



DEPARTMENT OF HEALTH & HUMAN SERVICES

SECRETARY'S OFFICE
RECEIVED

OCT 28 2005

DEPARTMENT OF SOCIAL
AND HEALTH SERVICES
Centers for Medicare & Medicaid Services

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

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

RE: TN#05-011

Dear Ms. Arnold-Williams:

The Region 10 office of the Centers for Medicare & Medicaid Services has completed its review of State Plan Transmittal Number 05-011. This amendment implements a 12-month continuous eligibility verification period for children under age 19 within Washington's State Plan. These changes are reflected Attachment 2.2-A, page 23c.

This state plan amendment is approved effective July 18, 2005.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Karen S. O'Connor".

Karen S. O'Connor
Associate Regional Administrator
Division of Medicaid and Children's Health

Cc: Doug Porter, HRSA Assistant Secretary
Ann Myers, State Plan Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
05-011

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 18, 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 \$ 2,225,300
b. FFY 2006 \$15,267,600

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 23c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.2-A, page 23c

10. SUBJECT OF AMENDMENT:

Continuous Eligibility for Children Under Age 19

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:

Robin Arnold Williams

13. TYPED NAME:

Robin Arnold-Williams

14. TITLE:

Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Ann Myers
Department of Social and Health Services
Medical Assistance Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

OCT 25 2005

17. DATE RECEIVED:

SEP 20 2005

18. DATE APPROVED:

[Signature]

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 18 2005

20. SIGNATURE OF REGIONAL OFFICIAL:

Karen O'Connor

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

The state covers:

All children described above who are under age _____ (18, 19) with family income at or below _____ percent of the FPL.

The following reasonable classifications of children described above who are under age _____ (18, 19) with family income at or below the percent of the FPL specified for the classification:

(ADD NARRATIVE DESCRIPTION (S) OF THE REASONABLE CLASSIFICATION (S) AND THE PERCENT OF THE FPL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

- X 21. A child under age 19 who has been determined eligible for a total of 12 months regardless of changes in circumstances other than the attainment of the maximum age stated above.

OCT 25 2005