any state.

- Yes
 No

a. The age of children covered under this eligibility group is.

- i. Under age 21
 ii. Under age 20
 iii. Under age 19
 iv. Under age 18

b. In addition, the state covers reasonable classifications of children.

- Yes
 No

D. Income Standard Used

1. The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- Yes
 No

2. The state used an income standard or disregarded all income for this group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- Yes
 No

Age Group or Classification : All children Under age 21

3. For individuals who were not eligible under the Medicaid state plan immediately prior to execution of the adoption agreement, the state additionally elects to establish an income standard for this age group or classification.

- Yes
 No

4. The income standard used for this age group or classification to determine if the child is eligible now, using the child's household income immediately before the execution of the adoption assistance agreement, is:

- a. No income test
 b. An income standard

i. The income standard for this age group or classification is based on a percentage of the federal poverty level.

- Yes
 No

ii. The state uses the following income standard for this age group or classification:

210.00% FPL

E. Basis for Income Standard - Maximum Income Standard

1. The state certifies that it has submitted and received approval for its converted income standards for this group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.
2. The state's maximum income standard for this eligibility group is:
- a. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - b. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - c. The state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - d. The state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
3. The amount of the maximum income standard is:
- a. A percentage of the federal poverty level FPL 210.00%
 - b. No income test
 - c. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
 - d. The maximum income standard for Parents and Other Caretaker relatives.
 - e. Other dollar amount

F. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.

The state operates the optional Individuals Needing Treatment for Breast or Cervical Cancer eligibility group in accordance with the following provisions:

A. Characteristics

Individuals (including women and men) qualifying under this eligibility group must meet the following criteria:

1. Are under the age of 65.
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.
3. Have been screened under the Centers for Disease Control and Prevention (CDC) Breast and Cervical Cancer Early Detection Program.
4. As a result of the screening, a determination has been made that the individual needs treatment for breast or cervical cancer, as defined at 42 CFR 435.213(c).
5. Do not otherwise have creditable coverage for treatment of breast or cervical cancer.

B. Financial Methodologies

This eligibility group has no income or resource test.

C. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

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

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.

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.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Financial Disregard for 1915i	Income above 150 percent of the FPL is disregarded for individuals who meet the needs-based and targeting criteria for Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act.

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.

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.
- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in Independence/Freedom accounts

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

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.

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.

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 in attachment 2.6-A page 12o.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Individuals between ages 16 and 64 with a disability, who have earned income.

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. 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.

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The following less restrictive methodologies are used:

Name of methodology:	Description:
Financial Disregard for 1915i	Income above 150 percent of the FPL is disregarded for individuals who meet the needs-based and targeting criteria for Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act.

3. 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.
 The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in Independence/Freedom accounts

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

C. Income Standard Used

The income standard for this group is:

1. No income standard
 2. A percentage of the federal poverty level:
 3. A percentage of the SSI Federal Benefit Rate:
 4. A dollar amount
 5. Other

D. Resource Standard Used

The resource standard for this group is:

1. No resource standard
 2. SSI resource standard
 4. A dollar amount higher than the SSI resource standard

E. 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.

F. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections, as well as in attachment 2.6-A page 12o.

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Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
 - a. Earning at least the minimum wage and working at least 40 hours per month.
 - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. 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.
- The following less restrictive methodologies are used:

Name of methodology:	Description:
Financial Disregard for 1915i	Income above 150 percent of the FPL is disregarded for individuals who meet the needs-based and targeting criteria for Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act.

3. 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.
- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

- Resources set aside in Independence/Freedom accounts

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

E. 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.

F. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections, as well as in attachment 2.6-A page 12o.

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