



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

DEC 18 2008

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

RE: Washington State Plan Amendment TN #08-025

Dear Ms. Arnold-Williams:

The Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 08-025. This amendment adjusts the personal needs allowance and insures consistency with Post Eligibility rules for institutionalized individuals. These changes are reflected in Attachment 2.6-A, page 4a and Supplement 12 to Attachment 2.6-A, pages 1 and 1a.

This SPA is approved effective July 1, 2008.

If you have any additional questions 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: 08-025	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, 2008	
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:	7. FEDERAL BUDGET IMPACT: a. FFY 2008 \$ 0 b. FFY 2009 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, page 4a Supplement 12 to Attachment 2.6-A, pages 1, 1a (P+I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, page 4a Supplement 12 to Attachment 2.6-A, pages 1, 1a (P+I)

10. SUBJECT OF AMENDMENT:

Personal Needs Allowance Update

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 th Ave SE MS: 45504 Olympia, WA 98504-5504
13. TYPED NAME: ROBIN ARNOLD-WILLIAMS	
14. TITLE: Secretary	
15. DATE SUBMITTED: <i>Sept 30, 2008</i>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: SEP 30 2008	18. DATE APPROVED: DEC 18 2008
---------------------------------------	---------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 1 2008	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Barbara K. Richards by JAS</i>
21. TYPED NAME: BARBARA K. Richards	22. TITLE: ASSOCIATE REGIONAL Administrator
23. REMARKS:	

Pen + ink changes authorized by the state on 12/12/08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State _____ WASHINGTON _____

Citation

Condition or Requirement

1924 of the Act
435.725
435.733
435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

- a. Aged, blind, disabled:
Individuals \$57.28
Couples \$114.56

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- b. AFDC related:
Children \$57.28
Adults \$57.28

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- c. Individual under age 21 covered in the plan as specified in Item B.7.of Attachment 2.2 –A.
\$57.28

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State WASHINGTON

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE (PNA)

1. The PNA is increased for persons who reside in a Medicaid-certified state operated VA Home based on these higher needs.

A VA Home is usually located more than 50 miles from the person's last community residence prior to institutionalization, resulting in additional expenses for transportation and communication;

VA Homes provide opportunities for the resident's involvement in the governance of programs for a multiple facility organization. This requires extra funds for inter-facility travel and additional expenses.

The PNA is increased to \$70.00 for persons residing in a VA Home who are subject to provisions in 1902(r)(1)(B) of the Social Security Act and receive a veteran's pension in excess of \$90.00 per month.

The PNA is increased to \$160.00 for persons residing in a VA Home who are not eligible to receive a veteran's pension in excess of \$90.00 per month as described in 1902(r)(1)(B) of the Social Security Act.

2. The PNA is increased by the amount of income garnished for child support subject to the following limitations:

The increase applies only to a garnishment made in the same time period covered by the PNA.

The increase does not apply to any amount of the garnishment that is deducted under another provision in the post-eligibility process.

3. The PNA is increased for persons participating in a department-approved training or rehabilitative work program. These persons retain earned income to meet the needs of work-related expenses, such as, clothing, transportation or special tools/equipment, etc.

The person's retained income plus the usual PNA may not exceed a one-person MNIL.

4. The PNA is increased for an institutionalized person's income tax under the following limitations.

The withholdings from earned or unearned income are necessary to meet expected Federal, State or local income tax liability.

Federal, State, or local income taxes that are not covered by earned or unearned income withholding but are owed or have been paid.

The person's income tax deduction plus the usual PNA may not exceed the one-person MNIL.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State _____ WASHINGTON _____

This page intentionally left blank