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State/Territory Name:  Washington

State Plan Amendment (SPA) #: 19-0004

This file contains the following documents in the order listed:

1) Approval Letter
2) 179 Form
3) Approved SPA Page
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

February 21, 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 19-0004

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 19-0004. This SPA was officially approved on February 15, 2019. The SPA increases the personal needs allowance (PNA) to $70 for individuals and $140 for couples medical institutions and residential settings in accordance with COLA adjustments and legislative funding.

This SPA is approved 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 or (206) 615-2542.

Sincerely,

David L. Meacham  
Deputy Director

cc:  
Ann Myers, SPA Coordinator
TRANSMITTL 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

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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

7. FEDERAL BUDGET IMPACT:
a. FFY 2019 $0
b. FFY 2020 $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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):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:
Increase Personal Needs Allowance

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:

MaryAnne Lindeblad
Director

13. TYPED NAME:

14. TITLE:

15. DATE SUBMITTED: 1/29/19

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: 1/29/19
18. DATE APPROVED: 2/15/19

FOR REGIONAL OFFICE USE ONLY

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

20. SIGNATURE:

David L. Meacham
Deputy Director, Western Division

21. TYPED NAME:

22. TITLE:

23. REMARKS:

1/31/19_The state authorized a P&I change to block #15.
## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**State**: WASHINGTON

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1924 of the Act</td>
<td>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:</td>
</tr>
<tr>
<td>435.725</td>
<td>Personal Needs Allowance (PNA) of not less than $30 For Individuals and $60 For Couples For All Institutionalized Persons.</td>
</tr>
<tr>
<td>435.733</td>
<td></td>
</tr>
<tr>
<td>435.832</td>
<td></td>
</tr>
<tr>
<td>a. Aged, blind, disabled:</td>
<td></td>
</tr>
<tr>
<td>Individuals $ 70.00</td>
<td></td>
</tr>
<tr>
<td>Couples $ 140.00</td>
<td></td>
</tr>
<tr>
<td>b. AFDC related:</td>
<td></td>
</tr>
<tr>
<td>Children $ 70.00</td>
<td></td>
</tr>
<tr>
<td>Adults $ 70.00</td>
<td></td>
</tr>
</tbody>
</table>

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.

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.