**DEPARTMENT OF HEALTH & HUMAN SERVICES** — **Centers for Medicare & Medicaid Services**

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

JAN 0 7 2010

Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

**RE: Washington State Plan Amendment (SPA) Transmittal Number (TN) #09-029**

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services' Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number #09-029. This amendment implements changes in deemed eligibility of children born to mothers covered by Medicaid for the date of the child's birth for a period of one year from birth, as required by section 113 of the Children's Health Insurance Program Reauthorization Act of 2009. This change is reflected in Attachment 2.2-A pages 6 and 25.

This SPA is approved effective October 1, 2009.

If you have additional questions or require further assistance, please contact me or have your staff contact Maria Garza at either (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,

Barbara K. Richards
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, Health and Recovery Services Administration

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

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

1. TRANSMITTAL NUMBER: 09-029
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, 2009

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: 1902(e)(4) of the Act. (p+I)

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 $ 517,700
b. FFY 2011 $ 1,475,700

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 2.2-A pg 6, 25 (p+I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Att. 2.2-A pg 6, 25 (p+I)

10. SUBJECT OF AMENDMENT:
Newborn Eligibility per CHIPRA

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: Susan N Dreyfus 12/19/09
13. TYPED NAME: Susan N. Dreyfus
14. TITLE: Secretary
15. DATE SUBMITTED: ORIG. UNSIGNED 12-21-09 SIGNED 12-22-09

16. RETURN TO:
Ann Myers
Department of Social and Health Services
Health and Recovery Services Administration
POB 5504
Olympia, WA 98504-5504
(MS: 45504)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: DEC 2 2 2009
18. DATE APPROVED: JAN 0 7 2010

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 0 1 2009
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: 12/29/09 State authorized pen + ink change

FORM HCFA-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

COVERAGE AND CONDITIONS OF ELIGIBILITY

| Citation(s) | Groups Covered |
|---|---|
| | A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) |
| 42 CFR 435.117<br>1902(e)(4)<br>of the Act | 12. Deemed Newborns.<br>A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth. |
| 42 CPR 435.120 | 13. Aged, Blind and Disabled Individuals Receiving Cash Assistance<br><br>X a. Individuals receiving SSI.<br><br>This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.<br>X Aged<br>X Blind<br>X Disabled |





STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

| Agency" | Citation(s) | Groups Covered |
|---|---|---|
| C. | | Optional Coverage of the Medically Needy (Continued) |
| | | 4. RESERVED |
| | 42 CFR 435.308 | 5. /X/ a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--<br><br>___ 21<br>___ 20<br>X 19<br>___ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training<br><br>/X/ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:<br><br>X (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:<br><br>X (a) In foster homes (and are under the age of 21).<br><br>X (b) In private institutions (and are the age of 21). |