



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

**APR 13 2012**

Douglas Porter, Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5502

**RE: Washington State Plan Amendment (SPA) Transmittal Number 12-004**

Dear Mr. Porter:

The Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 12-004. This transmittal updates the optional State supplement standards for special income level groups consistent with the published 2012 Federal Poverty Levels. These changes are reflected in Supplement 6 to Attachment 2.6-A, pages 1 and 2.

This SPA is approved effective January 1, 2012.

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

Sincerely,

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

cc: MaryAnne Lindeblad, Assistant Secretary, Aging and Disability Services Administration

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>12-004</b>	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	4. PROPOSED EFFECTIVE DATE Jan. 1, 2012	
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 2012 \$ b. FFY 2013 \$
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 6 to Att. 2.6-A pp. 1, 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Supplement 6 to Att. 2.6-A pp. 1, 2

10. SUBJECT OF AMENDMENT:

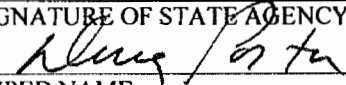
**Standards Changes per the Federal Benefit Rate and Medicare Parts A and B**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED: Exempt

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

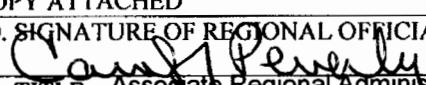
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Ann Myers Office of Rules and Publications Legal and Administrative Services Health Care Authority 626 8 <sup>th</sup> Ave SE MS: 45504 Olympia, WA 98504-5504
13. TYPED NAME: DOUG PORTER	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED: <b>Feb. 27, 2012</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: February 27, 2012	18. DATE APPROVED: April 13, 2012
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

FEDERALLY ADMINSTRATED OPTIONAL STATE SUPPLEMENT:  
PAYMENT GROUPS/INCOME LEVELS

	<u>Gross Income Level</u>	<u>Standard</u>	<u>SSI Benefit</u>	<u>State Supplement</u>
<b>Statewide Standard – Living Alone/1</b>				
Individuals:	\$2,094	\$698 744	\$698 698	\$0 **46
Couples:				
1. Both individuals eligible:	3,041	1,048	1,048	0
2. Eligible individual w/one Essential person on Rolls before 1/1/74:				**No individuals identified in this category in November 2003
3. Eligible individual with Ineligible spouse Enrolled after 1/1/74:	2,094	744	698	**46
/1: Living alone includes room and board living arrangements.				
<b>Statewide Standard – Shared Living (Supplied Housing):</b>				
Individuals:	1,396	465	465	0
Couples:				
1. Both individuals eligible:	2,094	698	698	0
2. Eligible individual w/one Essential person on Rolls before 1/1/74:				**No individuals identified in this category in November 2003
3. Eligible individual with Ineligible spouse Enrolled after 1/1/74:	1,396	465	465	**46
**Over age 65 or blind				

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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FEDERALLY ADMINSTRATED OPTIONAL STATE SUPPLEMENT:  
PAYMENT GROUPS/INCOME LEVELS

	<u>Gross Income Level</u>	<u>Standard</u>	<u>SSI Benefit</u>	<u>State Supplement</u>
<b>Statewide Standard – Other Living/1:</b>				
Individuals:	\$2,094	2,094	698	0

Includes individuals in a Congregate Care Facility, Adult Residential Treatment Facility, Adult Family Home, or Group Home. (These are non-Title XIX facilities).