June 14, 2021

Sue Birch
Health Care Authority Director
Health Care Authority
PO Box 45502
Olympia WA, WA 98504

Re: Approval of State Plan Amendment WA-21-0002

Dear Ms. Birch,

On March 25, 2021, the Centers for Medicare and Medicaid Services (CMS) received Washington State Plan Amendment (SPA) WA-21-0002, which proposed to adopt a new resource disregard under the authority of section 1902(r)(2) of the Social Security Act.

We approve Washington State Plan Amendment (SPA) WA-21-0002 with an effective date(s) of January 01, 2021.

If you have any questions regarding this amendment, please contact Nikki Lemmon at niki.lemon@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services
CMS-10434 OMB 0938-1188

Package Information

Package ID: WA2021MS0001O
Program Name: N/A
SPA ID: WA-21-0002
Version Number: 4
Submitted By: Ann Myers

Package Disposition: ✔

Submission Type: Official
State: WA
Region: Seattle, WA
Package Status: Approved
Submission Date: 3/25/2021
Approval Date: 6/14/2021 1:29 PM EDT
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0001O | WA-21-0002

Package Header

Package ID WA2021MS0001O
Submission Type Official
Approval Date 6/14/2021
Superseded SPA ID N/A

SPA ID WA-21-0002
Initial Submission Date 3/25/2021
Effective Date N/A

State Information

State/Territory Name: Washington

Medicaid Agency Name: Health Care Authority

Submission Component

StatePlan Amendment

Medicaid
CHIP
# Submission - Summary

**Package ID** | WA2021MS0001O  
**Submission Type** | Official  
**Approval Date** | 6/14/2021  
**Superseded SPA ID** | N/A  

## SPA ID and Effective Date

**SPA ID** | WA-21-0002  

<table>
<thead>
<tr>
<th>Reviewable Unit</th>
<th>Proposed Effective Date</th>
<th>Superseded SPA ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory Eligibility Groups</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Qualified Medicare Beneficiaries</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Specified Low Income Medicare Beneficiaries</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Qualifying Individuals</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Optional Eligibility Groups</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Individuals Eligible for but Not Receiving Cash Assistance</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Individuals Eligible for Cash Except for Institutionalization</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Medically Needy Populations Based on Age, Blindness or Disability</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
</tbody>
</table>
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00010 | WA-21-0002

Package Header

Package ID              SPA ID      
WA2021MS00010          WA-21-0002 
Submission Type        Initial Submission Date 
Official               3/25/2021 
Approval Date          Effective Date          
6/14/2021               N/A             
Superseded SPA ID      
N/A                    

Executive Summary

Summary Description Including Goals and Objectives
The agency chooses to provide a reasonable timeframe for reducing excess resources accumulated during the COVID-19 public health emergency (PHE) by certain individuals subject to the post-eligibility treatment of income (PETI) rules for long-term services and supports (LTSS). Under FFCRA, these individuals accumulated extra resources, due to no changes being made to their PETI income they would have otherwise paid toward the cost of their care resulted in an increase in their resources that began to exceed program standards. This methodology also will prevent an institutionalized beneficiary from having to spend down any such excess resources during the PHE. See SUPPLEMENT 8 TO ATTACHMENT 2.6-A, p 2 and SUPPLEMENT 12 TO ATTACHMENT 2.6-A, p. 1d. This methodology will remain in effect through the twelve months following the end of the COVID-19 PHE.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 2021</td>
<td>$0</td>
</tr>
<tr>
<td>Second 2022</td>
<td>$0</td>
</tr>
</tbody>
</table>

Federal Statute / Regulation Citation
Sections 1902(a)(10)(A)(II)(IV-VI), 1902(a)(10)(C), and 1902(r)(2) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name

Date Created

No items available
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | WA2021M50001O | WA-21-0002

Package Header

Package ID: WA2021M50001O
Submission Type: Official
Approval Date: 6/1/2021
Superseded SPA ID: N/A

SPA ID: WA-21-0002
Initial Submission Date: 3/25/2021
Effective Date: N/A

Governor's Office Review

☐ No comment
☐ Comments received
☐ No response within 45 days
☐ Other

Describe: Exempt
Submission - Medicaid State Plan

The submission includes the following:

- Administration
- Eligibility

- Income/Resource Methodologies
- Income/Resource Standards
- Mandatory Eligibility Groups

<table>
<thead>
<tr>
<th>Reviewable Unit Name</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>In</td>
<td></td>
</tr>
<tr>
<td>cl</td>
<td></td>
</tr>
<tr>
<td>ud</td>
<td></td>
</tr>
<tr>
<td>ed</td>
<td></td>
</tr>
<tr>
<td>In</td>
<td></td>
</tr>
<tr>
<td>An</td>
<td></td>
</tr>
<tr>
<td>ot</td>
<td></td>
</tr>
<tr>
<td>he</td>
<td></td>
</tr>
</tbody>
</table>

Mandatory Eligibility Groups: APPROVED

- Optional Eligibility Groups

<table>
<thead>
<tr>
<th>Reviewable Unit Name</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>r</td>
<td></td>
</tr>
<tr>
<td>Su</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>msi</td>
<td></td>
</tr>
<tr>
<td>on</td>
<td></td>
</tr>
<tr>
<td>Pa</td>
<td></td>
</tr>
<tr>
<td>ck</td>
<td></td>
</tr>
<tr>
<td>age</td>
<td></td>
</tr>
</tbody>
</table>

Optional Eligibility Groups: APPROVED

- Non-Financial Eligibility
- Eligibility and Enrollment Processes

- Benefits and Payments
Submission - Public Comment

Package ID: WA2021MS00010
Submission Type: Official
Approval Date: 6/14/2021
Superseded SPA ID: N/A

SPA ID: WA-21-0002
Initial Submission Date: 3/25/2021
Effective Date: N/A

Indicate whether public comment was solicited with respect to this submission:
☐ Public notice was not federally required and comment was not solicited
☐ Public notice was not federally required, but comment was solicited
☐ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:
☐ Newspaper Announcement
☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
☐ Email to Electronic Mailing List or Similar Mechanism
☐ Website Notice

Select the type of website:
☐ Website of the State Medicaid Agency or Responsible Agency
☐ Other

Date of Posting: Dec 10, 2020

☐ Website for State Regulations
☐ Other

Upload copies of public notices and other documents used
Name: 21-0002 LTSS COVID Resource Disregard Public Notice WSR 21-01-071
Date Created: 3/22/2021 7:30 PM EDT

Upload with this application a written summary of public comments received (optional)
Name
Date Created
No items available

Indicate the key issues raised during the public comment period (optional)
☐ Access
☐ Quality
☐ Cost
☐ Payment methodology
☐ Eligibility
☐ Benefits
☐ Service delivery
☐ Other issue
Submission - Tribal Input

Package ID: WA2021MS00010
SPA ID: WA-21-0002
Submission Type: Official
Approval Date: 6/14/2021
Superseded SPA ID: N/A
Initial Submission Date: 3/25/2021
Effective Date: N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state
☐ Yes  ☑ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.
☐ Yes  ☑ No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:
☑ All Indian Health Programs

Date of solicitation/consultation: 12/9/2020
Method of solicitation/consultation: Email and hard copy letter

☑ All Urban Indian Organizations

Date of solicitation/consultation: 12/9/2020
Method of solicitation/consultation: Email and hard copy letter

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:
☑ All Indian Tribes

Date of consultation: 3/24/2021
Method of consultation: Email and hard copy letter

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state’s responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name
Date Created
21-0002 LTSS COVID Resource Disregard Tribal Notice Documentation 3/22/2021 7:59 PM EDT

Indicate the key issues raised (optional):
☐ Access
☐ Quality
☐ Cost
☐ Payment methodology
☐ Eligibility
Name of issue: Request for draft SPA

Summarize comments: A request was made for a copy of the draft SPA.

Summarize response:
A draft of the SPA was sent by email with an extensive description of the purpose of the SPA. Response by email or discussion on a phone call was requested.
## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00010 | WA-21-0002

#### Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>WA2021MS00010</th>
<th>SPA ID</th>
<th>WA-21-0002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission Type</td>
<td>Official</td>
<td>Initial Submission Date</td>
<td>3/25/2021</td>
</tr>
<tr>
<td>Approval Date</td>
<td>6/14/2021</td>
<td>Effective Date</td>
<td>1/1/2021</td>
</tr>
<tr>
<td>Superseeded SPA ID</td>
<td>WA-20-0030</td>
<td></td>
<td>User-Entered</td>
</tr>
</tbody>
</table>

### Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered in State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants and Children under Age 19</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents and Other Caretaker Relatives</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deemed Newborns</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Former Foster Care Children</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Medical Assistance</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended Medicaid due to Spousal Support Collections</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Aged, Blind and Disabled

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered in State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI Beneficiaries</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed Eligibility Groups</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals Deemed To Be Receiving SSI</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working Individuals under 1619(b)</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified Medicare Beneficiaries</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified Disabled and Working Individuals</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specified Low Income Medicare Beneficiaries</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility Group Name</td>
<td>Covered In State Plan</td>
<td>Include RU In Package</td>
<td>Included In Another Submission Package</td>
<td>Source Type</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
<td>----------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Qualifying Individuals</td>
<td>✔️</td>
<td>✔️</td>
<td>❌</td>
<td>APPROVED</td>
</tr>
</tbody>
</table>
Mandatory Eligibility Groups

Package Header

Package ID  WA2021MS00010
Submission Type  Official
Approval Date  6/14/2021
Superseded SPA ID  WA-20-0030
User Entered

SPA ID  WA-21-0002
Initial Submission Date  3/25/2021
Effective Date  1/1/2021

B. The state elects the Adult Group, described at 42 CFR 435.119.
☐ Yes  ☐ No

Families and Adults

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Group</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>CONVERTED</td>
</tr>
</tbody>
</table>

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A
Medicaid State Plan Eligibility
Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

Package Header

Package ID WA2021M500010
Submission Type Official
Approval Date 6/14/2021
Superseded SPA ID WA-20-0030

SPA ID WA-21-0002
Initial Submission Date 3/25/2021
Effective Date 1/1/2021
System-Derived

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.

2. Have income and resources at or below the standard for this group.
### B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.
   - Yes
   - No
   The less restrictive income methodologies are:
   - Census Bureau wages are disregarded.
   - Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

   The following less restrictive methodologies are used:

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income tax obligation</td>
<td>Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual’s control, is considered exempt when determining eligibility.</td>
</tr>
<tr>
<td>MSP</td>
<td>When determining the available income of an individual for the QMB or SLMB program the agency shall exclude from countable income an amount equal to that expended on medical expenses.</td>
</tr>
</tbody>
</table>

3. Less restrictive methodologies are used in calculating countable resources.
   - Yes
   - No
   The less restrictive resource methodologies are:
   - A specified type of resource is disregarded:

<table>
<thead>
<tr>
<th>Name of resource type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence Account - earnings while enrolled in MBI</td>
<td>Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.</td>
</tr>
<tr>
<td>Name of resource type:</td>
<td>Description:</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.</td>
<td></td>
</tr>
<tr>
<td>IDA account</td>
<td>All funds in IDA accounts funded under the Assets for Independence Act</td>
</tr>
<tr>
<td>20 days</td>
<td>Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.</td>
</tr>
<tr>
<td>Holocaust survivor</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
</tbody>
</table>

The following less restrictive methodologies are used:

<table>
<thead>
<tr>
<th>Name of methodology:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelve months following the end of the month in which the COVID-19 public health emergency ends.</td>
<td></td>
</tr>
</tbody>
</table>
Qualified Medicare Beneficiaries

**Package Header**

- **Package ID**: WA2021MS00010
- **Submission Type**: Official
- **Approval Date**: 6/14/2021
- **Superseded SPA ID**: WA-20-0030
- **SPA ID**: WA-21-0002
- **Initial Submission Date**: 3/25/2021
- **Effective Date**: 1/1/2021

**C. Income Standard Used**

The amount of the income standard for this group is 100% FPL.

**D. Resource Standard Used**

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

**E. Medical Assistance Provided**

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.
Qualifying Medicare Beneficiaries

Package Header

Package ID: WA2021MS00010
Submission Type: Official
Approval Date: 6/14/2021
Superseded SPA ID: WA-20-0030
SPA ID: WA-21-0002
Initial Submission Date: 3/25/2021
Effective Date: 1/1/2021

F. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries
MEDICAID | Medicaid State Plan | Eligibility | WA2021M50001O | WA-21-0002

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>WA2021M50001O</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPA ID</td>
<td>WA-21-0002</td>
</tr>
<tr>
<td>Submission Type</td>
<td>Official</td>
</tr>
<tr>
<td>Approval Date</td>
<td>6/14/2021</td>
</tr>
<tr>
<td>Initial Submission Date</td>
<td>3/25/2021</td>
</tr>
<tr>
<td>Effective Date</td>
<td>1/1/2021</td>
</tr>
<tr>
<td>Superseded SPA ID</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>System-Derived</td>
<td></td>
</tr>
</tbody>
</table>

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.

2. Have income below the income standard and resources at or below the resource standard for this group.
B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.
   ☑ Yes
   ☐ No

   The less restrictive income methodologies are:
   ☑ Census Bureau wages are disregarded.

   Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

   The following less restrictive methodologies are used:

   - **Name of methodology:** Income tax obligation
   - **Description:** Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility.
   - **Name of methodology:** MSP
   - **Description:** When determining the available income of an individual for the QMB or SLMB program the agency shall exclude from countable income an amount equal to that expended on medical expenses.

3. Less restrictive methodologies are used in calculating countable resources.
   ☑ Yes
   ☐ No

   The less restrictive resource methodologies are:

   ☑ A specified type of resource is disregarded:

   - **Name of resource type:** Independence Account - earnings while enrolled in MBI
   - **Description:** Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.
**Name of resource type:**

**Sales contract resource**

Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.

**IDA account**

All funds in IDA accounts funded under the Assets for Independence Act.

**20 days**

Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

**Holocaust survivor**

When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

The following less restrictive methodologies are used:

**Name of methodology:**

**FFCRA plus 12**

Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelve months following the end of the month in which the COVID-19 public health emergency ends.
Specified Low Income Medicare Beneficiaries
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0001O | WA-21-0002

Package Header

SPA ID | WA-21-0002
Submission Type | Official
Approval Date | 6/14/2021
Superseded SPA ID | WA-20-0030
Effective Date | 1/1/2021

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.
Specified Low Income Medicare Beneficiaries
MEDICAID | Medicaid State Plan | Eligibility | WA2021M500010 | WA-21-0002

Package Header

Package ID  WA2021M500010
Submission Type  Official
Approval Date  6/14/2021
Superseded SPA ID  WA-20-0030

SPA ID  WA-21-0002
Initial Submission Date  3/25/2021
Effective Date  1/1/2021

F. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Mandatory Coverage

Qualifying Individuals

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>WA2021MS00010</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPA ID</td>
<td>WA-21-0002</td>
</tr>
<tr>
<td>Submission Type</td>
<td>Official</td>
</tr>
<tr>
<td>Approval Date</td>
<td>6/14/2021</td>
</tr>
<tr>
<td>Initial Submission Date</td>
<td>3/25/2021</td>
</tr>
<tr>
<td>Effective Date</td>
<td>1/1/2021</td>
</tr>
<tr>
<td>Superseded SPA ID</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td></td>
<td>System-Derived</td>
</tr>
</tbody>
</table>

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.

2. Are not otherwise eligible for Medicaid under the state plan.

3. Have income below the income standard and resources at or below the resource standard for this group.
B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.
   - Yes
   - No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

- The following less restrictive methodologies are used:
  
  Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

3. Less restrictive methodologies are used in calculating countable resources.
   - Yes
   - No

The less restrictive resource methodologies are:

- A specified type of resource is disregarded:

  Description:
  
  Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

  Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.

  All funds in IDA accounts funded under the Assets for Independence Act
<table>
<thead>
<tr>
<th>Name of resource type:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 days</td>
<td>Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.</td>
</tr>
<tr>
<td>Holocaust survivor</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
</tbody>
</table>

The following less restrictive methodologies are used:

<table>
<thead>
<tr>
<th>Name of methodology:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFCRA plus 12</td>
<td>Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelve months following the end of the month in which the COVID-19 public health emergency ends.</td>
</tr>
</tbody>
</table>
C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.
Qualifying Individuals
MEDICAID | Medicaid State Plan | Eligibility | WA2021M50001O | WA-21-0002

Package Header

- **Package ID**: WA2021M50001O
- **SPA ID**: WA-21-0002
- **Submission Type**: Official
- **Approval Date**: 6/14/2021
- **Initial Submission Date**: 3/25/2021
- **Superseded SPA ID**: WA-20-0030
- **Effective Date**: 1/1/2021
- **System-Derived**

F. Additional Information (optional)
# Medicaid State Plan Eligibility

**Optional Eligibility Groups**

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0001O | WA-21-0002

## Package Header

- **Package ID**: WA2021MS0001O
- **SPA ID**: WA-21-0002
- **Submission Type**: Official
- **Approval Date**: 6/14/2021
- **Initial Submission Date**: 3/25/2021
- **Effective Date**: 1/1/2021
- **Superseded SPA ID**: WA-20-0030
- **User-Entered**: Yes

## A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

- Yes ☑️ No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

### Families and Adults

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Coverage of Parents and Other Caretaker Relatives</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Reasonable Classifications of Individuals under Age 21</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Children with Non-IV-E Adoption Assistance</td>
<td>☑️</td>
<td>☐</td>
<td>☐</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Independent Foster Care Adolescents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Optional Targeted Low Income Children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals above 133% FPL under Age 65</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Needing Treatment for Breast or Cervical Cancer</td>
<td>☑️</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Eligible for Family Planning Services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals with Tuberculosis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Electing COBRA Continuation Coverage</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
</tbody>
</table>

### Aged, Blind and Disabled

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals Eligible for but Not Receiving Cash Assistance</td>
<td>☑️</td>
<td>☑️</td>
<td>☐</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Individuals Eligible for Cash Except for Institutionalization</td>
<td>☑️</td>
<td>☐</td>
<td>☐</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Eligibility Group Name</td>
<td>Covered In State Plan</td>
<td>Include RU In Package</td>
<td>Included in Another Submission Package</td>
<td>Source Type</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
<td>----------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules</td>
<td>✓</td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Optional State Supplement Beneficiaries</td>
<td></td>
<td>✓</td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals in Institutions Eligible under a Special Income Level</td>
<td></td>
<td>✓</td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>PACE Participants</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Receiving Hospice</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Children under Age 19 with a Disability</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Age and Disability-Related Poverty Level</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Work Incentives</td>
<td></td>
<td>✓</td>
<td></td>
<td>APPROVED</td>
</tr>
<tr>
<td>Ticket to Work Basic</td>
<td></td>
<td>✓</td>
<td></td>
<td>APPROVED</td>
</tr>
<tr>
<td>Ticket to Work Medical Improvements</td>
<td></td>
<td>✓</td>
<td></td>
<td>APPROVED</td>
</tr>
<tr>
<td>Family Opportunity Act Children with a Disability</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Receiving State Plan Home and Community-Based Services</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
</tbody>
</table>
### B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

- **Yes** ☑️
- **No** ☐️

The medically needy eligibility groups covered in the state plan are:

1. **Mandatory Medically Needy:**

   **Families and Adults**

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Needy Pregnant Women</td>
<td>☑️</td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Medically Needy Children under Age 18</td>
<td>☑️</td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
</tbody>
</table>

   **Aged, Blind and Disabled**

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protected Medically Needy Individuals Who Were Eligible in 1973</td>
<td>☑️</td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
</tbody>
</table>

2. **Optional Medically Needy:**

   **Families and Adults**

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Needy Reasonable Classifications of Individuals under Age 21</td>
<td>☑️</td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Medically Needy Parents and Other Caretaker Relatives</td>
<td>☑️</td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
</tbody>
</table>

   **Aged, Blind and Disabled**

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Needy Populations Based on Age, Blindness or Disability</td>
<td>☑️</td>
<td>☑️</td>
<td></td>
<td>APPROVED</td>
</tr>
</tbody>
</table>
Optional Eligibility Groups

Package Header

Package ID: WA2021MS00010
Submission Type: Official
Approval Date: 6/14/2021
Superseded SPA ID: WA-20-0030
User-Entered

SPA ID: WA-21-0002
Initial Submission Date: 3/25/2021
Effective Date: 1/1/2021

C. Additional Information (optional)


Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A
Medicaid State Plan Eligibility
Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

Package Header

Package ID: WA2021M50001O
Submission Type: Official
Approval Date: 6/14/2021
Superseded SPA ID: WA-20-0030

SPA ID: WA-21-0002
Initial Submission Date: 3/25/2021
Effective Date: 1/1/2021
System-Derived

The state covers the optional individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the eligibility requirements of at least one of the following cash assistance programs:
   - a. SSI
   - b. Optional State Supplement
   - c. AFDC

2. Do not receive cash assistance under these programs.
Individuals Eligible for but Not Receiving Cash Assistance
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00010 | WA-21-0002

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>WA2021MS00010</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPA ID</td>
<td>WA-21-0002</td>
</tr>
<tr>
<td>Approval Date</td>
<td>6/14/2021</td>
</tr>
<tr>
<td>Initial Submission Date</td>
<td>3/25/2021</td>
</tr>
<tr>
<td>Superseded SPA ID</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Effective Date</td>
<td>1/1/2021</td>
</tr>
</tbody>
</table>

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.
   
   ☐ Yes
   ☐ No
C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

☐ Yes
☐ No

The less restrictive income methodologies are:

☐ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

☐ The following less restrictive methodologies are used:

<table>
<thead>
<tr>
<th>Name of methodology:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income tax obligation</td>
<td>Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility</td>
</tr>
</tbody>
</table>

4. Less restrictive methodologies are used in calculating countable resources.

☐ Yes
☐ No

The less restrictive resource methodologies are:

☐ A specified type of resource is disregarded:

<table>
<thead>
<tr>
<th>Name of resource type:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>property sales contract</td>
<td>Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale, and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.</td>
</tr>
</tbody>
</table>

* A beneficiary of a "qualified state long-term care insurance partnership” policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the Individual from the partnership policy.
The following less restrictive methodologies are used:

<table>
<thead>
<tr>
<th>Name of methodology:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-half resources</td>
<td>Effective January 1, 1989, it is presumed that one-half of the total resources held jointly by the husband and wife, or held separately by the applicant.recipient, are owned by each spouse (TN 89-2, Approved 8/17/90)</td>
</tr>
<tr>
<td>Independence Account - earnings while enrolled in MBI</td>
<td>Designated separate account that consists only of earnings resulting from work activity while enrolled in theTicket and SSA work incentives eligibility groups.</td>
</tr>
<tr>
<td>IDA account</td>
<td>All funds in IDA accounts funded under the Assets for Independence Act</td>
</tr>
<tr>
<td>20 days</td>
<td>Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.</td>
</tr>
<tr>
<td>Holocaust survivor</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
<tr>
<td>Non-exempt resources</td>
<td>Non-exempt resources in excess of the Medically Needy resource levels can, at the individual's option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.</td>
</tr>
<tr>
<td>FFCRA plus 12</td>
<td>Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelve months following the end of the month in which the COVID-19 public health emergency ends.</td>
</tr>
</tbody>
</table>
Individuals Eligible for but Not Receiving Cash Assistance
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0001O | WA-21-0002

Package Header

Package ID WA2021MS0001O
Submission Type Official
Approval Date 6/14/2021
Superseded SPA ID WA-20-0030
System Derived

SPA ID WA-21-0002
Initial Submission Date 3/25/2021
Effective Date 1/1/2021

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.
Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2021M500010 | WA-21-0002

Package Header

Package ID  WA2021M500010
Submission Type  Official
Approval Date  6/14/2021
Superseded SPA ID  WA-20-0030
                      System-Derived

SPA ID  WA-21-0002
Initial Submission Date  3/25/2021
Effective Date  1/1/2021

F. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization
MEDICAID | Medicaid State Plan | Eligibility | WA2021M500010 | WA-21-0002

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>WA2021M500010</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPA ID</td>
<td>WA-21-0002</td>
</tr>
<tr>
<td>Submission Type</td>
<td>Official</td>
</tr>
<tr>
<td>Approval Date</td>
<td>6/14/2021</td>
</tr>
<tr>
<td>Superseded SPA ID</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Effective Date</td>
<td>1/1/2021</td>
</tr>
</tbody>
</table>

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are in a medical institution.

2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
   - [x] a. SSI
   - [] b. Optional State Supplement
   - [✓] c. AFDC
Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0001O | WA-21-0002

Package Header

Package ID: WA2021MS0001O
Submission Type: Official
Approval Date: 6/14/2021
Superseded SPA ID: WA-20-0030

SPA ID: WA-21-0002
Initial Submission Date: 3/25/2021
Effective Date: 1/1/2021

System Derived

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

☐ Yes
☐ No
C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:
   - a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
   - b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.
   - Yes
   - No
   The less restrictive income methodologies are:
   - The difference between one income standard and another is disregarded.
   - Between the following percentages of the FPL:
     - Between the medically needy income limit and a percentage of the FPL;
     - Between the SSI Federal Benefit Rate and;
   - Between other income standards:
   - Between this standard: TANF payment standard by family size
   - and this standard: AFDC payment standard by family size

4. Less restrictive methodologies are used in calculating countable resources.
   - Yes
   - No
The less restrictive resource methodologies are:

A specified type of resource is disregarded:

<table>
<thead>
<tr>
<th>Name of resource type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property sales contract</td>
<td>Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.</td>
</tr>
</tbody>
</table>

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 104.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

The following less restrictive methodologies are used:

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-half resources</td>
<td>Effective January 1, 1989, it is presumed that one-half of the total resources held jointly by the husband and wife, or held separately by the applicant/recipient, are owned by each spouse (TN 89-2, Approved 8/17/90)</td>
</tr>
<tr>
<td>Independence Account - earnings while enrolled in MBI</td>
<td>Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.</td>
</tr>
<tr>
<td>IDA account</td>
<td>All funds in IDA accounts funded under the Assets for Independence Act</td>
</tr>
<tr>
<td>20 days</td>
<td>Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.</td>
</tr>
<tr>
<td>Holocaust survivor</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
<tr>
<td>Non-exempt resources</td>
<td>Non-exempt resources in excess of the Medically Needy resource levels can, at the individuals option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.</td>
</tr>
<tr>
<td>Name of methodology:</td>
<td>Description:</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>FFCRA plus 12</td>
<td>Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelve months following the end of the month in which the COVID-19 public health emergency ends.</td>
</tr>
</tbody>
</table>
D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.
Individuals Eligible for Cash Except for Institutionalization
MEDICAID | Medicaid State Plan | Eligibility | WA2021M500010 | WA-21-0002

Package Header

Package ID  WA2021M500010
Submission Type  Official
Approval Date  6/14/2021
Superseded SPA ID  WA-20-0030
System-Derived

SPA ID  WA-21-0002
Initial Submission Date  3/25/2021
Effective Date  1/1/2021

F. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00010 | WA-21-0002

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>WA2021MS00010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission Type</td>
<td>Official</td>
</tr>
<tr>
<td>Approval Date</td>
<td>6/14/2021</td>
</tr>
<tr>
<td>Superseded SPA ID</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>SPA ID</td>
<td>WA-21-0002</td>
</tr>
<tr>
<td>Initial Submission Date</td>
<td>3/25/2021</td>
</tr>
<tr>
<td>Effective Date</td>
<td>1/1/2021</td>
</tr>
<tr>
<td>System-Derived</td>
<td></td>
</tr>
</tbody>
</table>

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following:
   a. Are age 65 or older;
   b. Have blindness; or
   c. Have a disability.

2. Are not otherwise eligible for categorically needy coverage under the state plan.

3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.
Medically Needy Populations Based on Age, Blindness or Disability
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS000010 | WA-21-0002

Package Header

Package ID WA2021MS000010
Submission Type Official
Approval Date 6/14/2021
Superseded SPA ID WA-20-0030
System-Derived

SPA ID WA-21-0002
Initial Submission Date 3/25/2021
Effective Date 1/1/2021

B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability
C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.
   - Yes
   - No

2. The financial methodology used is:
   - a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
   - b. Less restrictive methodologies are used in calculating countable income.
     - Yes
     - No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

- The following less restrictive methodologies are used:
  
<table>
<thead>
<tr>
<th>Name of methodology:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income tax obligation</td>
<td>Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility.</td>
</tr>
<tr>
<td>Maintenance for MN</td>
<td>Income of an individual is exempt in an amount equal to the maintenance allowance of the individual's spouse, living in the same household, who is eligible under clause (VI) of section 1902 (a)(10)(A)(i) of the Act, less the income of the spouse.</td>
</tr>
</tbody>
</table>
Less restrictive methodologies are used in calculating countable resources.

Yes  No

The less restrictive resource methodologies are:

Real property not otherwise excluded is disregarded.

Description of disregard: Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

<table>
<thead>
<tr>
<th>Description</th>
<th>Resource set aside in specified types of accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>All funds in IDA accounts funded under the Assets for Independence Act</td>
<td></td>
</tr>
<tr>
<td>Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket</td>
<td></td>
</tr>
</tbody>
</table>
A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(d)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

The following less restrictive methodologies are used:

<table>
<thead>
<tr>
<th>Name of methodology:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFCRA plus 12</td>
<td>Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelve months following the end of the month in which the COVID-19 public health emergency ends. Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale, and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.</td>
</tr>
<tr>
<td>Name of methodology</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>LTC MN excess resources</td>
<td>Non-exempt resources in excess of the Medically Needy resource levels can, at the individual's option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.</td>
</tr>
<tr>
<td>Holocaust survivor proceeds</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
<tr>
<td>One-half resources</td>
<td>Effective January 1, 1989, it is presumed that one-half of the total resources held jointly by the husband and wife, or held separately by the applicant/recipient, are owned by each spouse (TN 89-2, Approved 8/17/90).</td>
</tr>
</tbody>
</table>
Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00010 | WA-21-0002

Package Header

Package ID: WA2021MS00010
Submission Type: Official
Approval Date: 6/14/2021
Superceded SPA ID: WA-20-0030

SPA ID: WA-21-0002
Initial Submission Date: 3/25/2021
Effective Date: 1/1/2021

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.
Medically Needy Populations Based on Age, Blindness or Disability

Package Header

Package ID WA2021MS00010
Submission Type Official
Approval Date 6/14/2021
Superseded SPA ID WA-20-0030
System-Derived

SPA ID WA-21-0002
Initial Submission Date 3/25/2021
Effective Date 1/1/2021

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.
Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00010 | WA-21-0002

**Package Header**

<table>
<thead>
<tr>
<th>Package ID</th>
<th>SPA ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA2021MS00010</td>
<td>WA-21-0002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Submission Type</th>
<th>Initial Submission Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official</td>
<td>3/25/2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/14/2021</td>
<td>1/1/2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Superseded SPA ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA-20-0030</td>
</tr>
</tbody>
</table>

System-Derived

**F. Spenddown**

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.
Medically Needy Populations Based on Age, Blindness or Disability
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0001O | WA-21-0002

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>SPA ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA2021MS0001O</td>
<td>WA-21-0002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Submission Type</th>
<th>Initial Submission Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official</td>
<td>3/25/2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/14/2021</td>
<td>1/1/2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Superseded SPA ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA-20-0030</td>
</tr>
</tbody>
</table>

System-Derived

G. Additional Information (optional)