

SECRETARY'S OFFICE  
RECEIVED

AUG 10 2005

DEPARTMENT OF SOCIAL  
AND HEALTH SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10  
2201 Sixth Avenue, MS/RX-43  
Seattle, Washington 98121

Ms. Robin Arnold-Williams, Secretary  
Department Social & Health Services  
P.O. Box 45010  
Olympia, WA 98504-5010

RE: TN#05-009

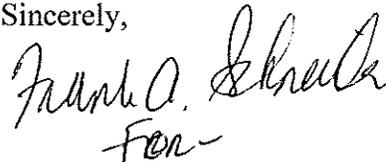
Dear Ms. Arnold-Williams:

The Region 10 office of the Centers for Medicare & Medicaid Services has completed its review of State Plan Transmittal Number 05-009. This transmittal increases Washington's annual income and resource eligibility standards from the previous state standard of \$40,000 to an adjusted standard of \$41,943 when determining post eligibility determinations for individuals receiving long-term care services and with a spouse living in the community. The changes are reflected in Attachment 2.6-A page 26a.

This state plan amendment is approved effective July 1, 2005.

If you have any additional question or require any further assistance, please contact Maria Garza at (206) 615-2542.

Sincerely,



Barbara K. Richards  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health

cc: Doug Porter, Assistant Secretary  
Ann Myers, State Plan Coordinator

RECEIVED

AUG 11 2005

Rules and Publications

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

1. TRANSMITTAL NUMBER:  
**05-009**

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  
July 1, 2005

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:

7. FEDERAL BUDGET IMPACT:  
a. FFY 2005 \$7,500      c. FFY 2007 \$322,500  
b. FFY 2006 \$142,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 2.6-A pg. 26a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Att. 2.6-A pg. 26a

10. SUBJECT OF AMENDMENT:

Increasing the Resource Standard for Community Spouses

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 OF STATE AGENCY OFFICIAL:

*Robin Arnold Williams*

13. TYPED NAME:

ROBIN ARNOLD-WILLIAMS

14. TITLE:

Secretary

15. DATE SUBMITTED:

7-27-05

16. RETURN TO:

Ann Myers  
Department of Social and Health Services  
Medical Assistance Administration  
925 Plum St SE MS: 45533  
Olympia, WA 98504-5533

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

JUL 28 2005

18. DATE APPROVED:

AUG -9 2005

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL -1 2005

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Barbara K. Richards

22. TITLE:

*Frank A. Schnabel*  
Associate Regional Administrator

23. REMARKS:

Division of Medicaid &  
Children's Health

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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Citation	Condition or Requirement
1924 of the Act	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.  When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:  ___ the maximum standard permitted by law;  ___ the minimum standard permitted by law; or  <u>\$41,943</u> a standard that is an amount between the minimum and the maximum.