ID #	State Plan Amendment (SPA) Summary	Status
CMS/ACA Assigned	***All "S" Numbers are SPAs associated with Medicaid provisions in the Affordable Care Act***	
N/A	**MAGI PART ONE CONVERSION PLAN:** State used its administrative data to receive CMS approval that results in greater federal match funding for its Parent and Caretaker Relative (family) medical program than would have been provided using SIPP data. Also establishes MAGI income conversion rate for eligibility standards used for the MAGI-based Children, Family, and Pregnancy Medicaid and CHIP programs.	Completed
N/A	**MAGI PART TWO CONVERSION PLAN:** Allows the state to claim enhanced federal Medicaid funding for the new adult eligibility group under the Medicaid Expansion. The State is pursuing a resource proxy to support the MAGI Part One Conversion Plan.	Provisional Approval
N/A	**1115 MEDICAID TRANSITIONAL BRIDGE DEMONSTRATION WAIVER—**Waive requirements of section 1902(a)(17) of the Act to the extent necessary for Washington to implement MAGI-based eligibility determination methods, October 1, 2013, through December 31, 2013, for all populations subject to MAGI-based rules effective January 1, 2014.	Completed
N/A	**1115 MEDICAID TRANSITIONAL BRIDGE DEMONSTRATION WAIVER—**Provides state with the authority under section 1902(e)(14) of the Act to delay acting on an increase in income, including a change in household composition that may affect household income, until April 1, 2014, or the individual's first regular review in 2014, whichever is later.	Completed
N/A	**1115 MEDICAID TRANSITIONAL BRIDGE DEMONSTRATION WAIVER—**Provides state with the authority under section 1902(e)(14) of the Act to accomplish the transition of current 1115 wavier recipients in Washington into the adult group, codified in 42 CFR §435.119, whose MAGI-based household income the state expects to be at or below 133% FPL. Authorizes use of modified Sneede methodology until programming changes made through at least December 31, 2015.	Completed
S10	**MAGI-BASED INCOME METHODOLOGIES**: The state will apply MAGI methodology for the determination of eligibility for the new adult group and those applying on the basis of being a child, a parent or caretaker relative, or a pregnant woman.	Completed
S14	**MAGI OPTIONAL ELIGIBILITY GROUPS—AFDC INCOME STANDARDS:** Memorializes the MAGI-equivalent AFDC Payment Standard in effect as of May 1, 1988 and the AFDC Payment Standard in effect as of July 16, 1996 to help identify the MAGI conversion rate and determine FMAP for the parent and caretaker relative (family) medical program.	Completed
S21	**PRESUMPTIVE ELIGIBILITY BY HOSPITALS:** Currently placed 'on hold' per CMS direction for all states.	On Hold
S25	**(MAGI) ELIGIBILITY GROUPS—MANDATORY COVERAGE FOR PARENTS AND OTHER CARETAKER RELATIVES:** Defines child for whom a parent or caretaker relative meets non-financial requirements and identifies the MAGI income standard used in the conversion process used to determine FMAP.	Completed
S28	**(MAGI) ELIGIBILITY GROUPS—MANDATORY COVERAGE FOR PREGNANT WOMEN:** Defines eligibility requirements for the program and identifies the MAGI income standard used in the conversion process used to determine FMAP.	Completed
S30	**(MAGI) ELIGIBILITY GROUPS—MANDATORY COVERAGE FOR INFANTS AND CHILDREN UNDER AGE 19:** Defines eligibility requirements for the program and identifies the MAGI income standard used in the conversion process used to determine FMAP.	Completed
S32	**(MAGI) ELIGIBILITY GROUPS—MANDATORY COVERAGE FOR ADULT GROUP:** Defines eligibility requirements for the program and identifies the MAGI income standard used in the conversion process used to determine FMAP.	Completed
S33	**(MAGI) ELIGIBILITY GROUPS—MANDATORY COVERAGE FOR FORMER FOSTER CARE CHILDREN:** Defines eligibility requirements for the program and identifies former foster children for whom the state will provide coverage up to the age of 26, i.e. those who turn 18 or otherwise age out.	Completed
S50	**MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE FOR INDIVIDUALS ABOVE 133% FEDERAL POVERTY LEVEL (FPL):** The state elects not to cover this group.	Completed
S51	**MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE, [OPTIONAL COVERAGE] OF PARENTS AND OTHER CARETAKER RELATIVES:** The state elects not to cover this group.	Completed
S52	**MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE, REASONABLE CLASSIFICATION OF INDIVIDUALS UNDER 21:** Identifies the age (19 years) under which all children are eligible for Medicaid and those groups of children for whom coverage is provided up to the age of 21 years, and identifies the income standard for the program.	Completed
S53	**MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE FOR CHILDREN WITH NON IV-E ADOPTION ASSISTANCE:** The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state or tribe, who were eligible for Medicaid or who had income at or below a standard established in accordance with 42 CFR 435.227.	Completed
S54	**MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE, OPTIONAL TARGETED LOW INCOME CHILDREN:** The state elects not to cover this group.	Completed
S55	**MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE FOR INDIVIDUALS WITH TUBERCULOSIS:** The state elects not to cover this group.	Completed
S57	**MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE FOR INDEPENDENT FOSTER CARE ADOLESCENTS:** The state elects to cover individuals under an age (21 years) specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday who meet the income standard established in accordance with 42 CFR 435.226.	Completed

ID #	State Plan Amendment (SPA) Summary - CONTINUED	Status
S59	**MAGI Optional Eligibility Groups—Options for Coverage for Individuals Eligible for Family Planning Services:** The state elects not to cover this group in its Medicaid State plan; it will provide these services under the current 1115 demonstration waiver known as 'Take Charge.'	Completed
S88	**MAGI Optional Eligibility Groups—Non-Financial Eligibility / State Residency:** The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.	Completed
S89	**MAGI Optional Eligibility Groups—Citizenship and Non-Citizenship Eligibility:** The state attests to provide Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.	Completed
S94	**General Eligibility Requirements – Eligibility Process:** This describes how the state meets all requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.	Provisional Approval
State Assigned	***The following Medicaid SPAs are assigned State numbers and are not associated with changes requested as part of the ACA; "13" & "14" refer to year of initiation.***	
13-24	A1 – A3 later incorporated as part of the MAGI Eligibility and Benefits SPAs to update the organization of the Health Care Authority as the single state agency.	Completed
13-29	Adds pregnant teens as an optional reasonable classification of individuals and disregards all income for this group.	Completed
13-41	Reflects the termination of the state's tribal agreement with the Port Gamble S'Klallam Tribe to determine eligibility for family, children, and pregnancy Medicaid programs.	Completed
13-43	Eliminates Breast and Cervical Cancer Treatment Program (BCCTP) upon implementation of Medicaid expansion under the Affordable Care Act, which begins January 1, 2014. To maintain continuity of coverage, the agency will offer the option to stay in a fee-for-service program to individuals who are already enrolled in BCCTP and who will be transitioned into the new adult group under Medicaid expansion. The agency will continue to provide coverage to individuals already receiving BCCTP services at the time it is eliminated until treatment is completed.	Completed
14-0X	Eliminates asset test for the Medically Needy (MN) pregnancy program to accommodate new streamlined eligibility process requirements.	In Process
14-0Y	Rolls back estate recovery rules to those in effect in 2004 (those required under federal regulations). Recovery of costs limited to long term care services, and hospitalization and prescription drug costs associated with those LTC services, provided to those of age 55 or over.	In Process
CMS/ACA Assigned	***All "CS" Numbers are SPAs associated with CHIP provisions in the Affordable Care Act***	
CS7	**Separate Child Health Insurance Program Eligibility – Targeted Low-Income Children:** Identifies income standard for uninsured children who shall be provided CHIP coverage by the state.	In Process
CS9	**Separate Child Health Insurance Program Eligibility – Coverage from Conception to Birth:** Identifies income standard for uninsured children who shall be provided CHIP coverage by the state from conception to birth when the mother is not eligible for Medicaid.	In Process
CS14	**Child Health Insurance Program Eligibility – Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards:** The state assures that separate CHIP coverage will be provided for children ineligible for Medicaid due to the elimination of income disregards for a period that may be extended to no later than April 1, 2016.	In Process
CS15	**Separate Child Health Insurance Program Eligibility – MAGI-Based Income Methodologies:** The state will apply MAGI methodology for the determination of eligibility for all separate CHIP covered group as described herein.	In Process
CS17	**Separate Child Health Insurance Program, Non-Financial Eligibility – Residency:** The state provides CHIP to eligible residents of the state, including residents who are absent from the state under certain conditions.	In Process
CS18	**Separate Child Health Insurance Program, Non-Financial Eligibility – Citizenship:** The state provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens, including the time period during which they are provided with reasonable opportunity to submit verification of their citizenship, national status or satisfactory immigration status.	In Process
CS19	**Separate Child Health Insurance Program, Non-Financial Eligibility – Social Security Number:** As a condition of eligibility, the state must require individuals who have a social security number or are eligible for one as determined by SSA, to furnish their SSN, or numbers if they have more than one.	In Process
CS20	**Separate Child Health Insurance Program, Non-Financial Eligibility – Substitution of Coverage:** The state assures that it has methods and policies to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage.	In Process
CS21	**Separate Child Health Insurance Program, Non-Financial Eligibility – Non-Payment of Premiums**: Describes premiums the state imposes for CHIP coverage.	In Process
CS24	**Separate Child Health Insurance Program, General Eligibility – Eligibility Processing:** Defines state's use of a single, streamlined application process, its screen and enroll process, its redetermination process, and screening by other insurance affordability programs.	In Process
CS27	**Separate Child Health Insurance Program, General Eligibility – Continuous Eligibility:** The state elects to provide continuous eligibility period up to 12 months, or until the time the child reaches an age not to exceed age 19 under this program, regardless of change of circumstance.	In Process