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## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 18-0009**

This file contains the following documents in the order listed:

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

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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September 12, 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 18-0009

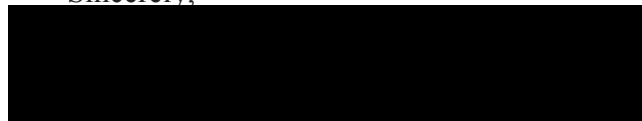
Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 18-0009. This transmittal allows certain people in medical institutions to retain more income to pay for guardianship costs.

This SPA is approved effective June 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,



David L. Meacham  
Associate Regional Administrator

Enclosure

cc:  
Ann Myers, HCA

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

1. TRANSMITTAL NUMBER:  
**18-0009**

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  
June 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 14 to Attachment 2.6-A, Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Supplement 14 to Attachment 2.6-A, Page 3

10. SUBJECT OF AMENDMENT:

Guardianship Fees

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

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

12. SIGNATURE OF FEDERAL REVIEW OFFICIAL



13. TYPED NAME:  
MaryAnne Lindeblad  
14. TITLE:  
Director  
15. DATE SUBMITTED:  
6-20-18

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:  
06/20/2018

18. DATE APPROVED:  
9/12/18

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
6/1/18

20. SIGNATURE OF REGIONAL ADMINISTRATOR

21. TYPED NAME:  
David L. Meacham

22. TITLE:  
Associate Regional Administrator  
Digitally signed by David L. Meacham - S  
Date: 2018.09.13 09:30:55 -0700

23. REMARKS:

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

State WASHINGTON

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**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 service. 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 \$1,850 for the initial establishment of a guardianship.

Costs are limited to an amount not to exceed \$1,200 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.