



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

JUN 17 2009

Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number #09-010

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number #09-010. This transmittal updates the optional State supplement standards for special income level groups consistent with the published 2009 Federal poverty levels. These changes are reflected in Supplement 6 to Attachment 2.6-A, pages 1 and 2.

This SPA is approved effective January 1, 2009.

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 "Barbara K. Richards".

Barbara K. Richards
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:
09-010

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
January 1, 2009

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 2009 \$ 0
b. FFY 2010 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A Pages 1 and 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 6 to Attachment 2.6-A Pages 1 and 2

10. SUBJECT OF AMENDMENT:

Standards Changes for Jan. 2009

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:

13. TYPED NAME:
STAN MARSHBURN

14. TITLE:
Secretary

15. DATE SUBMITTED:

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **MAR 27 2009**

18. DATE APPROVED: **JUN 17 2009**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN - 1 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Barbara K. Richards

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>
Statewide Standard – Living Alone/1				
Individuals:	\$2,022	\$674 720	\$674 674	\$ 0 **46
Couples:				
1. Both individuals eligible:	3,033	1,011	1,011	0
2. Eligible individual w/one Essential person on Rolls before 1/1/74:		**No individuals identified in this category.		
3. Eligible individual with Ineligible spouse Enrolled after 1/1/74:	2,022	720	674	**46
1: Living alone includes room and board living arrangements.				

Statewide Standard – Shared Living (Supplied Housing):

Individuals:	1,348	449.33	449.33	0
Couples:				
1. Both individuals eligible:	2,022	674	674	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:	1,348	449.33	449.33	**46

**Over age 65 or blind

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 – Other Living/1:				
Individuals:	\$2,022	2,022	674	0

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