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## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 18-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

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January 23, 2018

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

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

Dear Ms. Birch and Ms. Lindeblad:

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

This SPA is approved effective January 1, 2018.

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

Sincerely,

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

David L. Meacham  
Associate Regional Administrator

Enclosure

cc:  
Ann Myers, Health Care Authority SPA Coordinator

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

1. TRANSMITTAL NUMBER:  
**18-0001**

2. STATE  
Washington

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

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

4. PROPOSED EFFECTIVE DATE  
January 1, 2018

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2018 \$0  
b. FFY 2019 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A pages 1, 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Supplement 6 to Attachment 2.6-A pages 1, 2

10. SUBJECT OF AMENDMENT:

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

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED: Exempt  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE                      T   A   G   C   O   F   F   I   C   I   A   L:

[Redacted Signature]

13. TYPED NAME:  
MaryAnne Lindeblad

14. TITLE:  
Director

15. DATE SUBMITTED:  
1-5-18

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
1/5/18

18. DATE APPROVED:  
1/23/18

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
1/1/18

20. SIGNATURE Digitally signed by David L. Meacham-5

21. TYPED NAME:  
David L. Meacham

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

FEDERALLY ADMINSTRATED OPTIONAL STATE SUPPLEMENT:  
PAYMENT GROUPS/INCOME LEVELS

	<b>Gross Income Level</b>	<b>Standard</b>	<b>SSI Benefit</b>	<b>State Supplement</b>
<b>Statewide Standard – Living Alone/1</b>				
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.				
<b>Statewide Standard – Shared Living (Supplied Housing):</b>				
Individuals:	1,500	500 540	500 500	0 **40
Couples:				
1. Both individuals eligible:	2250	750	750	0
2. Eligible individual w/one Essential person on Rolls before 1/1/74:				**No individuals identified in this category in November 2003
3. Eligible individual with Ineligible spouse Enrolled after 1/1/74:	1,500	540	500	40

\*\*Over age 65 or blind

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

FEDERALLY ADMINSTRATED OPTIONAL STATE SUPPLEMENT:  
PAYMENT GROUPS/INCOME LEVELS

	<b>Gross Income Level</b>	<b>Standard</b>	<b>SSI Benefit</b>	<b>State Supplement</b>
<b>Statewide Standard – Other Living/1:</b>				
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).