



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

JUN - 2 2008

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

**RE: TN #08-008**

Dear Ms. Arnold-Williams:

The Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office has completed its review of State Plan Transmittal Number 08-008. This State Plan Amendment (SPA) is an annual adjustment to income eligibility standards for Pregnant Women and Infants under Section 1902, a result of the published 2008 Federal Poverty Levels. In addition, the State extends the resource maximum allowance for a community spouse of \$45,104 beginning July 1, 2007, of the new state biennium. These changes are reflected in Supplement 1 to Attachment 2.6-A, pages 1 and Attachment 2.6-A, page 26a.

This SPA is approved effective April 1, 2008.

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

Sincerely,

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

cc:

Douglas Porter, Assistant Secretary  
Ann Myers, State Plan Coordinator

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

1. TRANSMITTAL NUMBER:  
**08-008**

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, 2008

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 2008 \$0  
b. FFY 2009 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF TITLE SUPERSEDED PLAN SECTION  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

Attachment 2.6-A page 26a  
Supplement 1 to Attachment 2.6-A page 1

Attachment 2.6-A page 26a  
Supplement 1 to Attachment 2.6-A page 1

10. SUBJECT OF AMENDMENT:

Federal Standard Changes

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:

*April 9, 2008*

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: *APR - 9 2008*

18. DATE APPROVED: *JUN - 2 2008*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*APR - 1 2008*

20. SIGNATURE OF REGIONAL OFFICIAL:

*Barbara K. Richards*

21. TYPED NAME:

*Barbara K. Richards*

22. TITLE:

Associate Regional Administrator  
Division of Medicaid &  
Children's Health

23. REMARKS:

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

State WASHINGTON

Citation	Condition or Requirement
1924 of the Act	<p>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.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p>_____ the maximum standard permitted by law;</p> <p>_____ the minimum standard permitted by law; or</p> <p><u>\$45,104</u> a standard that is an amount between the minimum and the maximum.</p> <p>For the fiscal biennium beginning July 1, 2007, and each biennium thereafter, the maximum resource allowance amount for the community spouse will be adjusted for economic trends and conditions by increasing the amount allowable by the consumer price index as published by the Federal Bureau of Labor Statistics. However, in no case will the amount allowable exceed the maximum resource allowance permissible under the Social Security Act.</p>

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

State WASHINGTONINCOME 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 Need Standard</u>	<u>Payment Standard</u>
1	\$ 989	\$ 349
2	1,251	440
3	1,545	546
4	1,823	642
5	2,101	740
6	2,379	841
7	2,749	971
8	3,043	1,075
9	3,336	1,180*

\* Maximum amount \$1,283

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

Effective April 1, 2008, the income limit for eligibility is based on 185% of the official federal income poverty level guideline for the contiguous 48 states as revised annually in the Federal Register.