



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

#13391
Doug - Fyi
c/ Robin
Liz

JUN 7 2006

RECEIVED

JUN 19 2006

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

Rules and Publications

RE: TN#06-006

Dear Ms. Robin Arnold-Williams:

The Region 10 office of the Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Transmittal Number 06-006. This amendment updates the federally administered optional state supplement related to the SSI standard based on the 2006 published federal poverty levels. The changes are reflected in Supplement 6 to Attachment 2.6-A, pages 1 and 2.

This state plan amendment is approved effective January 1, 2006.

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

Sincerely,

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

cc: Douglas Porter, HRSA Assistant Secretary
Ann Myers, State Plan Coordinator

REGIONAL OFFICE
RECEIVED
JUN 15 2006
DEPARTMENT OF SOCIAL
AND HEALTH SERVICES

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

1. TRANSMITTAL NUMBER:
06-006

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, 2006

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 2006 \$0
b. FFY 2007 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A, pages 1 & 2
Supplement 1 to Attachment 2.6-A, page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 6 to Attachment 2.6-A, pages 1 & 2
Supplement 1 to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT:

Update of SSI and Needs Standards

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Robin Arnold-Williams

16. RETURN TO:

Ann Myers, State Plan Coordinator
Department of Social and Health Services
Health and Recovery Services Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

13. TYPED NAME:

ROBIN ARNOLD-WILLIAMS

14. TITLE:

Secretary

15. DATE SUBMITTED:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **MAR 22 2006**

18. DATE APPROVED: **JUN 7 2006**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JAN 1 2006**

20. SIGNATURE OF REGIONAL OFFICIAL:

Karen S. O'Connor
Associate Regional Administrator

21. TYPED NAME: **Karen S. O'Connor**

22. TITLE: **Associate Regional Administrator**

23. REMARKS:

Penstnk change to Block 8:9 to remove Supplement 1
to Att. 2.6A p. 1 per email from Ann Myers dated
5/2/06. (AK)

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONFEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS
January 1, 2006

	Gross Income Level	Standard	SSI Benefit	State Supplement
Statewide Standard - Living Alone/1				
Individuals:	\$1,809	\$603	\$603	\$0
Couples:		649	603	**46
1. Both individuals eligible:	2,712	904	904	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;	1,809	649	603	**46

/1: Living alone includes room and board living arrangements.

Statewide Standard - Shared Living (Supplied Housing):

Individuals:	\$1,206	\$402	\$402	0
Couples:				
1. Both individuals eligible:	\$1,809	603	603	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:	\$1,206	448	402	**46

**Over age 65 or blind

Revision

Supplement 6 to Attachment 2.6-A
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS
July 1, 2006

	Gross Income Level	Standard	SSI Benefit	State Supplement
Statewide Standard – Other Living/1:				
Individuals	\$1,809	1,809	603	0

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