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State/Territory Name: Washington

State Plan Amendment (SPA) #: 18-0001

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form
3) Approved SPA Pages
January 23, 2018

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

RE: Washington State Plan Amendment (SPA) Transmittal Number 18-0001

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 18-0001. This transmittal maintains the optional state supplement standards for special income level groups based on 2018 cost of living adjustment.

This SPA is approved effective January 1, 2018.

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,

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Ann Myers, Health Care Authority SPA Coordinator
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

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN
☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN
☒ AMENDMENT

6. FEDERAL STATUTE/REGULATION CITATION:
1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 $0
b. FFY 2019 $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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):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:
Adjust Statewide Income Standards for Medicaid Programs Based on the Federal Benefit Rate

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: [Blank]
13. TYPED NAME: MaryAnne Lindeblad
14. TITLE: Director
15. DATE SUBMITTED: 1-5-18

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

17. DATE RECEIVED: 1/5/18
18. DATE APPROVED: 1/23/18

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/18
20. SIGNATURE: [Blank]
21. TYPED NAME: David L. Meacham
22. TITLE: Associate Regional Administrator

23. REMARKS:

FORM HCFA-179 (07-92)
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

FEDERALLY ADMINISTRATED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

<table>
<thead>
<tr>
<th>Gross Income Level</th>
<th>Standard</th>
<th>SSI Benefit</th>
<th>State Supplement</th>
</tr>
</thead>
</table>

**Statewide Standard – Living Alone/1**

<table>
<thead>
<tr>
<th>Individuals:</th>
<th>$2,250</th>
<th>$750</th>
<th>$750</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples:</td>
<td>790</td>
<td>750</td>
<td></td>
<td>**40</td>
</tr>
<tr>
<td>1. Both individuals eligible:</td>
<td>3,375</td>
<td>1125</td>
<td>1125</td>
<td>0</td>
</tr>
<tr>
<td>2. Eligible individual w/one Essential person on Rolls before 1/1/74:</td>
<td><strong>No individuals identified in this category in November 2003</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Eligible individual with Ineligible spouse Enrolled after 1/1/74:</td>
<td>2250</td>
<td>790</td>
<td>750</td>
<td>**40</td>
</tr>
</tbody>
</table>

/1: Living alone includes room and board living arrangements.

**Statewide Standard – Shared Living (Supplied Housing):**

<table>
<thead>
<tr>
<th>Individuals:</th>
<th>1,500</th>
<th>500</th>
<th>500</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples:</td>
<td></td>
<td></td>
<td></td>
<td>**40</td>
</tr>
<tr>
<td>1. Both individuals eligible:</td>
<td>2250</td>
<td>750</td>
<td>750</td>
<td>0</td>
</tr>
<tr>
<td>2. Eligible individual w/one Essential person on Rolls before 1/1/74:</td>
<td><strong>No individuals identified in this category in November 2003</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Eligible individual with Ineligible spouse Enrolled after 1/1/74:</td>
<td>1,500</td>
<td>540</td>
<td>500</td>
<td>40</td>
</tr>
</tbody>
</table>

**Over age 65 or blind**

TN# 18-0001 Approval Date 1/23/18 Effective Date: 1/1/18

Supersedes
TN# 17-0001
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

FEDERALLY ADMINISTRATED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

<table>
<thead>
<tr>
<th>Gross Income Level</th>
<th>Standard Benefit</th>
<th>SSI Benefit</th>
<th>State Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals:</td>
<td>$2,250</td>
<td>2,250</td>
<td>750</td>
</tr>
</tbody>
</table>

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