



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

May 23, 2007

Ms. Robin Arnold-Williams, Secretary  
Department Social & Health Services  
Post Office Box 45010  
Olympia, Washington 98504-5010

**RE: TN #07-004**

Dear Ms. Arnold-Williams:

The Centers for Medicare & Medicaid Services has completed its review of State Plan Transmittal Number 07-004. This transmittal imposes a penalty period for Medicaid recipients with long-term care services to the first day of the month following advance notice of the penalty period, but no later than the first day of the month that follows three full calendar months from the date of the report or discovery of the transfer. This amendment brings the State Plan into compliance with the Deficit Reduction Act of 2006. This change is reflected in Supplement 9b to Attachment 2.6-A, page 3.

This State Plan Amendment is approved effective July 1, 2007.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Karen O'Connor".

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

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

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

1. TRANSMITTAL NUMBER:  
**07-004**

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 1, 2007

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 2007 <\$279,189>
- b. FFY 2008 <\$279,189>

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 9b to Attachment 2.6-A page 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supplement 9b to Attachment 2.6-A page 3

10. SUBJECT OF AMENDMENT:

Transfer of Assets Penalty Date

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*

13. TYPED NAME:

ROBIN ARNOLD-WILLIAMS

14. TITLE:

Secretary

15. DATE SUBMITTED:

5-1-07

16. RETURN TO:

Ann Myers  
Department of Social and Health Services  
Health and Recovery Services Administration  
626 8<sup>th</sup> Street MS: 45504  
Olympia, WA 98504-5504

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **MAY - 1 2007**

18. DATE APPROVED:

**5-23-07**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**7-1-07**

20. SIGNATURE OF REGIONAL OFFICIAL:

*Karen S. 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

**TRANSFER OF ASSETS (cont.)**

3. Penalty Date—The beginning date of each penalty period imposed for an uncompensated transfer of assets is:
- For individuals applying for Medicaid payment of long-term care services, the date on which the individual is eligible for medical assistance under the State plan and would otherwise be receiving institutional level care services described in paragraph 1 that, were it not for the imposition of the penalty period, would be covered by Medicaid (based on an approved application for such care);
- or
- For individuals receiving Medicaid payment for long-term care services, the first day of the month following advance notice of the penalty period, but no later than the first day of the month that follows three full calendar months from the date of the report or discovery of the transfer;
- and
- Which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.