



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

JUN 29 2007

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

RECEIVED

JUL 09 2007

RE: TN #07-008

Rules and Publications

Dear Ms. Arnold-Williams:

The Centers for Medicare & Medicaid Services Seattle Regional Office has completed its review of State Plan Transmittal Number 07-008. This transmittal updates the income and resource standards for Special Income Level groups, and Pregnant Women and Infants consistent with the published 2007 Federal poverty levels. In addition, this amendment increases the State's maximum resource standard between the federally published minimum and maximum resource for institutionalized individuals with a community spouse. These changes are reflected in Supplement 1 to Attachment 2.6-A, page 1; Supplement 6 to Attachment 2.6-A, pages 1-2, and Attachment 2.6-A, page 26a.

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

If you have any additional questions 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
Operations

cc:

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

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

1. TRANSMITTAL NUMBER:
07-008

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~~ **April 1, 2007 (P+I)**

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 0
b. FFY 2008 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, page 26a
Supplement 1 to Attachment 2.6-A, page 1
Supplement 6 to Attachment 2.6-A, pages 1 and 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.6-A, page 26a
Supplement 1 to Attachment 2.6-A, page 1
Supplement 6 to Attachment 2.6-A, pages 1 and 2

10. SUBJECT OF AMENDMENT:

Update Special Income Level (SIL) 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:

Robin Arnold Williams

13. TYPED NAME:

ROBIN ARNOLD-WILLIAMS

14. TITLE:

Secretary

16. RETURN TO:

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

15. DATE SUBMITTED:

June 6, 2007

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

JUN - 6 2007

18. DATE APPROVED:

JUN 29 2007

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR - 1 2007

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:

pen + Ink change authorized by the state on 6/25/07.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation	Condition or Requirement
1924 of the Act	<p>15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p>_____ the maximum standard permitted by law;</p> <p>_____ the minimum standard permitted by law; or</p> <p><u>\$45,104</u> a standard that is an amount between the minimum and the maximum.</p> <p>For the fiscal biennium beginning July 1, 2005, and each biennium thereafter, the maximum resource allowance amount for the community spouse will be adjusted for economic trends and conditions by increasing the amount allowable by the consumer price index as published by the Federal Bureau of Labor Statistics. However, in no case will the amount allowable exceed the maximum resource allowance permissible under the Social Security Act.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC (TANF)-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Maximum Payment Need Standard</u>	<u>Payment Standard</u>
1	\$ 989	\$ 349
2	1,251	440
3	1,545	546
4	1,823	642
5	2,101	740
6	2,379	841
7	2,749	971
8	3,043	1,075
9	3,336	1,180*

* Maximum amount \$1,283

2. Pregnant Women and Infants Under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 2007, based on the following percent of the official Federal income poverty level –

 133 Percent x 185 percent (no more than 185 percent)

<u>Family Size</u>	<u>Income Level</u>
1	\$ 1575
2	2111
3	2648
4	3184
5	3721

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

FEDERALLY ADMINSTRATED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

	<u>Gross Income Level</u>	<u>Standard</u>	<u>SSI Benefit</u>	<u>State Supplement</u>
Statewide Standard – Living Alone/1				
Individuals:	\$1,869	\$623 669	\$623 623	\$0 **46
Couples:				
1. Both individuals eligible:	2,802	934	934	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:	1,869	669	623	**46

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

Statewide Standard – Shared Living (Supplied Housing):

Individuals:	1,248	416	416	0
Couples:				
1. Both individuals eligible:	1,869	623	623	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:	1,248	462	416	**46

**Over age 65 or blind

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

FEDERALLY ADMINISTRATED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

	<u>Gross Income Level</u>	<u>Standard</u>	<u>SSI Benefit</u>	<u>State Supplement</u>
Statewide Standard – Other LivIn/1:				
Individuals:	\$1,869	1,869	623	0

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