

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, MS/RX -43
Seattle, WA 98121



Centers of Medicaid and CHIP Services

AUG 31 2012

MaryAnne Lindeblad
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5502

RE: Washington State Plan Amendment (SPA) Transmittal Number 12-012

Dear Ms. Lindeblad:

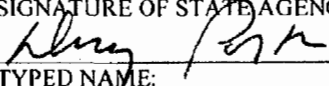
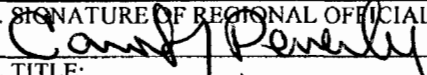
The Centers for Medicare & Medicaid Services (CMS) issued a Request for Additional Information (RAI) in error on August 31, 2012, for Washington's State Plan Amendment (SPA) Transmittal Number 12-012. CMS is withdrawing the RAI sent on August 31, 2012, as it has determined that the information request is no longer needed and that Washington SPA 12-012 is approved effective August 31, 2012, with an effective date of July 1, 2012. This transmittal limits the submission of medical care expenses to those incurred three-month prior to submission of Medicaid application. In addition, the amendment allows the deduction of long-term care medical expenses at an amount equal to the Medicaid reimbursement rate. These changes are reflected in Supplement 3 to Attachment 2.6-A, page 1.

If you have any questions or comments, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or via email maria.garza@cms.hhs.gov

Sincerely,

A handwritten signature in black ink that reads "Carol J.C. Peverly for". The signature is written in a cursive, flowing style.

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-012	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 July 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.914 and 1902(r)(1) (added)		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ (\$225,000) b. FFY 2013 \$ (\$900,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 3 to Att. 2.6-A pg. 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 3 to Att. 2.6-A pg. 1	
10. SUBJECT OF AMENDMENT: Reasonable Limits on Medical Care			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Ann Myers Office of Rules and Publications Legal and Administrative Services Health Care Authority 626 8 th Ave SE MS: 45504 Olympia, WA 98504-5504	
13. TYPED NAME: DOUG PORTER			
14. TITLE: DIRECTOR			
15. DATE SUBMITTED: June 5, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: JUN 05 2012		18. DATE APPROVED: AUG 31 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Carol J.C. Beverly		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations	
23. REMARKS: 07/23/2012 - Pen and Ink (P&I) changes authorized by State in Block #6 07/24/2012 - Pen and Ink (P&I) changes authorized by State in Block #6			

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.

Reasonable and necessary medical expensed not covered by Medicaid, incurred within the three month period prior to the month of application are allowable deductions. Expenses incurred prior to this three month period are not allowable deductions. Institutional long-term care medical expenses are allowed as a deduction at an amount equal to the Medicaid reimbursement rate.

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