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**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 19-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Page with like CMS 179 Form data
- 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



Western Division - Regional Operations Group

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May 6, 2019

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 19-0002

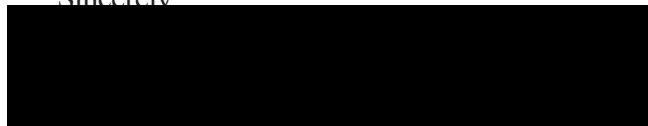
Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 19-0002. This is a technical update to add the non-MAGI methodologies and the current state plan coverage of mandatory and optional eligibility groups in the MACPro system.

This SPA was approved on May 3, 2019, with an effective date of January 1, 2019. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

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 (206) 615-2542.

Sincerely



David L. Meacham  
Deputy Director

cc:  
Ann Myers, SPA Coordinator

## Package Information

<b>Package ID</b>	WA2019MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	WA
<b>SPA ID</b>	WA-19-0002	<b>Region</b>	Seattle, WA
<b>Version Number</b>	7	<b>Package Status</b>	Approved
<b>Submitted By</b>	Ann Myers	<b>Submission Date</b>	2/15/2019
<b>Package Disposition</b>		<b>Approval Date</b>	5/3/2019 5:15 PM EDT
<b>Priority Code</b>	P2		



## Division of Medicaid and Children's Health Operations

May 3, 2019

Sue Birch  
Health Care Authority Director  
Health Care Authority  
PO Box 45502  
Olympia WA , WA 98504

Re: Approval of State Plan Amendment WA-19-0002

Dear Sue Birch:

On February 15, 2019, the Centers for Medicare and Medicaid Services (CMS) received Washington State Plan Amendment (SPA) WA-19-0002 to add the non-MAGI methodologies and the current state plan coverage of mandatory and optional eligibility groups in the MACPro system..

We approve Washington State Plan Amendment (SPA) WA-19-0002 on May 03, 2019 with an effective date(s) of January 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact MARIA GARZA at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,  
David L. Meacham  
Deputy Director  
Division of Medicaid and Children's  
Health Operations

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

### Package Header

**Package ID** WA2019MS0001O  
**Submission Type** Official  
**Approval Date** 5/3/2019  
**Superseded SPA ID** N/A

**SPA ID** WA-19-0002  
**Initial Submission Date** 2/15/2019  
**Effective Date** N/A

### State Information

**State/Territory Name:** Washington

**Medicaid Agency Name:** Health Care Authority

### Submission Component

State Plan Amendment

Medicaid

CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

### Package Header

**Package ID** WA2019MS0001O  
**Submission Type** Official  
**Approval Date** 5/3/2019  
**Superseded SPA ID** N/A

**SPA ID** WA-19-0002  
**Initial Submission Date** 2/15/2019  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** WA-19-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2019	9-29 91-22 92-6
Non-MAGI Methodologies	1/1/2019	92-16 11-01
Mandatory Eligibility Groups	1/1/2019	WA-14-0024
Optional Eligibility Groups	1/1/2019	WA-13-0030

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

### Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/15/2019
<b>Approval Date</b>	5/3/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Washington is submitting SPA 19-0002 for the purpose of adding eligibility groups to the MACPro system.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

#### Federal Statute / Regulation Citation

1902(a) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00010 | WA-19-0002

### Package Header

<b>Package ID</b>	WA2019MS00010	<b>SPA ID</b>	WA-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/15/2019
<b>Approval Date</b>	5/3/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Exempt

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00010 | WA-19-0002

## Package Header

<b>Package ID</b>	WA2019MS00010	<b>SPA ID</b>	WA-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/15/2019
<b>Approval Date</b>	5/3/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

### Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

### Select the type of website

- Website of the State Medicaid Agency or Responsible Agency

**Date of Posting:** Nov 6, 2018

**Website URL:** <https://www.hca.wa.gov/about-hca/news-data-and-reports-hca/public-notices>

- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

### Upload copies of public notices and other documents used

Name	Date Created	
19-0002 Federal Benefit Rate 2019 Public Notice WSR 18-22-020	2/4/2019 2:10 PM EST	

### Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

### Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00010 | WA-19-0002

## Package Header

**Package ID** WA2019MS00010  
**Submission Type** Official  
**Approval Date** 5/3/2019  
**Superseded SPA ID** N/A

**SPA ID** WA-19-0002  
**Initial Submission Date** 2/15/2019  
**Effective Date** N/A

**One or more Indian health programs or Urban Indian Organizations furnish health care services in this state**

- Yes  
 No

**This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations**

- Yes  
 No

**Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:**

This SPA reflects an increase of income standards for Medicaid programs based on the federal benefit rate; any effect is anticipated to be an indirect effect that would be experienced by any affected Medicaid client.

- Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA
- The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

- All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
10/26/2018	Email and hard copy letter.

- All Urban Indian Organizations


<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
10/26/2018	Email and hard copy letter.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

<b>Date of consultation:</b>	<b>Method of consultation:</b>
10/26/2018	Email and hard copy letter.

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
<a href="#">19-0002 Federal Benefit Rate 2019 Tribal Notice Documentation</a>	2/4/2019 2:40 PM EST	

**Indicate the key issues raised (optional)**

- Access

- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

#### Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/15/2019
<b>Approval Date</b>	5/3/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	9-29 91-22 92-6		
	User-Entered		

#### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### B. Additional information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

#### Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
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<b>Superseded SPA ID</b>	92-16 11-01		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

#### A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

#### B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

Yes

No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

# Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

## Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
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<b>Superseded SPA ID</b>	92-16 11-01		
	User-Entered		

## C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

### Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
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	User-Entered		

### D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

### Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
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	User-Entered		

### E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes  
 No

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

### Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
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<b>Superseded SPA ID</b>	92-16 11-01		
	User-Entered		

### F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.



## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

### Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
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<b>Superseded SPA ID</b>	92-16 11-01		
	User-Entered		

### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

### Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
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<b>Approval Date</b>	5/3/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	WA-14-0024		
	User-Entered		

### Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

TN #: WA-19-0002  
Superseded TN#: WA-14-0024

Approved: 5/3/19

Effective: 1/1/19

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Qualifying Individuals	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

## Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
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<b>Superseded SPA ID</b>	WA-14-0024		
	User-Entered		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

### Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
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<b>Superseded SPA ID</b>	WA-13-0030		
	System-Derived		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals. \*

Yes  No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
















#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

TN #: WA-19-0002  
Superseded TN#: WA-13-0030

Approved: 5/3/19

Effective: 1/1/19

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00010 | WA-19-0002

## Package Header

<b>Package ID</b>	WA2019MS00010	<b>SPA ID</b>	WA-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/15/2019
<b>Approval Date</b>	5/3/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	WA-13-0030		
	System-Derived		

## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy. \*

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

### Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/15/2019
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<b>Superseded SPA ID</b>	WA-13-0030		
	System-Derived		

### C. Additional Information (optional)

Effective January 1, 2019, Washington no longer covers the Medicaid eligibility group for individuals who qualify on the basis of receiving optional state supplement payments (1902(a)(10)(A)(ii)(XI) 42 CFR 435.232 and 435.434).

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A



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