

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, Mail Stop 43
Seattle, Washington 98121



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

APR 05 2013

RE: Washington State Plan Amendment (SPA) Transmittal Number 13-002

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 13-002. This transmittal updates the optional state supplement standards for special income level groups consistent with the published 2013 federal poverty levels.

This SPA is approved effective January 1, 2013.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads "Carol J.C. Peverly". The signature is fluid and cursive, with a long horizontal stroke at the end.

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:
Ann Myers, SPA Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-02	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE Jan. 1, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

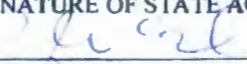
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A)(ii)(IV)/42 CFR 435.232 (P&I)	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 0 b. FFY 2014 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Att. 2.A pages 1, 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 6 to Att. 2.A pages 1, 2

10. SUBJECT OF AMENDMENT:
Federal Benefit Rate

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: 	16. RETURN TO: Ann Myers Rules and Publications Legal and Administrative Services Health Care Authority 626 8 th Ave SE MS: 45504 Olympia, WA 98504-5504
13. TYPED NAME: MaryAnne Lindeblad	
14. TITLE: Medicaid Director	
15. DATE SUBMITTED: 2-28-13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: FEB 28 2013	18. DATE APPROVED: April 5, 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:

03/18/2013- Pen and Ink(P&I) changes authorized by the State for Block 6

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:	\$2,130	\$710 756	\$710 756	\$0 **46
Couples:				
1. Both individuals eligible:	3,041	1,066	1,066	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:	2,130	756	710	**46
/1: Living alone includes room and board living arrangements.				

Statewide Standard – Shared Living (Supplied Housing):

Individuals:	1,396	474	474	0
Couples:				
1. Both individuals eligible:	2,130	710	710	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:	1,396	474	474	**46

**Over age 65 or blind

REVISION:

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:	\$2,130	2,130	474	0

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

TN# 13-02
Supersedes
TN# 12-004

Approval Date
April 5, 2013

Effective Date 1/1/13