Medicaid State Plan – Eligibility and Enrollment

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General Eligibility Requirements

Eligibility Process

42 CFR 435, Subpart J and Subpart M

Eligibility Process

☑ The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard:

☐ The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

☐ An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

☐ An attachment is submitted.

☐ An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

☐ An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

☐ The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

☐ An attachment is submitted.

☐ An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

☐ An attachment is submitted.

The agency’s procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

☐ Yes  ☐ No

TN No.13-0031-MM Approval Date: 3/06/14 Effective 10/01/2013
Medicaid Eligibility

Indicate the other electronic means below:

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<tr>
<th>Name of Method</th>
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<tr>
<td>FAX</td>
<td>The applicant may fax a copy of their paper application to a published FAX number.</td>
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The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives
Pregnant Women
Infants and Children under Age 19

Redetermination Processing

☑ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

☐ Once every 12 months
☐ Without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

☐ Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

☑ Once every 12 months
☑ Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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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<td>Section 2 (Numbered Pages), page 13, Item 2.3, TN 87-11 Attachment 2.6-A: Page 3, Item 4, TN 91-22</td>
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The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
  - Intends to reside in the state, including without a fixed address, or
  - Entered the state with a job commitment or seeking employment, whether or not currently employed.

- Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.

- Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
  - Residing in the state, with or without a fixed address, or
  - The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.

- Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
  - Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual’s behalf resides in the state, or
  - Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual’s placement, or

  If the individual applying for Medicaid on the individual’s behalf resides in the state and the parental rights of the institutionalized individual’s parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.

- Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.

- Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.

- Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.

- IV-E eligible children living in the state, or
Otherwise meet the requirements of 42 CFR 435.403.
Meet the criteria specified in an interstate agreement.

☐ Yes  ☐ No

☐ The state has interstate agreements with the following selected states:

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

☐ The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- ☐ Are IV-E eligible
- ☐ Are in the state only for the purpose of attending school
- ☐ Are out of the state only for the purpose of attending school
- ☐ Retain addresses in both states
- ☐ Other type of individual

The state has a policy related to individuals in the state only to attend school.

☐ Yes  ☐ No

☐ Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

☐ Yes  ☐ No

TN No: 13-0033 Approval Date:3/28/14   Effective Date:January 1, 2014
Provide a description of the definition:

An individual may be temporarily absent from the State if the person intends to return when the purpose of the absence has been accomplished, unless another State has determined the individual is a resident there for purposes of Medicaid.

For a child, there must be a clear expectation the absence is temporary and the child is expected to be reunited with the family. Examples of circumstances in which eligibility for coverage continues include but are not limited to when the child attends school or training away from home, as long as the child returns to the family home during a year's period, at least for summer vacation; and the absence is necessary because: 1) isolation of the child's home makes it necessary for the child to be away to attend school; 2) the child is enrolled in an Indian boarding school administered through the Bureau of Indian Affairs; or 3) specialized education or training is not available in the child's home community and is recommended by local school authorities.

Verification that an individual returns home from school for vacations or breaks, or at certain points during the temporary absence (e.g., to care for an out-of-state dependent child or parent), is not required.

PRA Disclosure Statement

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TN No: 13-0033 Approval Date: 3/28/14 Effective Date: January 1, 2014
SPA ID and Effective Date

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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)
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.
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

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:
   a. The individual applying, or
   b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
   c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

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

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.
   - Yes
   - No
Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | WA2019M50001O | WA-19-0002

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| Initial Submission Date | 2/15/2019 |
| Effective Date    | 1/1/2019      |

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

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**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.
G. Additional Information (optional)

TN #: WA-19-0002
Superseded TN#: 92-16, 11-01
Approved: 5/3/19
Effective: 1/1/19
# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

### Medicaid Package Header

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**Submission Type**: Official  
**Approval Date**: 5/3/2019  
**Superseded SPA ID**: WA-14-0024  
**User-Entered SPA ID**: WA-19-0002

## Mandatory Coverage

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

### Families and Adults

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<th>Source Type</th>
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<tr>
<td>Infants and Children under Age 19</td>
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<tr>
<td>Parents and Other Caretaker Relatives</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Pregnant Women</td>
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<td>✓</td>
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<tr>
<td>Deemed Newborns</td>
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<tr>
<td>Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care</td>
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<td>Former Foster Care Children</td>
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<td>Transitional Medical Assistance</td>
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<td>Extended Medicaid due to Spousal Support Collections</td>
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### Aged, Blind and Disabled

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<td>Closed Eligibility Groups</td>
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<td>Qualified Medicare Beneficiaries</td>
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<tr>
<td>Qualified Disabled and Working Individuals</td>
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Mandatory Eligibility Groups

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User-Entered

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B. The state elects the Adult Group, described at 42 CFR 435.119.
  ☐ Yes  ☐ No

Families and Adults

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<tr>
<td>Adult Group</td>
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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

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

- N/A
## Medicaid State Plan Eligibility

### Optional Eligibility Groups

The state provides Medicaid to specified optional groups of individuals. *Yes* or *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):

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<td>Optional Targeted Low Income Children</td>
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<td>Individuals above 133% FPL under Age 65</td>
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<td>Individuals Needing Treatment for Breast or Cervical Cancer</td>
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<td>Individuals Eligible for Family Planning Services</td>
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TN #: WA-19-0002
Superseded TN#: WA-13-0030

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Effective: 1/1/19
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Optional Eligibility Groups
MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0001O | WA-19-0002

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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:

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Optional Eligibility Groups

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Submission Type   Official
Approval Date     5/3/2019
Superseded SPA ID WA-13-0030

SPA ID            WA-19-0002
Initial Submission Date 2/15/2019
Effective Date     1/1/2019

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
PRA Disclosure Statement: 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 average 40 hours per response, 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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TN #: WA-19-0002
Superseded TN#: WA-13-0030
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## Submission - Summary

**Package Header**

- **Package ID:** WA2019MS00040
- **SPA ID:** WA-20-0030
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- **Approval Date:** 2/10/2021
- **Initial Submission Date:** 6/30/2020
- **Effective Date:** N/A
- **Superseded SPA ID:** N/A

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

See uploaded spreadsheet - *SPAs superseded by WA2019MS00040 WA-20-0030.*
Medicaid State Plan Eligibility
Income/Resource Methodologies

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

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

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.
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.

   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.
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.

   ☑ 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)(ii) 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)(vi) 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)(X)(i) of the Act)
   ☑ g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(X)(ii) 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.
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
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 | WA2019M50004O | WA-20-0030

**Package Header**

- **Package ID**: WA2019M50004O  
  - **SPD 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

**G. Additional Information (optional)**
Medicaid State Plan Eligibility
Income/Resource Standards

Medically Needy Income Level

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:

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The state uses an additional incremental amount for larger household sizes.
   - Yes
   - No

The dollar amounts increase automatically each year
   - Yes
   - No
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
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-05-002

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

Package Header

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

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 (1) 6 months
      2 (2) 5 months
      3 (3) 4 months
      4 (4) 3 months
      5 (5) 2 months
      6 (6) 1 month

   ii. Institutional budget period
      Length of budget period:
      1 (1) 6 months
      2 (2) 5 months
      3 (3) 4 months
      4 (4) 3 months
      5 (5) 2 months
      6 (6) 1 month

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

      Community optional budget period
      Length of budget period: (4) 3 months
      Description: 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
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.
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.
D. Order of Deduction of Expenses

Incur 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.
E. Reasonable Limitations

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

☐ Yes
☐ No
Handling of Excess Income (Spenddown)

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

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G. Additional Information (optional)
Medicaid State Plan Eligibility
Income/Resource Standards

Medically Needy Resource Level
MEDICAID | Medicaid State Plan | Eligibility | WA2019M500040 | WA-20-0030

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<tr>
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</tr>
<tr>
<td>Initial Submission Date</td>
<td>6/30/2020</td>
</tr>
</tbody>
</table>

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.
B. Resource Level Used

The level used is:

<table>
<thead>
<tr>
<th>Household size</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2000.00</td>
</tr>
<tr>
<td>2</td>
<td>$3000.00</td>
</tr>
</tbody>
</table>

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 | WA2019MS00040 | WA-20-0030

Package Header

Package ID: WA2019MS00040
Submission Type: Official
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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. Additional Information (optional)
# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

**Package Header**

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<tbody>
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<td>6/30/2020</td>
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<tr>
<td>Effective Date</td>
<td>4/17/2020</td>
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</table>

## Mandatory Coverage

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

### Families and Adults

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered in State Plan</th>
<th>Include RU in Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants and Children under Age 19</td>
<td>✅</td>
<td>✅</td>
<td>☐</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Parents and Other Caretaker Relatives</td>
<td>✅</td>
<td>✅</td>
<td>☐</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>✅</td>
<td></td>
<td>☐</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Deemed Newborns</td>
<td>✅</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care</td>
<td>✅</td>
<td></td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Former Foster Care Children</td>
<td>✅</td>
<td></td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Transitional Medical Assistance</td>
<td>✅</td>
<td></td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Extended Medicaid due to Spousal Support Collections</td>
<td>✅</td>
<td></td>
<td>☐</td>
<td>NEW</td>
</tr>
</tbody>
</table>

### Aged, Blind and Disabled

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered in State Plan</th>
<th>Include RU in Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI Beneficiaries</td>
<td>✅</td>
<td></td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Closed Eligibility Groups</td>
<td>✅</td>
<td></td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Deemed To Be Receiving SSI</td>
<td>✅</td>
<td></td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Working Individuals under 1619(b)</td>
<td>✅</td>
<td></td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Qualified Medicare Beneficiaries</td>
<td>✅</td>
<td>✅</td>
<td>☐</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Qualified Disabled and Working Individuals</td>
<td>✅</td>
<td></td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Eligibility Group Name</td>
<td>Covered In State Plan</td>
<td>Include RU in Package</td>
<td>Included in Another Submission Package</td>
<td>Source Type</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
<td>----------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Specified Low Income Medicare Beneficiaries</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Qualifying Individuals</td>
<td>✓</td>
<td>✓</td>
<td>0</td>
<td>APPROVED</td>
</tr>
</tbody>
</table>
Mandatory Eligibility Groups

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>SPA ID</th>
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<tr>
<td>WA2019MS0004O</td>
<td>WA-20-0030</td>
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<table>
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<tr>
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<tr>
<th>Superseded SPA ID</th>
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</thead>
<tbody>
<tr>
<td>WA-19-0002</td>
</tr>
</tbody>
</table>

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

Yes ☐ No ☐

Families and Adults

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Group</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>CONVERTED</td>
</tr>
</tbody>
</table>

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

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

<table>
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<th>Package ID</th>
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<td>WA-10-007</td>
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<tr>
<td>SPA ID</td>
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<td>Effective Date</td>
<td>4/1/2020</td>
</tr>
<tr>
<td>User-Entered</td>
<td></td>
</tr>
</tbody>
</table>

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.
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.
<table>
<thead>
<tr>
<th>Name of resource type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales contract resource</td>
<td>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.</td>
</tr>
<tr>
<td>IDA account</td>
<td>All funds in IDA accounts funded under the Assets for Independence Act</td>
</tr>
<tr>
<td>20 days</td>
<td>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.</td>
</tr>
<tr>
<td>Holocaust survivor</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
</tbody>
</table>
Qualified Medicare Beneficiaries
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-10-007
User-Entered

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

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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<td>6/30/2020</td>
</tr>
<tr>
<td>Effective Date</td>
<td>4/1/2020</td>
</tr>
</tbody>
</table>

F. Additional Information (optional)
Specified Low Income Medicare Beneficiaries

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.

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.
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:

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income tax obligation</td>
<td>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</td>
</tr>
<tr>
<td>MSP</td>
<td>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</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name of resource type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence Account - earnings while enrolled in MBI</td>
<td>Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups</td>
</tr>
<tr>
<td>Name of resource type:</td>
<td>Description:</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Sales contract resource</td>
<td>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.</td>
</tr>
<tr>
<td>IDA account</td>
<td>All funds in IDA accounts funded under the Assets for Independence Act.</td>
</tr>
<tr>
<td>20 days</td>
<td>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.</td>
</tr>
<tr>
<td>Holocaust survivor</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
</tbody>
</table>
Specified Low Income Medicare Beneficiaries
MEDICAID | Medicaid State Plan | Eligibility | WA2019MS0004O | WA-20-0030

Package Header

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<tr>
<td>Initial Submission Date</td>
<td>6/30/2020</td>
</tr>
<tr>
<td>Effective Date</td>
<td>4/1/2020</td>
</tr>
</tbody>
</table>

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

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Package ID WA2019M500040
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

F. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Mandatory Coverage

Qualifying Individuals

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

<table>
<thead>
<tr>
<th>Package ID</th>
<th>WA2019MS0004O</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPA ID</td>
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<tr>
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<td>WA-10-007</td>
</tr>
<tr>
<td>User-Entered</td>
<td></td>
</tr>
</tbody>
</table>

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

   □ Income tax obligation

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

      Independence Account - earnings while enrolled in MBI

      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.
<table>
<thead>
<tr>
<th>Name of resource type:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDA account</td>
<td>All funds in IDA accounts funded under the Assets for Independence Act.</td>
</tr>
<tr>
<td>20 days</td>
<td>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.</td>
</tr>
<tr>
<td>Holocaust survivor</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
</tbody>
</table>
Qualifying Individuals

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

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Package ID WA2019M500040
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

F. Additional Information (optional)
### Medicaid State Plan Eligibility

#### Optional Eligibility Groups

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

#### 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

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included In Another Submission Package</th>
<th>Source Type</th>
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</thead>
<tbody>
<tr>
<td>Optional Coverage of Parents and Other Caretaker Relatives</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>NEW</td>
</tr>
<tr>
<td>Reasonable Classifications of Individuals under Age 21</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Children with Non-IV-E Adoption Assistance</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>CONVERTED</td>
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<tr>
<td>Independent Foster Care Adolescents</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>NEW</td>
</tr>
<tr>
<td>Optional Targeted Low Income Children</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
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</tr>
<tr>
<td>Individuals above 133% FPL Under Age 65</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Needing Treatment for Breast or Cervical Cancer</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Eligible for Family Planning Services</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals with Tuberculosis</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Electing COBRA Continuation Coverage</td>
<td>☑️</td>
<td>☑️</td>
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#### Aged, Blind and Disabled

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included In Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals Eligible for but Not Receiving Cash Assistance</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
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<tr>
<td>Eligibility Group Name</td>
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<td>Source Type</td>
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<td>--------------------------------------------------------------------------------------</td>
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<td>-----------------------</td>
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<tr>
<td>Individuals Eligible for Cash Except for Institutionalization</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>APPROVED</td>
</tr>
<tr>
<td>Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>APPROVED</td>
</tr>
<tr>
<td>Optional State Supplement Beneficiaries</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals in Institutions Eligible under a Special Income Level</td>
<td>✓</td>
<td></td>
<td></td>
<td>NEW</td>
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<tr>
<td>PACE Participants</td>
<td>✓</td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Receiving Hospice</td>
<td>✓</td>
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<td>NEW</td>
</tr>
<tr>
<td>Children under Age 19 with a Disability</td>
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<td></td>
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<td>NEW</td>
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<tr>
<td>Age and Disability-Related Poverty Level</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Work Incentives</td>
<td>✓</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>Ticket to Work Basic</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>APPROVED</td>
</tr>
<tr>
<td>Ticket to Work Medical Improvements</td>
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<td></td>
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</tr>
<tr>
<td>Family Opportunity Act Children with a Disability</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Receiving State Plan Home and Community-Based Services</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### 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**

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Needy Pregnant Women</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Medically Needy Children under Age 18</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>NEW</td>
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</table>

**Aged, Blind and Disabled**

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
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<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protected Medically Needy Individuals Who Were Eligible in 1973</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>NEW</td>
</tr>
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</table>

#### 2. Optional Medically Needy:

**Families and Adults**

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Needy Reasonable Classifications of Individuals under Age 21</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Medically Needy Parents and Other Caretaker Relatives</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>NEW</td>
</tr>
</tbody>
</table>

**Aged, Blind and Disabled**

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<tr>
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<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Needy Populations Based on Age, Blindness or Disability</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>APPROVED</td>
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</table>
Optional Eligibility Groups
MEDICAID | Medicaid State Plan | Eligibility | WA2019M50004O | WA-20-0030

Package Header

Package ID  WA2019M50004O
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. 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 - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance
MEDICAID | Medicaid State Plan | Eligibility | WA2019M500040 | WA-20-0030

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

Package Header

Package ID WA2019M500040
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:
   - [V] a. SSI
   - [ ] b. Optional State Supplement
   - [ ] c. AFDC

2. Do not receive cash assistance under these programs.
Industries Eligible for but Not Receiving Cash Assistance
MEDICAID | Medicaid State Plan | Eligibility | WA2019M500040 | WA-20-0030

Package Header

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</thead>
<tbody>
<tr>
<td>WA-91-22</td>
<td></td>
</tr>
</tbody>
</table>

B. Individuals Covered

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

- [ ] Yes
- [ ] No
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: 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.

Income tax obligation

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: Independence Account - earnings while enrolled in MBI

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.
<table>
<thead>
<tr>
<th>Name of resource type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales contract resource</td>
<td>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.</td>
</tr>
<tr>
<td>IDA account</td>
<td>All funds in IDA accounts funded under the Assets for Independence Act</td>
</tr>
<tr>
<td>20 days</td>
<td>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.</td>
</tr>
<tr>
<td>Holocaust survivor</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
</tbody>
</table>
Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2019M500040 | WA-20-0030

Package Header

Package ID: WA2019M500040
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-51-22
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

Package Header

Package ID WA2019M500040
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

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

<table>
<thead>
<tr>
<th>Package ID</th>
<th>WA2019MS0004O</th>
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<tbody>
<tr>
<td>SPA ID</td>
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<td>WA 91-22</td>
</tr>
<tr>
<td></td>
<td>User-Entered</td>
</tr>
</tbody>
</table>

Initial Submission Date 6/30/2020
Effective Date 4/1/2020

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
B. Individuals Covered

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

- Yes
- No
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:

   ✓ The following less restrictive methodologies are used:

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

4. Less restrictive methodologies are used in calculating countable resources.
   - Yes
The less restrictive resource methodologies are:

☑ A specified type of resource is disregarded:

<table>
<thead>
<tr>
<th>Name of resource type:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property sales contract</td>
<td>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.</td>
</tr>
</tbody>
</table>

☑ 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:

<table>
<thead>
<tr>
<th>Name of methodology:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-half resources</td>
<td>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)</td>
</tr>
<tr>
<td>Independence Account - earnings while enrolled in MBI</td>
<td>Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.</td>
</tr>
<tr>
<td>IDA account</td>
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<td>20 days</td>
<td>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.</td>
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<tr>
<td>Holocaust survivor</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
<tr>
<td>Name of methodology:</td>
<td>Description:</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Non-exempt resources</td>
<td>Non-exempt resources in excess of the Medically Needy resource levels can, at the individual's option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.</td>
</tr>
</tbody>
</table>
Individuals Eligible for Cash Except for Institutionalization

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

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.
## 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 | WA2019M50004O | 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

<table>
<thead>
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<th>SPA ID</th>
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<tbody>
<tr>
<td>WA 08-027</td>
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</tbody>
</table>

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 waivered services.
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:

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>community income</td>
<td>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.</td>
</tr>
<tr>
<td>income tax obligation</td>
<td>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</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name of resource type</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Independence Account - earnings while enrolled in MBI</td>
<td>Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.</td>
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</table>

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.
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.
D. Additional Information (optional)
Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2019M500040 | 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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<td>6/30/2020</td>
</tr>
<tr>
<td>Effective Date</td>
<td>4/1/2020</td>
</tr>
</tbody>
</table>

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.
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.
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.
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.
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 120.
Medicaid State Plan Eligibility
Eligibility Groups - Options for Coverage

Ticket to Work Basic
MEDICAID | Medicaid State Plan | Eligibility | WA2019M500040 | WA-20-0030

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

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>WA2019M500040</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission Type</td>
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<tr>
<td>Approval Date</td>
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<tr>
<td>Initial Submission Date</td>
<td>6/30/2020</td>
</tr>
<tr>
<td>Effective Date</td>
<td>4/1/2020</td>
</tr>
</tbody>
</table>

The state covers the optional Ticket to Work basic 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. 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.
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.
### Package Header

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<th>WA2019MS0004O</th>
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<td>WA-20-0006</td>
</tr>
<tr>
<td>Effective Date</td>
<td>4/1/2020</td>
</tr>
</tbody>
</table>

### 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 | WA2019M500040 | WA-20-0030

Package Header

Package ID  WA2019M500040
Submission Type  Official
Approval Date  2/10/2021
Superseded SPA ID  WA-20-0006

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

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
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.
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 120.
Medicaid State Plan Eligibility
Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

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

Package Header

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<tr>
<th>Superseded SPA ID</th>
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</thead>
<tbody>
<tr>
<td>WA-20-0006</td>
</tr>
</tbody>
</table>

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:
   - Earning at least the minimum wage and working at least 40 hours per month.
   - An alternative definition

5. Have income and resources that do not exceed the standards established by the state.
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.
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
D. Resource Standard Used

The resource standard for this group is:

1. No resource standard
2. SSI resource standard
3. A dollar amount higher than the SSI resource standard
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.
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 120.
Medicaid State Plan Eligibility
Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

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

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>WA2019MS000040</th>
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<tbody>
<tr>
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<td>6/30/2020</td>
</tr>
<tr>
<td>Effective Date</td>
<td>4/1/2020</td>
</tr>
</tbody>
</table>

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.
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
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:

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income tax obligation</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.

☐ 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

☐ Resources set aside in Independence/Freedom account

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 unsuccessf ul.

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

Description:
Designated separate account that consists only of earnings resulting from work activity
A specified type of resource is disregarded:

<table>
<thead>
<tr>
<th>Name of resource type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales Contract</td>
<td>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.</td>
</tr>
<tr>
<td>Property sales contract</td>
<td>A beneficiary of a &quot;qualified state long-term care insurance partnership&quot; 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.</td>
</tr>
</tbody>
</table>

The following less restrictive methodologies are used:

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>Name of methodology:</td>
<td>Description:</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>LTC MN excess resources</td>
<td>Non-exempt resources in excess of the Medically Needy resource levels can, at the individual's option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.</td>
</tr>
<tr>
<td>Holocaust survivor proceeds</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
</tbody>
</table>
Medically Needy Populations Based on Age, Blindness or Disability

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-02-011
User-Entered

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

D. Income Standard Used

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

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

Package Header

Package ID       WA2019MS0004O
Submission Type  Official
Approval Date    2/10/2021
Superseded SPA ID WA-02-011
User-Entered

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

G. Additional Information (optional)
**Submission - Summary**
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00010 | WA-21-0002

**Package Header**

<table>
<thead>
<tr>
<th>Package ID</th>
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**SPA ID and Effective Date**

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<tr>
<td>Mandatory Eligibility Groups</td>
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<td>WA-20-0030</td>
</tr>
<tr>
<td>Qualified Medicare Beneficiaries</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Specified Low Income Medicare Beneficiaries</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Qualifying Individuals</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Optional Eligibility Groups</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Individuals Eligible for but Not Receiving Cash Assistance</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
</tr>
<tr>
<td>Individuals Eligible for Cash Except for Institutionalization</td>
<td>1/1/2021</td>
<td>WA-20-0030</td>
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<tr>
<td>Medically Needy Populations Based on Age, Blindness or Disability</td>
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**SPA ID** WA-21-0002

**Initial Submission Date** 3/25/2021

**Effective Date** N/A
## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

| MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00010 | WA-21-0002 |

### Package Header

- **Package ID**: WA2021MS00010
- **Submission Type**: Official
- **Approval Date**: 6/14/2021
- **Superseded SPA ID**: WA-20-0030
- **User-Entered**
- **SPA ID**: WA-21-0002
- **Initial Submission Date**: 3/25/2021
- **Effective Date**: 1/1/2021

### Mandatory Coverage

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

#### Families and Adults

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants and Children under Age 19</td>
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<td>☐</td>
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<tr>
<td>Parents and Other Caretaker Relatives</td>
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<td>☑</td>
<td>☐</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>☑</td>
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<td>☐</td>
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</tr>
<tr>
<td>Deemed Newborns</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Former Foster Care Children</td>
<td>☑</td>
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<td>☐</td>
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<tr>
<td>Transitional Medical Assistance</td>
<td>☑</td>
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<tr>
<td>Extended Medicaid due to Spousal Support Collections</td>
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#### Aged, Blind and Disabled

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<tr>
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<td>Closed Eligibility Groups</td>
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<tr>
<td>Individuals Deemed To Be Receiving SSI</td>
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<tr>
<td>Working Individuals under 1619(b)(2)</td>
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<tr>
<td>Qualified Medicare Beneficiaries</td>
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<td>Qualified Disabled and Working Individuals</td>
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<td>Specified Low Income Medicare Beneficiaries</td>
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<tr>
<td>Qualifying Individuals</td>
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**Mandatory Eligibility Groups**

**Package Header**

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<td>Initial Submission Date</td>
<td>3/25/2021</td>
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<td>Effective Date</td>
<td>1/1/2021</td>
</tr>
<tr>
<td>User Entered</td>
<td></td>
</tr>
</tbody>
</table>

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

- Yes □ No □

**Families and Adults**

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
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<tr>
<td>Adult Group</td>
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<td></td>
<td></td>
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</table>

**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

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          SPA ID
WA2021M500010       WA-21-0002

Submission Type     Initial Submission Date
Official            3/25/2021

Approval Date       Effective Date
6/14/2021            1/1/2021

Superseded SPA ID   System-Derived
WA-20-0030

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.
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:

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income tax obligation</td>
<td>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. 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.</td>
</tr>
<tr>
<td>MSP</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name of resource type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence Account - earnings while enrolled in MBI</td>
<td>Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.</td>
</tr>
<tr>
<td>Name of resource type:</td>
<td>Description:</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Sales contract resource</td>
<td>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.</td>
</tr>
<tr>
<td>IDA account</td>
<td>All funds in IDA accounts funded under the Assets for Independence Act</td>
</tr>
<tr>
<td>20 days</td>
<td>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.</td>
</tr>
<tr>
<td>Holocaust survivor</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
</tbody>
</table>

The following less restrictive methodologies are used:

<table>
<thead>
<tr>
<th>Name of methodology:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFCRA plus 12</td>
<td>Income that would have otherwise been part of an individual’s liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelve months following the end of the month in which the COVID-19 public health emergency ends.</td>
</tr>
</tbody>
</table>
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 | WA2021MS0001O | WA-21-0002

Package Header

Package ID   WA2021MS0001O
Submission Type  Official
Approval Date   6/14/2021
Superseded SPA ID  WA-20-0030

SPA ID       WA-21-0002
Initial Submission Date  3/25/2021
Effective Date  1/1/2021

F. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries
MEDICAID | Medicaid State Plan | Eligibility | WA2021M50001O | WA-21-0002

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

<table>
<thead>
<tr>
<th>Package ID</th>
<th>SPA ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA2021M50001O</td>
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<tr>
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<tbody>
<tr>
<td>Official</td>
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<tr>
<th>Approval Date</th>
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</tr>
</thead>
<tbody>
<tr>
<td>6/14/2021</td>
<td>1/1/2021</td>
</tr>
</tbody>
</table>

Superseded SPA ID       WA-20-0030 System-Derived

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.
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:

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income tax obligation</td>
<td>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.</td>
</tr>
<tr>
<td>MSP</td>
<td>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.</td>
</tr>
</tbody>
</table>

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: Independence Account - earnings while enrolled in MBI

Description: Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.
<table>
<thead>
<tr>
<th>Name of resource type:</th>
<th>Description:</th>
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<tr>
<td>Sales contract resource</td>
<td>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.</td>
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</tr>
</tbody>
</table>
Specified Low Income Medicare Beneficiaries
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS000010 | WA-21-0002

Package Header

Package ID WA2021MS000010
Submission Type Official
Approval Date 6/14/2021
Superseded SPA ID WA-20-0030
SPA ID WA-21-0002
Initial Submission Date 3/25/2021
Effective Date 1/1/2021
System-Derived

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 lifetime 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 | WA2021M50001O | WA-21-0002

Package Header

Package ID  WA2021M50001O
Submission Type  Official
Approval Date  6/14/2021
Superseded SPA ID  WA-20-0030

SPA ID  WA-21-0002
Initial Submission Date  3/25/2021
Effective Date  1/1/2021

F. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Mandatory Coverage

Qualifying Individuals

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: WA2021MS00010
Submission Type: Official
Approval Date: 6/14/2021
Superseded SPA ID: WA-20-0030
SPA ID: WA-21-0002
Initial Submission Date: 3/25/2021
Effective Date: 1/1/2021

System-Derived

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.
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.
   - The following less restrictive methodologies are used:

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

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 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.

   **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.

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Qualifying Individuals
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0001O | WA-21-0002

Package Header

Package ID WA2021MS0001O
Submission Type Official
Approval Date 6/14/2021
Superseded SPA ID WA-20-0030
System-Derived

SPA ID WA-21-0002
Initial Submission Date 3/25/2021
Effective Date 1/1/2021

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 | WA2021M50001O | WA-21-0002

Package Header

Package ID WA2021M50001O
Submission Type Official
Approval Date 6/14/2021
Superseded SPA ID WA-20-0030
SPA ID WA-21-0002
Initial Submission Date 3/25/2021
Effective Date 1/1/2021

F. Additional Information (optional)
## Medicaid State Plan Eligibility

### Optional Eligibility Groups

<table>
<thead>
<tr>
<th>Package ID</th>
<th>SPA ID</th>
<th>Initial Submission Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA2021MS0001O</td>
<td>WA-21-0002</td>
<td>3/25/2021</td>
<td>1/1/2021</td>
</tr>
</tbody>
</table>

#### Package Header

- Submission Type: Official
- Approval Date: 6/14/2021
- Superseded SPA ID: WA-20-0030

### 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

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

#### Aged, Blind and Disabled

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals Eligible for but Not Receiving Cash Assistance</td>
<td>☑️</td>
<td>☑️</td>
<td>☐</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Individuals Eligible for Cash Except for Institutionalization</td>
<td>☑️</td>
<td>☑️</td>
<td>☐</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Eligibility Group Name</td>
<td>Covered In State Plan</td>
<td>Include RU In Package</td>
<td>Included in Another Submission Package</td>
<td>Source Type</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
<td>----------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules</td>
<td>☑</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
<tr>
<td>Optional State Supplement Beneficiaries</td>
<td>☑</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
<tr>
<td>Individuals in Institutions Eligible under a Special Income Level</td>
<td>☑</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
<tr>
<td>PACE Participants</td>
<td>☑</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
<tr>
<td>Individuals Receiving Hospice</td>
<td>☑</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
<tr>
<td>Children under Age 19 with a Disability</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>○</td>
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<tr>
<td>Age and Disability-Related Poverty Level</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
<tr>
<td>Work Incentives</td>
<td>☑</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
<tr>
<td>Ticket to Work Basic</td>
<td>☑</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
<tr>
<td>Ticket to Work Medical Improvements</td>
<td>☑</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
<tr>
<td>Family Opportunity Act Children with a Disability</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
<tr>
<td>Individuals Receiving State Plan Home and Community-Based Services</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
<tr>
<td>Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>○</td>
</tr>
</tbody>
</table>
### B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.
- **Yes** (Yes)  
- **No** (No)

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

1. **Mandatory Medically Needy:**

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Needy Pregnant Women</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>NEW</td>
</tr>
<tr>
<td>Medically Needy Children under Age 18</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>NEW</td>
</tr>
</tbody>
</table>

Aged, Blind and Disabled

<table>
<thead>
<tr>
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<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protected Medically Needy Individuals Who Were Eligible in 1973</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>NEW</td>
</tr>
</tbody>
</table>

2. **Optional Medically Needy:**

Families and Adults

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
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<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Needy Reasonable Classifications of Individuals under Age 21</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>NEW</td>
</tr>
<tr>
<td>Medically Needy Parents and Other Caretaker Relatives</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>NEW</td>
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Aged, Blind and Disabled

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<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Needy Populations Based on Age, Blindness or Disability</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>APPROVED</td>
</tr>
</tbody>
</table>
Optional Eligibility Groups
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0001O | WA-21-0002

**Package Header**

- **Package ID**: WA2021MS0001O
- **SPA ID**: WA-21-0002
- **Submission Type**: Official
- **Approval Date**: 6/14/2021
- **Initial Submission Date**: 3/25/2021
- **Superseded SPA ID**: WA-20-0030
- **Effective Date**: 1/1/2021
- **User-Entered**: User-Entered

**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 - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

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

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>WA2021M50001D</th>
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<tbody>
<tr>
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<td></td>
<td>System-Derived</td>
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Initial Submission Date 3/25/2021
Effective Date 1/1/2021

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
   - [X] c. AFDC

2. Do not receive cash assistance under these programs.
B. Individuals Covered

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

☐ Yes

☐ No
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.

☐ 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:

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income tax obligation</td>
<td>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</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name of resource type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>property sales contract</td>
<td>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.</td>
</tr>
</tbody>
</table>

☐ 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:

<table>
<thead>
<tr>
<th>Name of methodology:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-half resources</td>
<td>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)</td>
</tr>
<tr>
<td>Independence Account - earnings while enrolled in MBI</td>
<td>Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticker and BBA work incentives eligibility groups.</td>
</tr>
<tr>
<td>IDA account</td>
<td>All funds in IDA accounts funded under the Assets for Independence Act.</td>
</tr>
<tr>
<td>20 days</td>
<td>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.</td>
</tr>
<tr>
<td>Holocaust survivor</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
<tr>
<td>Non-exempt resources</td>
<td>Non-exempt resources in excess of the Medically Needy resource levels can, at the individual's option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.</td>
</tr>
<tr>
<td>FFCRA plus 12</td>
<td>Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelve months following the end of the month in which the COVID-19 public health emergency ends.</td>
</tr>
</tbody>
</table>
Individuals Eligible for but Not Receiving Cash Assistance

Package Header

Package ID: WA2021MS0001O
Submission Type: Official
Approval Date: 6/14/2021
Superseded SPA ID: WA-20-0030
 SPA ID: WA-21-0002
Initial Submission Date: 3/25/2021
Effective Date: 1/1/2021
System Derived

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 | WA2021M500010 | WA-21-0002

Package Header

Package ID  WA2021M500010
Submission Type  Official
Approval Date  6/14/2021
Superseded SPA ID  WA-20-0030
System-Derived

SPA ID  WA-21-0002
Initial Submission Date  3/25/2021
Effective Date  1/1/2021

F. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

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

Package Header

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<thead>
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</thead>
<tbody>
<tr>
<td>SPA ID</td>
<td>WA-21-0002</td>
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<td>Submission Type</td>
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<tr>
<td>Effective Date</td>
<td>1/1/2021</td>
</tr>
<tr>
<td>Superseded SPA ID</td>
<td>WA-20-0030</td>
</tr>
</tbody>
</table>

System-Derived

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

Package Header

Package ID WA2021MS00010
Submission Type Official
Approval Date 6/14/2021
Superseded SPA ID WA-20-0030

SPA ID WA-21-0002
Initial Submission Date 3/25/2021
Effective Date 1/1/2021

System-Derived

B. Individuals Covered

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

☐ Yes
☐ No
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

income tax obligation

FBR and CN

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:

<table>
<thead>
<tr>
<th>Name of resource type:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name of methodology:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.</td>
<td></td>
</tr>
<tr>
<td>All funds in IDA accounts funded under the Assets for Independence Act</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>
Name of methodology: FFCRA plus 12

Description:
Income that would have otherwise been part of an individual’s liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelve months following the end of the month in which the COVID-19 public health emergency ends.
Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS00010 | WA-21-0002

**Package Header**

- **Package ID**: WA2021MS00010
- **Submission Type**: Official
- **Approval Date**: 6/14/2021
- **Superseded SPA ID**: WA-20-0030
  - System-Derived
- **SPA ID**: WA-21-0002
- **Initial Submission Date**: 3/25/2021
- **Effective Date**: 1/1/2021

**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 | WA2021M500010 | WA-21-0002

Package Header

- **Package ID**: WA2021M500010
- **Submission Type**: Official
- **Approval Date**: 6/14/2021
- **Superseded SPA ID**: WA-20-0030
  - System-Derived

SPA ID: WA-21-0002
- **Initial Submission Date**: 3/25/2021
- **Effective Date**: 1/1/2021

F. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

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

Package Header

<table>
<thead>
<tr>
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<tr>
<td>Effective Date</td>
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</tr>
</tbody>
</table>

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 | WA2021MS00010 | WA-21-0002

Package Header

Package ID WA2021MS00010
Submission Type Official
Approval Date 6/14/2021
Superseded SPA ID WA-20-0030
SPA ID WA-21-0002
Initial Submission Date 3/25/2021
Effective Date 1/1/2021

System-Derived

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
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:
     - 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.
     - 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)(1)(A)(ii) of the Act, less the income of the spouse.
<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

1. 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.

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>All funds in IDA accounts funded under the Assets for Independence Act</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources set aside in an Assets for Independence Act (IDA) account</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket</td>
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</table>
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:

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<th>Description</th>
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<tbody>
<tr>
<td>FFCRA plus 12</td>
<td>Income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020. Such resources will be disregarded through the twelve months following the end of the month in which the COVID-19 public health emergency ends. 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.</td>
</tr>
<tr>
<td>Name of methodology</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>LTC MN excess resources</td>
<td>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.</td>
</tr>
<tr>
<td>Holocaust survivor proceeds</td>
<td>When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.</td>
</tr>
<tr>
<td>One-half resources</td>
<td>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)</td>
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</tbody>
</table>
Medically Needy Populations Based on Age, Blindness or Disability

Package Header

Package ID  WA2021MS0001O
Submission Type  Official
Approval Date  6/14/2021
Superseded SPA ID  WA-20-0030
System-Derived

SPA ID  WA-21-0002
Initial Submission Date  3/25/2021
Effective Date  1/1/2021

D. Income Standard Used

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

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

### Package Header

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<td>Submission Type</td>
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</table>

### Superseded SPA ID

- **WA-20-0030**
- System-Derived

### G. Additional Information (optional)
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0002O | WA-21-0022

Package Header

<table>
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<th>Package ID</th>
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<td>WA-21-0022</td>
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SPA ID and Effective Date

<table>
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<th>SPA ID</th>
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<tr>
<td>WA-21-0022</td>
<td>7/1/2021</td>
<td>WA-18-0031</td>
</tr>
</tbody>
</table>
A. Citizens, Nationals and Eligible Non-Citizens

The state provides Medicaid eligibility to otherwise eligible individuals:

1. Who are citizens or nationals of the United States; or

2. Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641) or who are non-citizens treated as refugees under other federal statutes for purposes of Medicaid eligibility, subject to the requirements at 8 U.S.C. §1612(b)(2), and are not restricted by section 403 of PRWORA (8 U.S.C. §1613); or who are non-citizens whose eligibility is required by 8 U.S.C. 1612(b)(2)(E) and (F); and

3. Who have declared themselves to be citizens or nationals of the United States, or non-citizens having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

a. The agency provides for an extension of the reasonable opportunity period for non-citizens if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

- Yes
- No

b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

- The date benefits are furnished is:
  - i. The date of the application containing the declaration of citizenship or immigration status.
  - ii. The first day of the month of application.
B. Optional Coverage of Qualified Non-Citizens

The state provides Medicaid coverage to all otherwise-eligible Qualified Non-Citizens whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. §1613).

☐ Yes
☐ No
C. Coverage of Lawfully Residing Individuals

The state elects the option to provide Medicaid coverage to otherwise eligible individuals, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

1. Pregnant women
2. Individuals under a specified age:
   a. Individuals under age 21
   b. Individuals under age 20
   c. Individuals under age 19

3. An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

4. An individual is considered to be lawfully present in the United States if he or she is:
   a. A qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
   b. A non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
   c. A non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
   d. A non-citizen who belongs to one of the following classes:
      i. Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
      ii. Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
      iii. Granted employment authorization under 8 CFR 274a.12(c);
      iv. Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
      v. Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
      vi. Granted Deferred Action status;
      vii. Granted an administrative stay of removal under 8 CFR 241;
      viii. Beneficiary of approved visa petition who has a pending application for adjustment of status;
   e. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who:
      i. Has been granted employment authorization;
      ii. Is under the age of 14 and has had an application pending for at least 180 days;
   f. Has been granted withholding of removal under the Convention Against Torture;
   g. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
   h. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
   i. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b)).
   j. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (a) through (i) of this definition.
   k. Other

Description:
• Individuals granted an administrative stay of removal under 8 CFR 241, described under C.4.d.vii., above, are not considered to be lawfully present;
• Individuals granted employment authorization under 8 CFR 274a.12(c)(35) and (c)(36), described under paragraph C.4.d.iii, are not considered to be lawfully present unless they have an immigration status considered lawfully present under paragraph 4.a. through i.
Citizenship and Non-Citizen Eligibility

D. Emergency Coverage

The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the Social Security Act and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:

1. Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613(a)

2. Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

E. 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.
Medicaid State Plan Eligibility
Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage
MEDICAID | Medicaid State Plan | Eligibility | WA2022MS0002O | WA-22-0012

CMS-10434 OMB: 0938-1188

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Superseded SPA ID: N/A
User-Entered

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

☐ Yes
☐ No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(1)(A)(x) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
   a. The individual requests voluntary termination of eligibility;
   b. The individual ceases to be a resident of the state;
   c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
   d. The individual dies.

C. 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 states. 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.
Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | WA2022MS0002O | WA-22-0012

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The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and

2. Would remain eligible but for attaining such age.

B. Options for Continuous Eligibility for Children

The state provides continuous eligibility to children.

☐ Yes

☐ No

1. Continuous eligibility is provided to all children of the following age:

   ☐ a. Under age 19

   ☐ b. Under other age

2. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

   a. The month that the child's age exceeds the age limit to which this provision applies

   b. The end of the continuous eligibility period, which is:

      ☐ 12 months

      ☐ Another period of continuous eligibility, not to exceed 12 months

3. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

   a. The child dies;

   b. The child or the child's representative voluntarily requests a termination of the child's eligibility;

   c. The child ceases to be a resident of the state;

   d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or

   e. The child attains the maximum age specified in B.

C. 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 submission 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 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 Office, Mail Stop C4-25-05, Baltimore, Maryland 21244-1850.

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