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**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 17-0036**

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

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October 20, 2017

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

RE: Washington State Plan Amendment (SPA) Transmittal Number 17-0036

Dear Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA), Transmittal Number 17-0036. This amendment adjusts the personal needs allowance (PNA) annually to reflect cost-of-living adjustments (COLAs) to federal Social Security benefits, enabling individuals receiving long-term care to have their PNA increased by the percentage of any COLA to Social Security benefits.

This SPA is approved with an effective date of January 1, 2018.

If there are additional questions please contact me, or your staff may contact Maria Garza at [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov) or at (206) 615-2542.

Sincerely,

Digitally signed by David L.



David L. Meacham Date: 2017.10.23 11:51:06 -07'00'  
Associate Regional Administrator

Enclosure

cc:  
Ann Myers, HCA

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

1. TRANSMITTAL NUMBER:  
**17-0036**

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, 2017~~ January 1, 2018 (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:  
Section 1905(q) of the Social Security Act; 42 CFR 435.725

7. FEDERAL BUDGET IMPACT:  
a. FFY 2017 \$0  
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 2.6-A page 4a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
Attachment 2.6-A page 4a

10. SUBJECT OF AMENDMENT

Personal Needs Allowance Adjustment to Reflect Cost-of-Living-Allowance Adjustments

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:

MARYANNE LINDEBLAD

16. RETURN TO:  
Ann Myers  
Office of Rules and Publications  
Division of Legal Services  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 42716  
Olympia, WA 98504-2716

14. TITLE:  
MEDICAID DIRECTOR

15. DATE SUBMITTED:

9-27-17

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
9/27/17

18. DATE APPROVED:  
10/20/17

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
1/1/18

20. SIGNATURE

Digitally signed by David L. Meacham - 5  
DN: c=US, o=U.S. Government, ou=HHS,

21. TYPED NAME:  
David L. Meacham

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

9/28/17 - State authorized P&I change to box 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: <i>Individuals</i> \$57.28 <i>Couples</i> \$114.56</p> <p>Effective January 1, 2018, and each calendar year thereafter, the PNA described under a and b will be increased, subject to state legislative funding, by the percentage of the annual cost of living allowance adjustment under 215(i) of the Act, if there is such an adjustment that year.</p> <p>For the following persons with greater need: Supplement 12 to Attachment 2.6-A describes the greater need and describes the basis or formula for determining the deductible amount when a specific amount is not listed above, lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: <i>Children</i> \$57.28 <i>Adults</i> \$57.28</p> <p>Effective January 1, 2018, and each calendar year thereafter, the PNA described under a and b will be increased, subject to state legislative funding, by the percentage of the annual cost of living allowance adjustment under 215(i) of the Act, if there is such an adjustment that year.</p> <p>For the following persons with greater need: Supplement 12 to Attachment 2.6-A describes the greater need and describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p>

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