



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

JUL 14 2006

Robin Arnold-Williams, Secretary
Department of Social and Health Services
PO Box 45010
Olympia, Washington 98504-5010

RE: TN# 06-009

Dear Ms. Arnold-Williams:

The Region 10 office of the Centers for Medicare & Medicaid Services has completed its review of State Plan Transmittal Number 06-009. This transmittal updates the state plan's Categorically Needy eligibility levels based on Federal Poverty Level amounts. The changes are reflected in Supplement 1 to Attachment 2.6-A, page 1. I am pleased to inform you that this amendment has been approved with an effective date of April 1, 2006.

If you have any additional questions or require any further assistance, please contact Ashley Katz at (206) 615-2540.

Sincerely,

Karen S. O'Connor
BK/R

Karen S. O'Connor
Associate Regional Administrator
Division of Medicaid and Children's Health

cc: Douglas Porter, Assistant Secretary
Ann Meyers, SPA Coordinator

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

1. TRANSMITTAL NUMBER:
06-009

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
April 1, 2006

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 2006 \$0
b. FFY 2007 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 1 to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT:

CN

Update Eligibility Levels Based on FPL

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 STATE AGENCY OFFICIAL:

Robin Arnold Williams

13. TYPED NAME:

ROBIN ARNOLD-WILLIAMS

14. TITLE:

Secretary

15. DATE SUBMITTED:

6/23/06

16. RETURN TO:

Ann Myers, State Plan Coordinator
Department of Social and Health Services
Health and Recovery Services Administration
925 Plum St SE MS: 45504
Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

JUN 28 2006

18. DATE APPROVED:

JUL 14 2006

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR - 1 2006

20. SIGNATURE OF REGIONAL OFFICIAL:

Karen S. O'Connor

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

**Associate Regional Administrator
Division of Medicaid &
Children's Health**

23. REMARKS:

7/3/06 P&I change to Block 10 per email from
Ann Myers on 6/29/06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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</u>	
	<u>Need Standard</u>	<u>Payment Standard</u>
1	\$ 797	\$ 349
2	1,008	440
3	1,247	546
4	1,467	642
5	1,690	740
6	1,918	841
7	2,215	971
8	2,452	1,075
9	2,693	*1,180

Maximum amount * \$1,075

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

Effective April 1, 2006, based on the following percent of the official Federal income poverty level--

 133 percent x 185 percent (no more than 185 percent)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ 1511
<u>2</u>	\$ 2035
<u>3</u>	\$ 2560
<u>4</u>	\$ 3084
<u>5</u>	\$ 3608