

WA - Submission Package - WA2019MS00040 - (WA-20-0030) - Eligibility

Summary Reviewable Units Versions Correspondence Log **Approval Letter** RAI News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

February 10, 2021

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

Re: Approval of State Plan Amendment WA-20-0030

Dear Ms. Birch:

On June 30, 2020, the Centers for Medicare and Medicaid Services (CMS) received Washington State Plan Amendment (SPA) WA-20-0030 to implement a resource disregard of earnings accumulated in a separate account during an individual's enrollment in a working disability eligibility group when determining the individual's subsequent eligibility for other eligibility groups covered under Washington's state plan..

We approve Washington State Plan Amendment (SPA) WA-20-0030 on February 10, 2021 with an effective date(s) of April 01, 2020.

| Name | Date Created |
|------------------------------------|----------------------|
| WA-20-0030 Companion letter signed | 2/9/2021 3:07 PM EST |

If you have any questions regarding this amendment, please contact Nicole Lemmon at nicole.lemmon@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

WA - Submission Package - WA2019MS0004O - (WA-20-0030) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Approval Letter
- RAI
- News
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CMS-10434 OMB 0938-1188

Package Information

| | | | |
|---------------------|---|-----------------|-----------------------|
| Package ID | WA2019MS0004O | Submission Type | Official |
| Program Name | N/A | State | WA |
| SPA ID | WA-20-0030 | Region | Seattle, WA |
| Version Number | 6 | Package Status | Approved |
| Submitted By | Ann Myers | Submission Date | 6/30/2020 |
| Package Disposition |  | Approval Date | 2/10/2021 9:34 AM EST |

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

SPA ID and Effective Date

SPA ID WA-20-0030

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|---|-------------------------|-------------------|
| Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability | 4/1/2020 | WA-19-0002 |
| Non-MAGI Methodologies | 4/1/2020 | WA-19-0002 |
| Medically Needy Income Level | 4/1/2020 | WA-05-002 |
| Handling of Excess Income (Spenddown) | 4/1/2020 | WA-91-22 |
| Medically Needy Resource Level | 4/1/2020 | WA-91-22 |
| Mandatory Eligibility Groups | 4/1/2020 | WA-19-0002 |
| Qualified Medicare Beneficiaries | 4/1/2020 | WA-10-007 |
| Specified Low Income Medicare Beneficiaries | 4/1/2020 | WA-10-007 |
| Qualifying Individuals | 4/1/2020 | WA-10-007 |
| Optional Eligibility Groups | 4/1/2020 | WA-20-0006 |
| Individuals Eligible for but Not Receiving Cash Assistance | 4/1/2020 | WA-91-22 |
| Individuals Eligible for Cash Except for Institutionalization | 4/1/2020 | WA 91-22 |
| Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules | 4/1/2020 | WA 08-027 |
| Work Incentives | 4/1/2020 | WA-20-0006 |
| Ticket to Work Basic | 4/1/2020 | WA-20-0006 |
| Ticket to Work Medical Improvements | 4/1/2020 | WA-20-0006 |
| Medically Needy Populations Based on Age, Blindness or Disability | 4/1/2020 | WA-02-011 |

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

See uploaded spreadsheet - "SPAs superseded by WA2019MS0004O WA-20-0030.

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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| Approval Date | 2/10/2021 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

Executive Summary

| | |
|---|--|
| Summary Description Including Goals and Objectives | The agency is directed by the state legislature to seek federal approval to exclude resources accumulated in a separate account that result from earnings during an individual's enrollment in the buy-in program when determining the individual's subsequent eligibility for another medical assistance program. Also included in this submission is the addition of the state's optional medically needy (MN) program and income level and the description and methodologies used for eligibility groups to which this excluded resource shall apply. The new excluded resource is being applied to multiple non-MAGI Medicaid eligibility groups, including the Medicare Savings Program. Notices of these changes were distributed under SPAs numbered WA 19-0026 and WA 19-0027. |
|---|--|

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|----------|
| First | 2020 | \$116825 |
| Second | 2021 | \$220832 |

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created |
|---|-----------------------|
| SPAs superseded by WA2019MS0004O_WA-20-0030 | 1/12/2021 5:08 PM EST |



Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

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| Approval Date | 2/10/2021 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

Governor's Office Review

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

Describe Exempt

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

CMS-10434 OMB 0938-1188

The submission includes the following:

☐ Administration

☒ Eligibility

☒ Income/Resource Methodologies

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

| Reviewable Unit Name | Included in Another Source Type Submission Package |
|---|--|
| Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability | (APPROVED |

☐ MAGI-Based Methodologies

☒ Non-MAGI Methodologies

| Reviewable Unit Name | Included in Another Source Type Submission Package |
|------------------------|--|
| Non-MAGI Methodologies | (APPROVED |

☐ More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

☒ Income/Resource Standards

☐ AFDC Income Standards

☒ Medically Needy Income Level

| Reviewable Unit Name | Included in Another Source Type Submission Package |
|------------------------------|--|
| Medically Needy Income Level | (APPROVED |

☒ Handling of Excess Income (Spenddown)

| Reviewable Unit Name | Included in Another Source Type Submission Package |
|---------------------------------------|--|
| Handling of Excess Income (Spenddown) | (APPROVED |

☒ Medically Needy Resource Level

| Reviewable Unit Name | Included in Another Submission Package | Source Type |
|--------------------------------|---|-------------|
| Medically Needy Resource Level | (| APPROVED |

☒ Mandatory Eligibility Groups

| Reviewable Unit Name | Included in Another Submission Package | Source Type |
|------------------------------------|---|-------------|
| Mandatory Eligibility Groups | (| APPROVED |

☒ Optional Eligibility Groups

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

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS00040 | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | N/A |
| Superseded SPA ID | 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 8, 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 | |
|--|-----------------------|---|
| 19-0027-ResourceExclusionForHWD-PublicNotice-WSR-19-17-021 | 1/3/2020 11:52 AM EST |  |
| 19-0026-HWD-Eligibility-Public-Notice-WSR-19-16-145 | 1/3/2020 11:52 AM 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 | Medicald State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

Package ID WA2019MS0004O
Submission Type Official
Approval Date 2/10/2021
Superseded SPA ID N/A


SPA ID WA-20-0030
Initial Submission Date 6/30/2020
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, 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

1/3/2020 11:57 AM EST



19-0027-ResourceExclusionForHWD-TribalNoticeDocumentation

1/3/2020 11:57 AM 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 | WA2019MS0004O | WA-20-0030

Package Header

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|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-19-0002 | | |
| | 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 | WA2019MS0004O | WA-20-0030

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| | 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 | WA2019MS0004O | WA-20-0030

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Package ID WA2019MS0004O
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Approval Date 2/10/2021
Superseded SPA ID WA-19-0002
User-Entered

SPA ID WA-20-0030
Initial Submission Date 6/30/2020
Effective Date 4/1/2020

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 | WA2019MS00040 | WA-20-0030

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| Superseded SPA ID | WA-19-0002 | | |
| | 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
- ☒ a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
- ☒ b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
- ☒ c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
- ☒ d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
- ☐ e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
- ☐ f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
- ☐ g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
- ☐ h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

4. The state uses the same definition of family size for the selected FPL eligibility groups.

- ☒ Yes
- ☐ No

5. For the selected FPL eligibility groups, family size is defined as follows:

- ☒ a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.

Optional description:

- ☐ b. The state uses another definition of family.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

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| Superseded SPA ID | WA-19-0002 | | |
| 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 | WA2019MS00040 | WA-20-0030

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| | 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 | WA2019MS0004O | WA-20-0030

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| Superseded SPA ID | WA-19-0002 | | |
| | User-Entered | | |

G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

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| Superseded SPA ID | WA-05-002 | | |
| | User-Entered | | |

A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

☐ Yes

☒ No

3. The level used is:

| Household size | Standard | The state uses an additional incremental amount for larger household sizes. |
|----------------|-----------|---|
| 1 | \$467.00 | <div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div> |
| 2 | \$592.00 | |
| 3 | \$667.00 | <div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div> |
| 4 | \$742.00 | |
| 5 | \$858.00 | |
| 6 | \$975.00 | |
| 7 | \$1125.00 | |
| 8 | \$1242.00 | |
| 9 | \$1358.00 | |
| 10 | \$1483.00 | |

Medically Needy Income Level

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| Superseded SPA ID | WA-05-002 | | |
| | User-Entered | | |

B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

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| | User-Entered | | |

C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

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| User-Entered | | | |

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- ☐ a. One budget period of:
- ☒ b. More than one budget period, as described below:

☒ i. Community budget period

Length of budget period:

- ☒ (1) 6 months
- ☐ (2) 5 months
- ☐ (3) 4 months
- ☐ (4) 3 months
- ☐ (5) 2 months
- ☐ (6) 1 month

- ☒ ii. Institutional budget period

Length of budget period:

- ☒ (1) 6 months
- ☐ (2) 5 months
- ☐ (3) 4 months
- ☐ (4) 3 months
- ☐ (5) 2 months
- ☐ (6) 1 month

- ☒ iii. Other budget period

| Name of other budget period: | Length of budget period: | Description: |
|--------------------------------------|--------------------------|--|
| Institutional optional budget period | (4) 3 months | Beneficiary may choose a 3 month budget period, if advantageous to them. |
| Community optional budget period | (4) 3 months | Beneficiary may choose a 3 month budget period, if advantageous to them. |

2. The state includes part or all of the retroactive period in the budget period.

- ☒ Yes
- ☐ No

Handling of Excess Income (Spenddown)

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| | User-Entered | | |

B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

☒ Yes

☐ No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

Package ID WA2019MS0004O
Submission Type Official
Approval Date 2/10/2021
Superseded SPA ID WA-91-22
User-Entered

SPA ID WA-20-0030
Initial Submission Date 6/30/2020
Effective Date 4/1/2020

C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
 - ☒ i. At any time prior to the budget period.
 - ☐ ii. Prior to the third month before the month of application, but no earlier than:
 - ☐ iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

Package ID WA2019MS00040

SPA ID WA-20-0030

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 2/10/2021

Effective Date 4/1/2020

Superseded SPA ID WA-91-22

User-Entered

D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- ☒ 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- ☐ 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- ☐ 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-91-22 | | |
| User-Entered | | | |

E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- ☐ Yes
- ☒ No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

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Submission Type Official
Approval Date 2/10/2021
Superseded SPA ID WA-91-22
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SPA ID WA-20-0030
Initial Submission Date 6/30/2020
Effective Date 4/1/2020

F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

☐ Yes

☒ No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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Submission Type Official

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Superseded SPA ID WA-91-22

User-Entered

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

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| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-91-22 | | |
| | User-Entered | | |

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

Package ID WA2019MS00040
Submission Type Official
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Superseded SPA ID WA-91-22
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SPA ID WA-20-0030
Initial Submission Date 6/30/2020
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B. Resource Level Used

The level used is:

| Household size | Standard |
|----------------|-----------|
| 1 | \$2000.00 |
| 2 | \$3000.00 |

The state uses an additional incremental amount for larger household sizes.

- ☒ Yes
☐ No

Incremental Amount:
\$50.00

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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|--------------------------|---------------|--------------------------------|------------|
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| Superseded SPA ID | WA-91-22 | | |
| | User-Entered | | |

C. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030









Package Header

| | | | |
|--------------------------|----------------|--------------------------------|------------|
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| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-19-0002 | | |
| | System-Derived | | |







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 checked="" type="checkbox"/> | <input type="radio"/> | APPROVED |
| Qualified Disabled and Working Individuals |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Eligibility Group Name

Covered In State Plan

Include RU In Package


Included in Another
Submission Package

Source Type 

Specified Low Income
Medicare Beneficiaries



APPROVED

Qualifying Individuals



APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

| | | | |
|-------------------|----------------|-------------------------|------------|
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| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-19-0002 | | |
| | System-Derived | | |

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

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-10-007 | | |
| | User-Entered | | |

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-10-007 | | |
| | User-Entered | | |

B. Financial Methodologies

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

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

- ☒ Yes
☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

Income tax obligation

Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility

MSP

When determining the available income of an individual for the QMB or SLMB program the agency shall exclude from countable income an amount equal to that expended on medical expenses.

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

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

Independence Account - earnings while enrolled in MBI

Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

Name of resource type:**Description:**

Sales contract resource

Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.

IDA account

All funds in IDA accounts funded under the Assets for Independence Act

20 days

Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

Holocaust survivor

When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
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| Superseded SPA ID | WA-10-007 | | |
| | User-Entered | | |

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
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| Submission Type | Official | Initial Submission Date | 6/30/2020 |
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| Superseded SPA ID | WA-10-007 | | |
| | User-Entered | | |

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-10-007 | | |
| | User-Entered | | |

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

Package ID WA2019MS00040
Submission Type Official
Approval Date 2/10/2021
Superseded SPA ID WA-10-007
User-Entered

SPA ID WA-20-0030
Initial Submission Date 6/30/2020
Effective Date 4/1/2020

B. Financial Methodologies

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

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

☒ Yes
☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

Income tax obligation

Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility

MSP

When determining the available income of an individual for the QMB or SLMB program the agency shall exclude from countable income an amount equal to that expended on medical expenses.

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

☒ Yes
☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

Independence Account - earnings while enrolled in MBI

Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

Name of resource type:

Description:

Sales contract resource

Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.

IDA account

All funds in IDA accounts funded under the Assets for Independence Act

20 days

Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

Holocaust survivor

When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
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| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-10-007 | | |
| | User-Entered | | |

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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|--------------------------|---------------|--------------------------------|------------|
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| Superseded SPA ID | WA-10-007 | | |
| | User-Entered | | |

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-10-007 | | |
| | User-Entered | | |

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

Package ID WA2019MS00040
Submission Type Official
Approval Date 2/10/2021
Superseded SPA ID WA-10-007
User-Entered

SPA ID WA-20-0030
Initial Submission Date 6/30/2020
Effective Date 4/1/2020

B. Financial Methodologies

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

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

- ☒ Yes
☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

Income tax obligation

Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility

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

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

Independence Account - earnings while enrolled in MBI

Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

Sales contract resource

Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.

Name of resource type:**Description:**

IDA account

All funds in IDA accounts funded under the Assets for Independence Act

20 days

Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

Holocaust survivor

When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

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| Superseded SPA ID | WA-10-007 | | |
| | User-Entered | | |

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
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| Submission Type | Official | Initial Submission Date | 6/30/2020 |
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| Superseded SPA ID | WA-10-007 | | |
| | User-Entered | | |

F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

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| Submission Type | Official | Initial Submission Date | 6/30/2020 |
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| Superseded SPA ID | WA-20-0006 | | |
| | 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 <small>?</small> | Included In Another Submission Package | Source Type <small>?</small> |
|--|---|-------------------------------------|---|--|------------------------------|
| Individuals Eligible for Cash Except for Institutionalization |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/> | APPROVED |
| Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules |  | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="radio"/> | APPROVED |
| Ticket to Work Medical Improvements |  | <input checked="" type="checkbox"/> | <input checked="" 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 | WA2019MS00040 | WA-20-0030

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| Superseded SPA ID | WA-20-0006 | | |
| | 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 checked="" type="checkbox"/> | <input type="radio"/> | APPROVED |

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
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| Superseded SPA ID | WA-20-0006 | | |
| | 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

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-91-22 | | |
| | User-Entered | | |

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- ☒ a. SSI
- ☐ b. Optional State Supplement
- ☐ c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

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| Superseded SPA ID | WA-91-22 | | |
| | User-Entered | | |

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

☒ Yes

☐ No

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

Package ID WA2019MS00040

SPA ID WA-20-0030

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 2/10/2021

Effective Date 4/1/2020

Superseded SPA ID WA-91-22

User-Entered

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

Income tax obligation

Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

Independence Account - earnings while enrolled in MBI

Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

Name of resource type:**Description:**

Sales contract resource

Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.

IDA account

All funds in IDA accounts funded under the Assets for Independence Act

20 days

Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

Holocaust survivor

When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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| Superseded SPA ID | WA-91-22 | | |
| | User-Entered | | |

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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| | User-Entered | | |

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
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| Superseded SPA ID | WA 91-22 | | |
| | User-Entered | | |

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are in a medical institution.

2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:

☒ a. SSI

☐ b. Optional State Supplement

☒ c. AFDC

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

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| | User-Entered | | |

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

☒ Yes

☐ No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

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SPA ID WA-20-0030
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C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:

- ☐ a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
☒ b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- ☒ Yes
☐ No

The less restrictive income methodologies are:

- ☒ The difference between one income standard and another is disregarded.
- ☐ Between the following percentages of the FPL:
 - ☐ Between the medically needy income limit and a percentage of the FPL:
 - ☐ Between the SSI Federal Benefit Rate and:
 - ☒ Between other income standards:

Between this standard: TANF payment standard by family size
and this standard: AFDC payment standard by family size

☒ The following less restrictive methodologies are used:

| Name of methodology: | Description: |
|-----------------------|---|
| community income | Effective July 1, 1986, if the community income received in the name of the non-applicant or ineligible spouse, living in a separate residence, exceeds the community income received in the name of the applicant/recipient spouse, the applicant/recipient spouse's interest in that excess is considered unavailable to the applicant/recipient. |
| income tax obligation | Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility |
| FBR and CN | Disregard income equal to the difference between the Federal Benefit Rate and the Categorically Needy Income Level for individuals and couples as in effect on January 1, 2002 |

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

- ☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

property sales contract

Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.

☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

One-half resources

Effective January 1, 1989, it is presumed that one-half of the total resources held jointly by the husband and wife, or held separately by the applicant/recipient, are owned by each spouse (TN 89-2, Approved 8/17/90)

Independence Account - earnings while enrolled in MBI

Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

IDA account

All funds in IDA accounts funded under the Assets for Independence Act

20 days

Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

Holocaust survivor

When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

Name of methodology:

Description:

Non-exempt resources

Non-exempt resources in excess of the Medically Needy resource levels can, at the individuals option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.

Individuals Eligible for Cash Except for Institutionalization

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| Superseded SPA ID | WA 91-22 | | |
| | User-Entered | | |

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

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| Superseded SPA ID | WA 91-22 | | |
| | User-Entered | | |

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA 08-027 | | |
| | User-Entered | | |

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
 - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
 - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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|--------------------------|---------------|--------------------------------|------------|
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| Superseded SPA ID | WA 08-027 | | |
| | User-Entered | | |

B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

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

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

community income

Effective July 1, 1986, if the community income received in the name of the non-applicant or ineligible spouse, living in a separate residence, exceeds the community income received in the name of the applicant/recipient spouse, the applicant/recipient spouse's interest in that excess is considered unavailable to the applicant/recipient.

income tax obligation

Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

Independence Account - earnings while enrolled in MBI

Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

| | | | |
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| Superseded SPA ID | WA 08-027 | | |
| | User-Entered | | |

C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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|--------------------------|---------------|--------------------------------|------------|
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| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA 08-027 | | |
| | User-Entered | | |

D. Additional Information (optional)

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

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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| Submission Type | Official | Initial Submission Date | 6/30/2020 |
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| Superseded SPA ID | WA-20-0006 | | |
| | 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 | WA2019MS00040 | WA-20-0030

Package Header

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|--------------------------|---------------|--------------------------------|------------|
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| Superseded SPA ID | WA-20-0006 | | |
| | 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 | WA2019MS00040 | WA-20-0030

Package Header

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|--------------------------|---------------|--------------------------------|------------|
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| Superseded SPA ID | WA-20-0006 | | |
| | 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.

☒ The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

☒ Resources set aside in
Independence/Freedom accounts

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

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 | WA2019MS0004O | WA-20-0030

Package Header

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| | User-Entered | | |

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 | WA2019MS00040 | WA-20-0030

Package Header

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|--------------------------|---------------|--------------------------------|------------|
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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 in attachment 2.6-A page 12o.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Individuals between ages 16 and 64 with a disability, who have earned income.

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
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| Submission Type | Official | Initial Submission Date | 6/30/2020 |
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| Superseded SPA ID | WA-20-0006 | | |
| | User-Entered | | |

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

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| | User-Entered | | |

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS00040 | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-20-0006 | | |
| | User-Entered | | |

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. 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.

3. 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.

☒ The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

☒ Resources set aside in
Independence/Freedom accounts

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

Package ID WA2019MS00040
Submission Type Official
Approval Date 2/10/2021
Superseded SPA ID WA-20-0006
User-Entered

SPA ID WA-20-0030
Initial Submission Date 6/30/2020
Effective Date 4/1/2020

C. Income Standard Used

The income standard for this group is:

- ☒ 1. No income standard
- ☐ 2. A percentage of the federal poverty level:
- ☐ 3. A percentage of the SSI Federal Benefit Rate:
- ☐ 4. A dollar amount
- ☐ 5. Other

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-20-0006 | | |
| | User-Entered | | |

D. Resource Standard Used

The resource standard for this group is:

- ☒ 1. No resource standard
- ☐ 2. SSI resource standard
- ☐ 4. A dollar amount higher than the SSI resource standard

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-20-0006 | | |
| | User-Entered | | |

E. 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.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-20-0006 | | |
| | User-Entered | | |

F. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections, as well as in attachment 2.6-A page 12o.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-20-0006 | | |
| | User-Entered | | |

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:

☒ a. Earning at least the minimum wage and working at least 40 hours per month.

☐ b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS00040 | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-20-0006 | | |
| | User-Entered | | |

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. 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.

3. 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.

☒ The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

☒ Resources set aside in
Independence/Freedom accounts

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

Package ID WA2019MS00040

Submission Type Official

Approval Date 2/10/2021

Superseded SPA ID WA-20-0006

User-Entered

SPA ID WA-20-0030

Initial Submission Date 6/30/2020

Effective Date 4/1/2020

C. Income Standard Used

The income standard for this group is:

- ☒ 1. No income standard
- ☐ 2. A percentage of the federal poverty level:
- ☐ 3. A percentage of the SSI Federal Benefit Rate:
- ☐ 4. A dollar amount
- ☐ 5. Other

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS00040 | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-20-0006 | | |
| | User-Entered | | |

D. Resource Standard Used

The resource standard for this group is:

- ☒ 1. No resource standard
- ☐ 2. SSI resource standard
- ☐ 4. A dollar amount higher than the SSI resource standard

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-20-0006 | | |
| | User-Entered | | |

E. 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.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-20-0006 | | |
| | User-Entered | | |

F. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections, as well as in attachment 2.6-A page 12o.

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS00040 | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-02-011 | | |
| | User-Entered | | |

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

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

- 1.Meet at least one of the following:
 - a. Are age 65 or older;
 - b. Have blindness; or
 - c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-02-011 | | |
| | User-Entered | | |

B. Individuals Covered

The state covers the following populations:

- ☒ 1. Individuals age 65 or older
- ☒ 2. Individuals with blindness
- ☒ 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS00040 | WA-20-0030

Package Header

| | | | |
|-------------------|---------------|-------------------------|------------|
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| Submission Type | Official | Initial Submission Date | 6/30/2020 |
| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-02-011 | | |
| | User-Entered | | |

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- ☒ Yes
- ☐ No

2. The financial methodology used is:

- a. SSI methodologies. 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:

☒ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

☒ The following less restrictive methodologies are used:

| Name of methodology: | Description: |
|-----------------------|--|
| Income tax obligation | Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility |
| Maintenance for MN | Income of an individual is exempt in an amount equal to the maintenance allowance of the individual's spouse, living in the same household, who is eligible under clause (VI) of section 1902 (a) (10) (A) (ii) of the Act, less the income of the spouse. |

Name of methodology:

Description:

community income

Effective July 1, 1986, if the community income received in the name of the non-applicant or ineligible spouse, living in a separate residence, exceeds the community income received in the name of the applicant/recipient spouse, the applicant/recipient spouse's interest in that excess is considered unavailable to the applicant/recipient.

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

☒ Yes ☐ No

The less restrictive resource methodologies are:

☒ Real property not otherwise excluded is disregarded.

Description of disregard: Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.

☒ The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

☒ Resources set aside in an Assets for Independence Act (IDA) account

Description: All funds in IDA accounts funded under the Assets for Independence Act

☒ Resources set aside in Independence/Freedom account

Description: Designated separate account that consists only of earnings resulting from work activity

while
enrolled in
the Ticket
and BBA
work
incentives
eligibility
groups.

☒ A specified type of resource is disregarded:

Name of resource
type:

Description:

Property sales
contract

Sales Contract –
Effective August 1,
1993, to the extent
that it is not
transferred, a sales
contract on property
that was the
principal place of
residence at the time
of institutionalization
is an exempt
resource. The
contract must
provide a reasonable
rate of return: 1) the
interest is consistent
with prevailing rates
at the time of the
sale; and 2) the
payment of amount
owed is anticipated
within the lifetime of
the client but does
not exceed thirty
years. Both interest
and principal
received in the form
of payments are
considered
unearned income,
unless otherwise
exempted.

☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

☒ The following less restrictive methodologies are used:

Name of
methodology:

Description:

One-half resources

Effective January 1,
1989, it is presumed
that one-half of the
total resources held
jointly by the
husband and wife, or
held separately by
the
applicant/recipient,
are owned by each
spouse (TN 89-2,
Approved 8/17/90)

Name of methodology:

Description:

LTC MN excess resources

Non-exempt resources in excess of the Medically Needy resource levels can, at the individuals option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.

Holocaust survivor proceeds

When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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|--------------------------|---------------|--------------------------------|------------|
| Package ID | WA2019MS0004O | SPA ID | WA-20-0030 |
| Submission Type | Official | Initial Submission Date | 6/30/2020 |
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| Superseded SPA ID | WA-02-011 | | |
| | User-Entered | | |

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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| Submission Type | Official | Initial Submission Date | 6/30/2020 |
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| Superseded SPA ID | WA-02-011 | | |
| | User-Entered | | |

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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| Superseded SPA ID | WA-02-011 | | |
| | User-Entered | | |

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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| Approval Date | 2/10/2021 | Effective Date | 4/1/2020 |
| Superseded SPA ID | WA-02-011 | | |
| | User-Entered | | |

G. Additional Information (optional)

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.

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