Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 18-0009

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form
3) Approved SPA Page
September 12, 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 18-0009

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 18-0009. This transmittal allows certain people in medical institutions to retain more income to pay for guardianship costs.

This SPA is approved effective June 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,

[Redacted]

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Ann Myers, HCA
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

**TO: REGIONAL ADMINISTRATOR**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER: 18-0009
2. STATE Washington
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE: June 1, 2018

5. TYPE OF PLAN MATERIAL (Check One):
   - [ ] NEW STATE PLAN
   - [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN
   - [X] 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 14 to Attachment 2.6-A, Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Supplement 14 to Attachment 2.6-A, Page 3

10. SUBJECT OF AMENDMENT:

   Guardianship Fees

11. GOVERNOR’S REVIEW (Check One):
   - [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
   - [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSSED
   - [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

   - [X] OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF THE AUTHORIZED OFFICIAL:

13. TYPED NAME: MaryAnne Lindeblad

14. TITLE: Director

15. DATE SUBMITTED: 6-20-18

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: 06/20/2018

18. DATE APPROVED: 9/12/18

19. EFFECTIVE DATE OF APPROVED MATERIAL: 6/1/18

20. SIGNATURE OF [REDACTED]

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:
PERSONAL NEEDS ALLOWANCE – NURSING FACILITY RESIDENTS WITH HIGHER NEEDS

A personal needs allowance (PNA) is allowed for nursing facility residents who require guardianship and/or attorney service. The individual has one or more of the following needs:

1. Guardianship Fees

   Guardianship fees will be allowed under a court order, including an order that establishes or continues a legal guardianship and the order requires a future review or accounting, in an amount not to exceed $235 per month.

2. Guardianship-Related Costs (Including Attorney’s Fees)

   Costs are limited to an amount not to exceed $1,850 for the initial establishment of a guardianship.

   Costs are limited to an amount not to exceed $1,200 during any three-year period for the review of a guardianship.

The monthly total amount allowed for guardianship and attorney fees plus all other personal needs allowance may not exceed a one person MNIL.