



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

January 12, 2007

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

RE: TN #06-014

Dear Ms. Arnold-Williams:

The Region 10 office of the Centers for Medicare & Medicaid Services has completed its review of State Plan Transmittal Number 06-014. This transmittal disallows the medical and remedial care expenses that were incurred during a period of ineligibility to be used as a medical deduction for long-term care services in the post-eligibility treatment of income process. The State specifically limits the transfer of assets for less than fair market value to zero. This change is reflected in Supplement 3 to Attachment 2.6-A, page 14.

This state plan amendment is approved effective October 1, 2006.

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

Sincerely,

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

Cc: Douglas Porter, Assistant Secretary
Ann Myers, State Plan Coordinator

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

1. TRANSMITTAL NUMBER:
06-014

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
Oct. 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 2007 Unknown. No data under new DRA requirements
b. FFY 2008 Unknown. No data under new DRA requirements

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 3 to Att. 2.6-A, page ~~14 (PFI)~~
page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 3 to Att. 2.6-A, page ~~14 (PFI)~~
page 1

10. SUBJECT OF AMENDMENT:

Medical Expenses During Penalty Period (DRA)

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:

Nov. 27, 2006

16. RETURN TO:

Ann Myers
Department of Social and Health Services
Health and Recovery Services Administration
626 8th Street MS: 45504
Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **NOV 27 2006**

18. DATE APPROVED: **JAN 12 2007**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
OCT - 1 2006

20. SIGNATURE OF REGIONAL OFFICIAL:

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

21. TYPED NAME:

Karen S. O'Connor

23. REMARKS:

Pen + Ink changes authorized by the state on ~~Children's Health~~
Pen + Ink deletion okay'd by state. Should remain p.l, state
sent in revised page which shouldn't have required a PFI
to the 179 form. -gm

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.