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State/Territory Name: Washington

State Plan Amendment (SPA) #: 17-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

April 14, 2017

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 17-0001

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 17-0001. This transmittal updates the optional state supplement standards for special income level groups incorporating the published 2017 Cost of Living Adjustments.

This SPA is approved effective January 1, 2017.

If there are any questions concerning this approval, please contact me or your staff may contact Maria Garza at maria.garza@cms.hhs.gov or (206) 615-2542.

Sincerely,

Digitally signed by David L. Meacham -S



Date: 2017.04.14 12:19:49 -07'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Ann Myers, Health Care Authority SPA Coordinator

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

1. TRANSMITTAL NUMBER:
17-0001

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
Jan. 1, 2017

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:
Section 1905(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$0
b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A Pages 1, 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 6 to Attachment 2.6-A Pages 1, 2

10. SUBJECT OF AMENDMENT

Federal Benefit Rate Update

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:

[Redacted Signature]

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

1-26-17

16. RETURN TO:

Ann Myers
Office of Rules and Publications
Legal and Administrative Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
1-25-17

18. DATE APPROVED:
4-14-17

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1-1-17

20. SIGNATURE:
[Redacted Signature]

21. TYPED NAME:
David L. Meacham

22. TITLE:
Associate Regional Administrator

23. REMARKS:

Date: 2017-04-14 12:21:09 -0700

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

FEDERALLY ADMINSTRATED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

| | Gross Income Level | Standard | SSI Benefit | State Supplement |
|---|-------------------------------|-----------------|------------------------|---|
| Statewide Standard – Living Alone/1 | | | | |
| Individuals: | \$2,205 | \$735 775 | \$735 775 | \$0 **40 |
| Couples: | | | | |
| 1. Both individuals eligible: | 3,309 | 1103 | 1103 | 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: | 2205 | 775 | 775 | **40 |
| /1: Living alone includes room and board living arrangements. | | | | |
| Statewide Standard – Shared Living (Supplied Housing): | | | | |
| Individuals: | 1,470 | 490 530 | 490 490 | 0 **40 |
| Couples: | | | | |
| 1. Both individuals eligible: | 2205 | 735 | 735 | 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: | 1,470 | 530 | 490 | 40 |
| **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

| | Gross Income Level | Standard | SSI Benefit | State Supplement |
|---|-------------------------------|-----------------|------------------------|-----------------------------|
| Statewide Standard – Other Living/1: | | | | |
| Individuals: | \$2,205 | 2,205 | 490 | 0 |

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