

WA - Submission Package - WA2020MS0001O - (WA-20-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Approval Letter News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 East 13th Street, Suite 0300  
Kansas City, MO 64106-2898



Center for Medicaid & CHIP Services

June 03, 2020

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

Re: Approval of State Plan Amendment WA-20-0006

Dear Sue Birch:

On March 26, 2020, the Centers for Medicare and Medicaid Services (CMS) received Washington State Plan Amendment (SPA) WA-20-0006 to adopt the eligibility group described in section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act (the "Work Incentives" eligibility group). Additionally, as part of this SPA, Washington proposed a technical change to its "Optional Eligibility" reviewable unit to confirm its coverage of the optional eligibility group described in section 1902(a)(10)(A)(ii)(I) of the Social Security Act (relating to individual eligible for, but not receiving, benefits from certain cash assistance programs)..

We approve Washington State Plan Amendment (SPA) WA-20-0006 on June 03, 2020 with an effective date(s) of January 01, 2020.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact MARIA GARZA at maria.garza@cms.hhs.gov.

Sincerely,  
James G. Scott  
Director  
Center for Medicaid & CHIP Services

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- Summary
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CMS-10434 OMB 0938-1188

## Package Information

Package ID	WA2020MS0001O	Submission Type	Official
Program Name	N/A	State	WA
SPA ID	WA-20-0006	Region	Seattle, WA
Version Number	4	Package Status	Approved
Submitted By	Ann Myers	Submission Date	3/26/2020
Package Disposition	<div><div></div><div>✓</div></div>		
		Approval Date	6/3/2020 3:30 PM EDT

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

## Package Header

**Package ID** WA2020MS0001O  
**Submission Type** Official  
**Approval Date** 6/3/2020  
**Superseded SPA ID** N/A

**SPA ID** WA-20-0006  
**Initial Submission Date** 3/26/2020  
**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 | WA2020MS0001O | WA-20-0006

Package Header

Package ID	WA2020MS0001O	SPA ID	WA-20-0006
Submission Type	Official	Initial Submission Date	3/26/2020
Approval Date	6/3/2020	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID WA-20-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2020	WA-19-0002
Work Incentives	1/1/2020	WA-02-011

Page Number of the Superseded Plan Section or Attachment (If Applicable):

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

### Package Header

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<b>Approval Date</b>	6/3/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Add the authority under the Balanced Budget Act of 1997 to provide full-scope Medicaid services to individuals with blindness or disability who meet employment requirements of the state's Medicaid Buy-in program. Using choices made available in this electronic format, disregards allowed under Section 1902(r)(2) are selected to apply no test for income or resources when determining eligibility.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$19000
Second	2021	\$141000

#### Federal Statute / Regulation Citation

Sections 1902(a)(10)(A)(ii)(XIII) and 1902(r)(2) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
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No items available

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

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<b>Superseded SPA ID</b>	N/A		

## Governor's Office Review

<input type="radio"/> No comment	<b>Describe</b>	N/A
<input type="radio"/> Comments received		
<input type="radio"/> No response within 45 days		
<input checked="" type="radio"/> Other		

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS00010 | WA-20-0006

CMS-10434 OMB 0938-1188

The submission includes the following:

☐ Administration

☒ Eligibility

☐ Income/Resource Methodologies

☐ Income/Resource Standards

☐ Mandatory Eligibility Groups

☒ Optional Eligibility Groups

Reviewable Unit Name	Included in Another Submission Source Type Package
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Optional Eligibility Groups	( APPROVED
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☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

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<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:** Aug 7, 2019

**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
<a href="#">19-0026-HWD-Eligibility-Public-Notice-WSR-19-16-145</a>	3/26/2020 2:22 PM EDT



### 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 | WA2020MS0001O | WA-20-0006

## Package Header

Package ID WA2020MS0001O

SPA ID WA-20-0006

Submission Type Official

Initial Submission Date 3/26/2020

Approval Date 6/3/2020

Effective Date N/A

Superseded SPA ID 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, as described in the state consultation plan.

☒ Yes

☐ No

☒ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, 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

Date of solicitation/consultation:

8/7/2019

Method of solicitation/consultation:

Email and hard copy letter

☒ All Urban Indian Organizations

Date of solicitation/consultation:

8/7/2019

Method of solicitation/consultation:

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

Date of consultation:

8/7/2019

Method of consultation:

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

19-0026-HWD-Eligibility-Tribal-Notice-Documentation

3/26/2020 2:31 PM EDT



Indicate the key issues raised (optional)

☐ Access

☐ Quality

☐ Cost

☐ Payment methodology

☐ Eligibility

☐ Benefits

☐ Service delivery

☐ Other issue

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS00010 | WA-20-0006

### Package Header

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











### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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 | WA2020MS00010 | WA-20-0006

### Package Header

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

## 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"/>	APPROVED

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

### Package Header

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

### 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

# Eligibility Groups - Options for Coverage

## Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

### Package Header

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<b>Superseded SPA ID</b>	WA-02-011		
	User-Entered		

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
  - a. Step One - A comparison of family net income to 250% FPL; and
  - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

## Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS00010 | WA-20-0006

### Package Header

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<b>Superseded SPA ID</b>	WA-02-011		
	User-Entered		

## B. Step One Financial Methodologies and Income Test

### 1. Financial methodologies

a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ All income is disregarded. No income test is applied.

### 2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.



## Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

### Package Header

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<b>Superseded SPA ID</b>	WA-02-011		
	User-Entered		

## C. Step Two Financial Methodologies and Income/Resource Test

### 1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ All income is disregarded. No income test is applied.

c. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ All resources are disregarded. No resource test is applied.

### 2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

☐ a. The SSI income standard.

☒ b. The income standard of the state supplement program.

### 3. Resource Test

The individual's resources must be less than the SSI resource standard.

# Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

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## D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

# Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

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	User-Entered		

## E. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections as well as Attachment 2.6-A of the state plan.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 7/8/2022 11:30 AM EDT*