



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX-47
Seattle, Washington 98121

SEP 27 2005

Robin Arnold-Williams
Secretary
Department Social & Health Services
P.O. Box 45010
Olympia, WA 98504-5010

RE: TN#05-002

Dear Ms. Arnold-Williams:

The Region 10 Office of the Centers for Medicare & Medicaid Services has completed its review of State Plan Transmittal Number 05-002. This amendment updates the medically needy income level based on the published 2005 Federal Poverty Levels. In addition, this amendment applies an income disregard under Section 1902(r)(2) disregarding the difference between the medically needy income standard and the SSI benefit for all medically needy groups: children, pregnant women and the aged, blind and persons with disabilities, meeting the federal comparability requirements. These changes are reflected in Supplement 1 to Attachment 2.6-A, page 3 and Supplement 8a to Attachment 2.6-A page 8.

This state plan amendment is approved effective January 1, 2005.

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

Sincerely,

Barbara K. Richards
Acting Associate Regional Administrator
Division of Medicaid and Children's Health

cc: Doug Porter, Assistant Secretary
Ann Myers, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 05-002	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 Jan. 1, 2005
--	--

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 2005 \$0 b. FFY 2006 \$0
---	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.6-A, page 8. <i>Supplement 8a, page 8 P+I</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 2.6-A, page 8.
--	--

10. SUBJECT OF AMENDMENT:

Update of SSI Standards

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: <i>Dennis Braddock</i>	16. RETURN TO: Ann Myers, State Plan Coordinator Department of Social and Health Services Medical Assistance Administration 925 Plum St SE MS: 45533 Olympia, WA 98504-5533
13. TYPED NAME: DENNIS BRADDOCK	
14. TITLE: Secretary	
15. DATE SUBMITTED: <i>2-24-05</i>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <i>FEB 25 2005</i>	18. DATE APPROVED: <i>SEP 27 2005</i>
--	--

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>JAN - 1 2005</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Karen S. O'Connor</i>
21. TYPED NAME: <i>Karen S. O'Connor</i>	22. TITLE: Associate Regional Administrator

23. REMARKS:
*P+I change authorized 7/15/05
in block 8
POSTMARK: 2/24/05*

**Division of Medicaid &
Children's Health**
Olympia

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups. Applicable to all groups except those specified below.
Excepted group income levels are also listed on an attached page 3.

(1) Family Size	(2) Net income level protected for maintenance for <u>3 or 6</u> months	(3) Amount by which Column (2) exceeds limits specified in CFR 435.1007 ^{1/}	(4) Net income level for persons living in rural areas for _____ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ^{1/}
-----------------------	---	---	--	--

Urban only

Urban & rural

1	\$ 467	\$	\$	\$
2	\$ 592	\$	\$	\$
3	\$ 667	\$	\$	\$
4	\$ 742	\$	\$	\$
For each Additional Person, Add:				
	\$ _____	\$ _____	\$ _____	\$ _____

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

MORE LIBERAL METHODS OF TREATING INCOME UNDER
SECTION 1902(r)(2) OF THE ACT

9. Effective January 1, 2005, disregard the difference between the medically needy standards described on Supplement 1 to Attachment 2.6-A, page 8 and the SSI benefit for an individual described on Supplement 6 to Attachment 2.6 – A, Page 1. This applies to all medically needy groups: children, pregnant women, and the aged, blind, and persons with disabilities.

TN# 05-002
Supersedes
TN# -----

Approval Date
SEP 27 2005

Effective Date 1/1/05