



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

MAR 18 2008

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

**RE: TN #08-004**

Dear Ms. Arnold-Williams:

The Centers for Medicare & Medicaid Services' Seattle Regional office has completed its review of State Plan Transmittal Number 08-004. This transmittal updates the optional State supplement standards for special income level groups consistent with the published 2008 Federal poverty levels. These changes are reflected in supplement 6 to attachment 2.6-A, pages 1 and 2.

This State Plan Amendment is approved effective January 1, 2008.

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

Sincerely,

Arthur W. Pagan  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:  
Douglas Porter, Assistant Secretary, Health and Recovery Services Administration  
Ann Myers, State Plan Coordinator, Department of Social and Health Services

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
**08-004**

2. STATE  
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
Jan. 1, 2008

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 2008 \$ 0

b. FFY 2009 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Att. 2.6-A, pages 1 and 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supplement 6 to Att. 2.6-A, pages 1 and 2

10. SUBJECT OF AMENDMENT:

State Supplement Standards Increase

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:

Feb. 22, 2008

16. RETURN TO:

Ann Myers

Department of Social and Health Services

Health and Recovery Services Administration

626 8<sup>th</sup> Ave SE MS: 45504

Olympia, WA 98504-5504

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: FEB 22 2008

18. DATE APPROVED: MAR 18 2008

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN - 1 2008

20. SIGNATURE OF REGIONAL OFFICIAL:

*[Signature]*

21. TYPED NAME:

*Anthony W. Pagan*

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Division of Medicaid &  
Children's Health

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>
<b>Statewide Standard – Living Alone/1</b>				
Individuals:	\$1,911	\$637 683	\$637 637	\$0 **46
Couples:				
1. Both individuals eligible:	2,868	956	956	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:	1,911	683	637	**46
/1: Living alone includes room and board living arrangements.				
<b>Statewide Standard – Shared Living (Supplied Housing):</b>				
Individuals:	1,274	424.67	424.67	0
Couples:				
1. Both individuals eligible:	1,911	637.34	637.34	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:	1,274	470.67	424.67	**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

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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>
<b>Statewide Standard – Other Livin/1:</b>				
Individuals:	\$1,911	1,911	637	0

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

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TN# 08-004  
Supersedes  
TN# 07-008

Approval Date: MAR 18 2008

Effective Date: 1/1/08