



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

FEB 19 2008

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

**RE: TN #07-009**

Dear Ms. Arnold-Williams:

The Centers for Medicare & Medicaid Services' Seattle Regional Office has completed its review of State Plan Transmittal Number 07-009. This transmittal expands Medicaid coverage under the authority of 42 CFR 435.222 for individuals under age 21, who are in State or tribal foster care on their 18<sup>th</sup> birthday, when the 18th birthday is on or after July 22, 2007. These individuals are not required to stay in foster care, but will be eligible for Medicaid until their 21<sup>st</sup> birthday provided they remain residents of Washington State. The change is reflected in Supplement 1 to Attachment 2.2-A page 1.

This State Plan Amendment is approved effective July 1, 2007.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Arthur W. Pagan".

Arthur W. Pagan  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:

Douglas Porter, Assistant Secretary, Health and Recovery Services Administration  
Ann Myers, State Plan Coordinator, Department of Social and Health Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 07-009	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE: July 1, 2007	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: 42 CFR 435.222 (P+I 1/25/08)	7. FEDERAL BUDGET IMPACT: a. FFY 2007 \$32,000 b. FFY 2008 \$623,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, page 13a (P+I) Supplement 1 to Attachment 2.2-A, page 1 (P+I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if applicable): Attachment 2.2-A, page 13a (P+I) Supplement 1 to Attachment 2.2-A, pages (P+I)

10. SUBJECT OF AMENDMENT:  
Foster Care Expansion

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: <i>Robin Arnold-Williams</i>	16. RETURN TO: Ann Myers Department of Social and Health Services Health and Recovery Services Administration 626 8 <sup>th</sup> Ave SE MS: 45504 Olympia, WA 98504-5504
13. TYPED NAME: ROBIN ARNOLD-WILLIAMS	
14. TITLE: Secretary	
15. DATE SUBMITTED: July 10, 2007	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: July 10, 2007	18. DATE APPROVED: FEB 19 2008
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2007	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Barbara K. Richards</i>
21. TYPED NAME: Barbara K. Richards	22. TITLE: Assoc Associate Regional Administrator Division of Medicaid & Children's Health

23. RE MARKS:  
*Pen + Ink changes authorized by the state on 12/27/07.  
P+I changes authorized by the state on 1/25/08*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER  
THE AGE OF 21, 20, 19, AND 18

Individuals under age 21, who on their 18<sup>th</sup> birthday were in foster care under the legal responsibility of any of the following (only those individuals whose 18<sup>th</sup> birthday falls on or after July 22, 2007 are covered):

- The Department of Social and Health Services (DSHS);
- A federally recognized Indian Tribe that has a Title IV-E agreement and receives Title IV-E funding and that is located in Washington State; or
- A federally recognized Indian Tribe located in Washington State and the individual meets categorical, income, resource, and all other eligibility requirements for Medicaid.