

## Medicaid State Plan

### MAGI-Based & Eligibility State Plan Amendments (SPAs)

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

Supersedes TN:\_\_\_\_\_



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## AFDC Income Standards

S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and  
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

### MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

#### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

#### Enter the statewide standard

	Household size	Standard (\$)	
+	1	396	X
+	2	507	X
+	3	630	X
+	4	745	X
+	5	861	X
+	6	979	X
+	7	1,124	X

Additional incremental amount

☐ Yes ☒ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

### AFDC Payment Standard in Effect As of July 16, 1996

#### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a





# Medicaid Eligibility

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

## Enter the statewide standard

	Household size	Standard (\$)	
+	1	349	X
+	2	440	X
+	3	546	X
+	4	642	X
+	5	740	X
+	6	841	X
+	7	971	X

Additional incremental amount

☐ Yes ☒ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

## MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

## Enter the statewide standard



# Medicaid Eligibility

	Household size	Standard (\$)	
<b>+</b>	1	439	<b>X</b>
<b>+</b>	2	561	<b>X</b>
<b>+</b>	3	698	<b>X</b>
<b>+</b>	4	825	<b>X</b>
<b>+</b>	5	954	<b>X</b>
<b>+</b>	6	1,086	<b>X</b>
<b>+</b>	7	1,247	<b>X</b>

Additional incremental amount

☐ Yes ☒ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

## AFDC Need Standard in Effect As of July 16, 1996

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

## AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region



# Medicaid Eligibility

- ☐ Standard varies by living arrangement  
☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

**MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date**

**Income Standard Entry - Dollar Amount - Automatic Increase Option**

**S13a**

The standard is as follows:

- ☐ Statewide standard  
☐ Standard varies by region  
☐ Standard varies by living arrangement  
☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

**TANF payment standard**

**Income Standard Entry - Dollar Amount - Automatic Increase Option**

**S13a**

The standard is as follows:

- ☐ Statewide standard  
☐ Standard varies by region  
☐ Standard varies by living arrangement  
☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

**MAGI-equivalent TANF payment standard**

**Income Standard Entry - Dollar Amount - Automatic Increase Option**

**S13a**





# Medicaid Eligibility

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

- ☐ Yes    ☐ No

## 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.

TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

Supersedes TN:\_\_\_\_\_



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

S25

42 CFR 435.110  
1902(a)(10)(A)(i)(I)  
1931(b) and (d)

- ☒ **Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

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

- ☒ Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

☐ This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

☐ Options relating to the definition of caretaker relative (select any that apply):

☒ Options relating to the definition of dependent child (select the one that applies):

The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

☐ The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

☒ Have household income at or below the standard established by the state.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ Income standard used for this group

☒ Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

☒ The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

☒ Maximum income standard



# Medicaid Eligibility

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

- ☐ The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- ☐ A percentage of the federal poverty level:  %
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ Other dollar amount

Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
The standard is as follows:	
<input checked="" type="radio"/> Statewide standard	
<input type="radio"/> Standard varies by region	
<input type="radio"/> Standard varies by living arrangement	
<input type="radio"/> Standard varies in some other way	
<input type="text" value="Enter the statewide standard"/>	





# Medicaid Eligibility

	Household size	Standard (\$)	
<b>+</b>	1	511	<b>X</b>
<b>+</b>	2	658	<b>X</b>
<b>+</b>	3	820	<b>X</b>
<b>+</b>	4	972	<b>X</b>
<b>+</b>	5	1,127	<b>X</b>
<b>+</b>	6	1,284	<b>X</b>
<b>+</b>	7	1,471	<b>X</b>
<b>+</b>	8	1,631	<b>X</b>
<b>+</b>	9	1,792	<b>X</b>
<b>+</b>	10	1,951	<b>X</b>

Additional incremental amount

☐ Yes ☒ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

☒ Income standard chosen:

Indicate the state's income standard used for this eligibility group:

☐ The minimum income standard

☒ The maximum income standard

☐ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

☐ Another income standard in-between the minimum and maximum standards allowed

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No





# Medicaid Eligibility

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

Supersedes TN:\_\_\_\_\_



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Pregnant Women

S28

42 CFR 435.116

1902(a)(10)(A)(i)(III) and (IV)

1902(a)(10)(A)(ii)(I), (IV) and (IX)

1931(b) and (d)

1920

☒ **Pregnant Women** - Women who are pregnant or post-partum, with household income at or below a standard established by the state.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

☒ Yes ☐ No

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ Income standard used for this group

☒ Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

☒ Yes ☐ No

Enter the amount of the minimum income standard (no higher than 185% FPL):  % FPL

☒ Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant

☒ women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

☒ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

- ☐ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ 185% FPL

The amount of the maximum income standard is:  % FPL

☒ Income standard chosen

Indicate the state's income standard used for this eligibility group:

- ☐ The minimum income standard
- ☒ The maximum income standard
- ☐ Another income standard in-between the minimum and maximum standards allowed.

☒ There is no resource test for this eligibility group.

☒ Benefits for individuals in this eligibility group consist of the following:

- ☒ All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ☐ Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

☒ Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

- ☐ Yes ☒ No

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

Supersedes TN: \_\_\_\_\_





# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Infants and Children under Age 19

S30

42 CFR 435.118

1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)

1902(a)(10)(A)(ii)(IV) and (IX)

1931(b) and (d)

- ☐ **Infants and Children under Age 19** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☐ Children qualifying under this eligibility group must meet the following criteria:

☐ Are under age 19

☐ Have household income at or below the standard established by the state.

☐ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☐ Income standard used for infants under age one

☐ Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

☒ Yes ☐ No

Enter the amount of the minimum income standard (no higher than 185% FPL):  % FPL

☐ Maximum income standard

☒ The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

An attachment is submitted.

The state's maximum income standard for this age group is:

☒ The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

- The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 185% FPL

Enter the amount of the maximum income standard:  % FPL

☒ Income standard chosen

The state's income standard used for infants under age one is:

☒ The maximum income standard

- If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☒ Income standard for children age one through age five, inclusive

☒ Minimum income standard





# Medicaid Eligibility

The minimum income standard used for this age group is 133% FPL.

☒ Maximum income standard

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

An attachment is submitted.

The state's maximum income standard for children age one through five is:

- ☒ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard:  % FPL

☒ Income standard chosen

The state's income standard used for children age one through five is:

- ☒ The maximum income standard

- ☐ If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☒ Income standard for children age six through age eighteen, inclusive

☒ Minimum income standard

The minimum income standard used for this age group is 133% FPL.

☒ Maximum income standard

☒ The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through eighteen.

An attachment is submitted.

The state's maximum income standard for children age six through eighteen is:

☒ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

☐ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

☐ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ 133% FPL

Enter the amount of the maximum income standard:  % FPL

☒ Income standard chosen





# Medicaid Eligibility

The state's income standard used for children age six through eighteen is:

☒ The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☐ There is no resource test for this eligibility group.

☐ Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

☐ Yes ☒ No

## 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.

TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

Supersedes TN: \_\_\_\_\_



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage

### Adult Group

S32

1902(a)(10)(A)(i)(VIII)

42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

☒ Yes ☐ No

☒ **Adult Group** - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

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

☒ Have attained age 19 but not age 65.

☒ Are not pregnant.

☒ Are not entitled to or enrolled for Part A or B Medicare benefits.

☒ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

☒ Have household income at or below 133% FPL.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

☒ receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

☒ Under age 19, or

☐ A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No

### PRA Disclosure Statement

TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

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# Medicaid Eligibility

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

Supersedes TN:\_\_\_\_\_





# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage

### Former Foster Care Children

S33

42 CFR 435.150

1902(a)(10)(A)(i)(IX)

- ☒ **Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

☒ The state attests that it operates this eligibility group under the following provisions:

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

☒ Are under age 26.

☒ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

☒ Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

☐ Yes ☒ No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No

### PRA Disclosure Statement

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

Supersedes TN: \_\_\_\_\_



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage

### Individuals above 133% FPL

S50

1902(a)(10)(A)(ii)(XX)

1902(hh)

42 CFR 435.218

**Individuals above 133% FPL** - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

☐ Yes ☒ No

### PRA Disclosure Statement

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage

### Optional Coverage of Parents and Other Caretaker Relatives

S51

42 CFR 435.220

1902(a)(10)(A)(ii)(I)

**Optional Coverage of Parents and Other Caretaker Relatives** - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.

☐ Yes ☒ No

### PRA Disclosure Statement

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

Supersedes TN: \_\_\_\_\_





# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage

### Reasonable Classification of Individuals under Age 21

S52

42 CFR 435.222

1902(a)(10)(A)(ii)(I)

1902(a)(10)(A)(ii)(IV)

**Reasonable Classification of Individuals under Age 21** - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:

☒ Be under age 21, or a lower age, as defined within the reasonable classification.

☒ Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.

☒ Not be eligible and enrolled for mandatory coverage under the state plan.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

☒ Yes ☐ No

The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

☐ Yes ☒ No

#### Reasonable Classifications Previously Covered

The state elects the option to include in this eligibility group reasonable classifications that were covered under the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state covers all children under a specified age limit, no higher than any age limit and/or income standard covered in the state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, provided the income standard is higher than the current mandatory income standard for the individual's age. Higher income standards may include the disregard of all income.

☐ Yes ☒ No





# Medicaid Eligibility

The state covers reasonable classifications of children that were covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group.

☒ Yes ☐ No

The previously covered reasonable classifications to be included are:

Previously Covered Reasonable Classifications Included

Reasonable Classifications of Children				S11
<input type="checkbox"/>	Individuals for whom public agencies are assuming full or partial financial responsibility.			
<input type="checkbox"/>	Individuals in adoptions subsidized in full or part by a public agency			
<input type="checkbox"/>	Individuals in nursing facilities, if nursing facility services are provided under this plan			
<input type="checkbox"/>	Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan			
<input checked="" type="checkbox"/>	Other reasonable classifications			
	Name of classification	Description	Age Limit	
+	Pregnant teens	Pregnant teens	Under age 19	X

Enter the income standard used for these classifications (which may be no higher than the highest standard used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013).

[Click here once S11 form above is complete to view the income standards form.](#)

## Pregnant teens

☒ Income standard used

☒ Minimum income standard

The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group.

☒ Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state's maximum standard for this classification of children is no income test (all income is disregarded).



## Medicaid Eligibility

☒ Income standard chosen

Individuals qualify under this classification under the following income standard:

- ☒ This classification does not use an income test (all income is disregarded).
- ☐ Another income standard higher than the minimum income standard.

New reasonable classifications covered

If the state has not elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does not cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

☐ Yes ☒ No

☒ There is no resource test for this eligibility group.

### PRA Disclosure Statement

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14  
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# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage Children with Non IV-E Adoption Assistance

S53

42 CFR 435.227  
1902(a)(10)(A)(ii)(VIII)

**Children with Non IV-E Adoption Assistance** - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

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

☒ The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;

☒ Are under the following age (see the Guidance for restrictions on the selection of an age):

☒ Under age 21

☐ Under age 20

☐ Under age 19

☐ Under age 18

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

☒ Yes ☐ No

☒ Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.

The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

☒ Income standard used for this eligibility group

☒ Minimum income standard

The minimum income standard for this eligibility group is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

☐ Maximum income standard



# Medicaid Eligibility

No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☐ Yes ☒ No

☒ The state certifies that it has submitted and received approval for its converted income standard(s) for this eligibility group to MAGI-equivalent standards and the determination of the maximum income standard to be used for individuals under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group (which must exceed the minimum) is:

- ☒ The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

☒ A percentage of the federal poverty level:  %

☐ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, **and** if the state has not elected to cover the Adult Group.

☐ The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, **and** if the state has not elected to cover the Adult Group.

☐ Other dollar amount

☒ Income standard chosen

Individuals qualify under this eligibility group under the following income standard, which must be higher than the minimum for this child's age:

- ☐ The minimum standard.
- ☐ The maximum income standard.

☒ If not chosen as the maximum income standard, the state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☐ If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL, or amounts by household size.





# Medicaid Eligibility

☐ If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☐ If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010, converted to a MAGI-equivalent.

The income standard used for this eligibility group is:

☒ A percentage of the federal poverty level:  %

☐ The state's TANF payment standard, not converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, **and** if the state has not elected to cover the Adult Group.

☐ If not chosen as the maximum income standard, the state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, **and** if the state has not elected to cover the Adult Group.

☐ If not chosen as the maximum income standard, the state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, **and** if the state has not elected to cover the Adult Group.

☐ Other dollar amount

☒ There is no resource test for this eligibility group.

## PRA Disclosure Statement

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

Supersedes TN: \_\_\_\_\_



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage	S54
<b>Optional Targeted Low Income Children</b>	
1902(a)(10)(A)(ii)(XIV) 42 CFR 435.229 and 435.4 1905(u)(2)(B)	
<b>Optional Targeted Low Income Children</b> - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

## PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage

### Individuals with Tuberculosis

S55

1902(a)(10)(A)(ii)(XII)

1902(z)

**Individuals with Tuberculosis** - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

☐ Yes ☒ No

### PRA Disclosure Statement

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

Supersedes TN: \_\_\_\_\_





# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage Independent Foster Care Adolescents

S57

42 CFR 435.226  
1902(a)(10)(A)(ii)(XVII)

**Independent Foster Care Adolescents** - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

☐ Yes ☒ No

### PRA Disclosure Statement

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14

Supersedes TN: \_\_\_\_\_



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage

### Individuals Eligible for Family Planning Services

S59

1902(a)(10)(A)(ii)(XXI)  
42 CFR 435.214

**Individuals Eligible for Family Planning Services** - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

☐ Yes ☒ No

### PRA Disclosure Statement

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**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

13-0031-MM2

**STATE:**

Washington

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S94 - Eligibility Process, Pages S94-1, S94-2

**PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If Applicable*):**

Section 2, Page 10, section 2.1(a), TN #91-22  
Section 2, Page 11a, section 2.1(d), TN #91-29



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## General Eligibility Requirements Eligibility Process

S94

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





# Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
<b>+</b>	FAX	The applicant may fax a copy of their paper application to a published FAX number.	<b>X</b>

- ☒ 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
  - ☒ Once every 6 months
  - ☒ Other, more often than once every 12 months
- Once every  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.

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

WA-13-0032-MM3

**STATE:**

Washington

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S10 - MAGI Income Methodology

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):**

Notwithstanding any other provisions of the Washington Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment WA-13-0032-MM3 will apply to all MAGI-based eligibility groups covered under Washington's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## MAGI-Based Income Methodologies

**S10**

1902(e)(14)  
42 CFR 435.603

- ☒ The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- ☐ The pregnant woman is counted just as herself.
- ☐ The pregnant woman is counted as herself, plus one.
- ☒ The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- ☒ Current monthly household income and family size
- ☐ Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- ☒ Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- ☒ Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

☐ Yes ☒ No





# Medicaid Eligibility

☐ The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

☒ Age 19

☐ Age 19, or in the case of full-time students, age 21

## PRA Disclosure Statement

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**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

13-0033

**STATE:**

Washington

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S88 Non-Financial Eligibility- State Residency

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT *(If Applicable)*:**

Section 2 (Numbered Pages), page 13, Item 2.3, TN 87-11  
Attachment 2.6-A: Page 3, Item 4, TN 91-22



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Non-Financial Eligibility State Residency

S88

42 CFR 435.403

### State Residency

- ☒ 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





# Medicaid Eligibility

☐ Otherwise meet the requirements of 42 CFR 435.403.

TN No: 13-0033 Approval Date: 3/28/14

Effective Date: January 1, 2014



# Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

☒ Yes ☐ No

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

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

☒ 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



# Medicaid Eligibility

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



**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

13-0034

**STATE:**

WASHINGTON

**PAGE NUMBER OF THE PLAN SECTION  
OR ATTACHMENT:**

S89 Non-Financial Eligibility- Citizenship and  
Non-citizen Eligibility

Attachment 2.6-A: Page 2, Item 3, subparagraphs  
(a)- (f)

Attachment 2.6-A: Page 2a - Entire page

Attachment 2.6-A: Page 2b - Entire page

**PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If applicable*):**

(None superseded, new page - S89)

Attachment 2.6-A: Page 2, Item 3, subparagraphs (a)- (f),  
TN 11-01

Attachment 2.6-A: Page 2a - Entire page, TN 11-01

Attachment 2.6-A: Page 2b - Entire page, TN 11-01



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Non-Financial Eligibility

### Citizenship and Non-Citizen Eligibility

S89

1902(a)(46)(B)  
8 U.S.C. 1611, 1612, 1613, and 1641  
1903(v)(2),(3) and (4)  
42 CFR 435.4  
42 CFR 435.406  
42 CFR 435.956

### Citizenship and Non-Citizen Eligibility

The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42

- ☒ CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

- ☐ The state provides Medicaid eligibility to otherwise eligible individuals:

- ☐ Who are citizens or nationals of the United States; and

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 whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and

Who have declared themselves to be citizens or nationals of the United States, or an individual 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, 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.

The agency provides for an extension of the reasonable opportunity period if the individual 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

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.

☒ Yes ☐ No

The date benefits are furnished is:

- ☒ The date of application containing the declaration of citizenship or immigration status.  
☐ The date the reasonable opportunity notice is sent.  
☐ Other date, as described:



# Medicaid Eligibility

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

☒ Yes ☐ No

The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

☒ Yes ☐ No

☒ Pregnant women

☒ Individuals under age 21:

☒ Individuals under age 21

☐ Individuals under age 20

☐ Individuals under age 19

☒ 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.

☒ An individual is considered to be lawfully present in the United States if he or she:

1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
2. Is 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));
3. Is 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;
4. Is a non-citizen who belongs to one of the following classes:
  - ☒ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
  - ☒ 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;
  - ☒ Granted employment authorization under 8 CFR 274a.12(c);
  - ☒ Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
  - ☒ Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
  - ☒ Granted Deferred Action status;
  - ☒ Granted an administrative stay of removal under 8 CFR 241;
  - ☒ Beneficiary of approved visa petition who has a pending application for adjustment of status;
5. 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 -

☒ Has been granted employment authorization; or

TN No ☒ Is under 4 months of approved asylum application pending for at least 180 days;





# Medicaid Eligibility

6. Has been granted withholding of removal under the Convention Against Torture;
7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
9. 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));
10. 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 (1) through (9) of this definition.

☐ Other

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 SSA 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:

☒ Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;

☒ 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).

## PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

☒ Yes ☐ No

☒ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

☒ A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of  
☒ its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance  
☒ with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

☒ Yes ☐ No

☒ The eligibility groups or populations for which hospitals determine eligibility presumptively are:

☒ Pregnant Women

☒ Infants and Children under Age 19

☒ Parents and Other Caretaker Relatives

☒ Adult Group, if covered by the state

☒ Individuals above 133% FPL under Age 65, if covered by the state

☒ Individuals Eligible for Family Planning Services, if covered by the state

☒ Former Foster Care Children

☒ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

☐ Other Family/Adult groups:

☐ Eligibility groups for individuals age 65 and over

☐ Eligibility groups for individuals who are blind

☐ Eligibility groups for individuals with disabilities

☐ Other Medicaid state plan eligibility groups

☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.



# Medicaid Eligibility

☒ Yes    ☐ No

Select one or both:

- ☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

The State will implement standards to assess:

- 1) The number of PE applications submitted
- 2) The proportion of those individuals approved for PE that complete and submit an application for full ongoing coverage
- 3) The proportion of those individuals approved for PE and that complete and submit an application for full ongoing coverage who are determined eligible for full ongoing benefits
- 4) The accuracy of Hospitals' determination that applicants do not have coverage
- 5) The accuracy of Hospitals' determination that applicants do not have a prior period of PE in the preceding twenty-four month period

Given that criteria from current PE states are either inconsistent or otherwise not proven, the State will collect and require Hospitals to collect baseline data for up to 12 months in order to determine effective criteria.

Initial standards, therefore, will be attached to data collection and reporting and will require 100% compliance from any Hospital that wishes to continue as a qualified PE determination entity.

The State will implement standards to assess:

- 1) The number of PE applications submitted
- 2) The proportion of those individuals approved for PE that complete and submit an application for full ongoing coverage
- 3) The proportion of those individuals approved for PE and that complete and submit an application for full ongoing coverage who are determined eligible for full ongoing benefits
- 4) The accuracy of Hospitals' determination that applicants do not have coverage
- 5) The accuracy of Hospitals' determination that applicants do not have a prior period of PE in the preceding twenty-four month period

Given that criteria from current PE states are either inconsistent or otherwise not proven, the State will collect and require Hospitals to collect baseline data for up to 12 months in order to determine effective criteria.

Initial standards, therefore, will be attached to data collection and reporting and will require 100% compliance from any Hospital that wishes to continue as a qualified PE determination entity.

- ☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: Same as above

- ☒ The presumptive period begins on the date the determination is made.

- ☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or





# Medicaid Eligibility

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☒ Periods of presumptive eligibility are limited as follows:

- ☐ No more than one period within a calendar year.
- ☒ No more than one period within two calendar years.
- ☐ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ☐ Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

☐ Yes ☒ No

☒ The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is

- ☒ being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
- ☒ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
- ☒ State residency
- ☒ Citizenship, status as a national, or satisfactory immigration status

☒ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

**An attachment is submitted.**

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**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

14-0024 MM S25 Parents and Other  
Caretaker Relatives

**STATE:**

Washington

Pages or sections of pages being superseded by S25 and related pages or  
sections of pages being deleted as obsolete

**State Plan Section**

**Superseded Page(s)**

S25

S25 TN 13-0030



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

S25

42 CFR 435.110  
1902(a)(10)(A)(i)(I)  
1931(b) and (d)

- ☒ **Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

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

- ☒ Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- ☐ This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

☐ Options relating to the definition of caretaker relative (select any that apply):

☒ Options relating to the definition of dependent child (select the one that applies):

- ☒ The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

☐ The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

☒ Have household income at or below the standard established by the state.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ Income standard used for this group

☒ Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

☒ The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

☒ Maximum income standard





# Medicaid Eligibility

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

- ☒ The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- ☐ A percentage of the federal poverty level:  %
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☒ Other dollar amount

Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
The standard is as follows:	
<input checked="" type="radio"/> Statewide standard	
<input type="radio"/> Standard varies by region	
<input type="radio"/> Standard varies by living arrangement	
<input type="radio"/> Standard varies in some other way	
<input type="text" value="Enter the statewide standard"/>	



# Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	511	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	658	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	820	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	972	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	1,127	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	1,284	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	1,471	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	1,631	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	1,792	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	1,951	<input checked="" type="checkbox"/>

Additional incremental amount  
☐ Yes ☒ No  
Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

☒ Income standard chosen:

Indicate the state's income standard used for this eligibility group:

☒ The minimum income standard

☐ The maximum income standard

☐ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

☐ Another income standard in-between the minimum and maximum standards allowed

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No



# Medicaid Eligibility

## 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.

TN No:14-0024 Supersedes TN No: [REDACTED]  
13-0030

Approval Date: 5/09/14 Effective Date: April 1, 2014



# Medicaid Eligibility

State Name: Washington

Transmittal Number: WA - 14- 0031

OMB Control Number: 0938-1148

## Medicaid Eligibility Marriage Policy

S12

1902(e)(14)(G)  
1902(a)(17)

☒ With respect to individuals for whom the state must complete a determination of income either based on MAGI or for MAGI-excepted groups utilizing AFDC-related or SSI-related methodologies, the state:

- ☒ Recognizes same-sex couples as spouses, if they are legally married under the laws of the state, territory, or foreign jurisdiction in which the marriage was celebrated.
- ☐ Does not recognize same-sex couples as spouses, even if they were legally married in a state, territory, or foreign jurisdiction that recognizes same-sex marriages.

☒ With respect to individuals whose eligibility for Medicaid is based on eligibility for another benefit program, and for whom the state does not complete a determination of income for Medicaid eligibility, the state will not make any determination concerning marital status. Medicaid eligibility will continue to be based on the determination of eligibility for the applicable benefits.

☒ The option elected above, with respect to income determinations, also governs the state's definition for post-eligibility issues, including spousal impoverishment, asset transfers and estate recovery rules, to the degree permitted by state law.

### 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 1 hour 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.

V.20141021

TN NO: 14-0031

Approved: 2/20/2015

Supersedes TN: N/A

Effective Date: October 1, 2014



## Submission - Summary

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

### Package Header

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

### SPA ID and Effective Date

**SPA ID** WA-19-0002

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

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

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

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

#### Package Header

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<b>Superseded SPA ID</b>	9-29 91-22 92-6		
	User-Entered		

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

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

☒ 1. SSA Eligibility Determination State (1634 State)

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

☐ 2. State Eligibility Determination (SSI Criteria State)

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

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

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

#### B. Additional information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Non-MAGI Methodologies

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

#### Package Header

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	User-Entered		

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

#### A. Basic Financial Methodology

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

#### B. Use of Less Restrictive Methodologies

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

☒ Yes

☐ No

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

## Non-MAGI Methodologies

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### Package Header

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	User-Entered		

### C. Financial Responsibility of Relatives

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

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

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

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

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

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



Non-MAGI Methodologies

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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

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### Package Header

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	User-Entered		

### E. Use of MAGI-like Methodologies

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

☐ Yes

☒ No

## Non-MAGI Methodologies

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

### Package Header

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<b>Superseded SPA ID</b>	92-16 11-01		
	User-Entered		

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

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

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

# Non-MAGI Methodologies

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## Package Header

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	User-Entered		

## G. Additional Information (optional)



# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

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









### Package Header

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<b>Superseded SPA ID</b>	WA-14-0024		
	User-Entered		








### Mandatory Coverage

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

#### Families and Adults

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

#### Aged, Blind and Disabled

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

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

Approved: 5/3/19

Effective: 1/1/19

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

# Mandatory Eligibility Groups

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

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	User-Entered		

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

☒ Yes ☐ No

### Families and Adults

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

C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

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

- N/A

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

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

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<b>Superseded SPA ID</b>	WA-13-0030		
	System-Derived		











### A. Options for Coverage

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



☒ Yes ☐ No

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

#### Families and Adults

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

#### Aged, Blind and Disabled














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

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

Approved: 5/3/19

Effective: 1/1/19



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

## Optional Eligibility Groups

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

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<b>Superseded SPA ID</b>	WA-13-0030		
	System-Derived		

## B. Medically Needy Options for Coverage



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

☒ Yes ☐ No

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

### 1. Mandatory Medically Needy:

#### Families and Adults



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

#### Aged, Blind and Disabled


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

### 2. Optional Medically Needy:

#### Families and Adults

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

#### Aged, Blind and Disabled

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

## Optional Eligibility Groups

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

### Package Header

<b>Package ID</b>	WA2019MS0001O	<b>SPA ID</b>	WA-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/15/2019
<b>Approval Date</b>	5/3/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	WA-13-0030		
	System-Derived		

### C. Additional Information (optional)

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

### Eligibility Groups Deselected from Coverage

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

- N/A

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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Records / Submission Packages - Your State

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

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## Medicaid State Plan Eligibility

### Optional Eligibility Groups

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

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header


**Package ID** WA2020MS0001O**SPA ID** WA-20-0006**Submission Type** Official**Initial Submission Date** 3/26/2020**Approval Date** 6/3/2020**Effective Date** 1/1/2020**Superseded SPA ID** WA-19-0002[View Extended](#)[View Implementation Guide](#)[VIEW ALL RESPONSES](#)







### A. Options for Coverage

[Collapse](#)**The state provides Medicaid to specified optional groups of individuals.**☒ Yes ☐ No












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

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
					NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## B. Medically Needy Options for Coverage

[Collapse](#)



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

☒ Yes ☐ No


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

### 1. Mandatory Medically Needy:

#### Families and Adults


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

#### Aged, Blind and Disabled

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





### 2. Optional Medically Needy:

#### Families and Adults

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

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Parents and Other Caretaker Relatives					NEW

**Aged, Blind and Disabled**

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability					NEW

**C. Additional Information (optional)**[Collapse](#)

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

**Eligibility Groups Deselected from Coverage**[Collapse](#)

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](#) 7520-0100, Washington, DC 20503-0001 PRA Reports Clearance Office, Mail Stop 7520-05, Baltimore, Maryland 21244-1850.

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

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## Eligibility Groups - Options for Coverage

### Work Incentives

[MEDICAID](#) | [Medicaid State Plan](#) | [Eligibility](#) | [WA2020MS0001O](#) | [WA-20-0006](#)

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

[📄 Spell Check Instructions](#) | [🔗 Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header

**Package ID** WA2020MS0001O**SPA ID** WA-20-0006**Submission Type** Official**Initial Submission Date** 3/26/2020**Approval Date** 6/3/2020**Effective Date** 1/1/2020**Superseded SPA ID** WA-02-011  
User-Entered[View Implementation Guide](#)[VIEW ALL RESPONSES](#)

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

### A. Characteristics

[Collapse](#)

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

[Collapse](#)

#### 1. Financial methodologies

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

[View approved version of Non-MAGI Methodologies](#)

- 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.

[View approved version of Non-MAGI Methodologies](#)

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

[Collapse](#)

### 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.

[View approved version of Non-MAGI Methodologies](#)

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

☒ Yes

☐ No

The less restrictive income methodologies are:

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

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

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

## 2. Income Test

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

☐ a. The SSI income standard.

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

## 3. Resource Test

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

## D. Premiums and Cost Sharing

[Collapse](#)

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)

[Collapse](#)

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

PRA Disclosure Statement: 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.

## Submission - Summary

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

### Package Header

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

### SPA ID and Effective Date

**SPA ID** WA-20-0030

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

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

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

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

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

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

#### Package Header

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

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

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

☒ 1. SSA Eligibility Determination State (1634 State)

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

☐ 2. State Eligibility Determination (SSI Criteria State)

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

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

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

#### B. Additional information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Non-MAGI Methodologies

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

#### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-19-0002		
	User-Entered		

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

#### A. Basic Financial Methodology

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

#### B. Use of Less Restrictive Methodologies

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

☒ Yes

☐ No

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

# Non-MAGI Methodologies

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

## Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-19-0002		
	User-Entered		

## C. Financial Responsibility of Relatives

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

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

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

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

☐ (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.
- b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.



## Non-MAGI Methodologies

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

### Package Header

<b>Package ID</b>	WA2019MS00040	<b>SPA ID</b>	WA-20-0030
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2020
<b>Approval Date</b>	2/10/2021	<b>Effective Date</b>	4/1/2020
<b>Superseded SPA ID</b>	WA-19-0002		
	User-Entered		

### D. Family Size

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

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

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

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

- ☒ Yes
- ☐ No
- ☒ a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
- ☒ b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
- ☒ c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
- ☒ d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
- ☐ e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
- ☐ f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
- ☐ g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
- ☐ h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

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

- ☒ Yes
- ☐ No

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

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

**Optional description:**

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

Non-MAGI Methodologies

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

Package Header

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

E. Use of MAGI-like Methodologies

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

- ☐ Yes
- ☒ No

## Non-MAGI Methodologies

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

### Package Header

<b>Package ID</b>	WA2019MS00040	<b>SPA ID</b>	WA-20-0030
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2020
<b>Approval Date</b>	2/10/2021	<b>Effective Date</b>	4/1/2020
<b>Superseded SPA ID</b>	WA-19-0002		
	User-Entered		

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

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

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

## Non-MAGI Methodologies

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

### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-19-0002		
	User-Entered		

### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Income Level

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

#### Package Header

Package ID	WA2019MS0004O	SPA ID	WA-20-0030
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	2/10/2021	Effective Date	4/1/2020
Superseded SPA ID	WA-05-002		
	User-Entered		

#### A. Income Level Used

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

☐ Yes

☒ No

3. The level used is:

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



# Medically Needy Income Level

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

## Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2020
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<b>Superseded SPA ID</b>	WA-05-002		
	User-Entered		

## B. Basis for Income Level

### 1. Minimum Income Level

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

### 2. Maximum Income Level

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

Medically Needy Income Level

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

Package Header

Package ID	WA2019MS0004O	SPA ID	WA-20-0030
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	2/10/2021	Effective Date	4/1/2020
Superseded SPA ID	WA-05-002		
	User-Entered		

C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Handling of Excess Income (Spenddown)

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

#### Package Header

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

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

#### A. Budget Periods

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

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

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

☒ i. Community budget period

Length of budget period:

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

- ☒ ii. Institutional budget period

Length of budget period:

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

- ☒ iii. Other budget period

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

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

- ☒ Yes
- ☐ No

## Handling of Excess Income (Spenddown)

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

### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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	User-Entered		

### B. Types of Eligible Expenses

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

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

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

☒ Yes

☐ No

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

## Handling of Excess Income (Spenddown)

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

### Package Header

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

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

### C. Timeframe of Deduction of Expenses

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

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

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

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

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



## Handling of Excess Income (Spenddown)

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

### Package Header

<b>Package ID</b>	WA2019MS00040	<b>SPA ID</b>	WA-20-0030
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2020
<b>Approval Date</b>	2/10/2021	<b>Effective Date</b>	4/1/2020
<b>Superseded SPA ID</b>	WA-91-22		
	User-Entered		

### D. Order of Deduction of Expenses

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

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

# Handling of Excess Income (Spenddown)

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

## Package Header

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User-Entered			

## E. Reasonable Limitations

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

- ☐ Yes
- ☒ No

## Handling of Excess Income (Spenddown)

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

### 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

### F. Spenddown Payments Made by Individuals

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

☐ Yes

☒ No

Handling of Excess Income (Spenddown)

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

Package Header

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Superseded SPA ID	WA-91-22		
	User-Entered		

G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Resource Level

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

#### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-91-22		
	User-Entered		

#### A. Medically Needy Resource Level Structure

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



## Medically Needy Resource Level

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

### Package Header

**Package ID** WA2019MS00040  
**Submission Type** Official  
**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

### B. Resource Level Used

The level used is:

Household size	Standard
1	\$2000.00
2	\$3000.00

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

- ☒ Yes  
☐ No

**Incremental Amount:**  
\$50.00

Medically Needy Resource Level

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

Package Header

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	User-Entered		

C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

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









### Package Header

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<b>Superseded SPA ID</b>	WA-19-0002		
	System-Derived		







### Mandatory Coverage

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

#### Families and Adults

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

#### Aged, Blind and Disabled

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



# Mandatory Eligibility Groups

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

## Package Header

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	System-Derived		

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

☒ Yes ☐ No

## Families and Adults

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

C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

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

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Medicare Beneficiaries

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

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

### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-10-007		
	User-Entered		

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

### A. Characteristics

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

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



## Qualified Medicare Beneficiaries

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

### Package Header

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	User-Entered		

### B. Financial Methodologies

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

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

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

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

☒ The following less restrictive methodologies are used:

**Name of methodology:**

**Description:**

Income tax obligation

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

MSP

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

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

**Name of resource type:**

**Description:**

Independence Account - earnings while enrolled in MBI

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

Name of resource type:

Description:

Sales contract resource

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

IDA account

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

20 days

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

Holocaust survivor

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

# Qualified Medicare Beneficiaries

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

## Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-10-007		
	User-Entered		

## C. Income Standard Used

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

## D. Resource Standard Used

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

## E. Medical Assistance Provided

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

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

Qualified Medicare Beneficiaries

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

Package Header

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	User-Entered		

F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Specified Low Income Medicare Beneficiaries

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

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

### Package Header

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	User-Entered		

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

### A. Characteristics

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

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

# Specified Low Income Medicare Beneficiaries

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

## Package Header

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

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

## B. Financial Methodologies

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

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

☒ Yes  
☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

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

☒ The following less restrictive methodologies are used:

**Name of methodology:**

**Description:**

Income tax obligation

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

MSP

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

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

☒ Yes  
☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

**Name of resource type:**

**Description:**

Independence Account - earnings while enrolled in MBI

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



Name of resource type:

Description:

Sales contract resource

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

IDA account

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

20 days

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

Holocaust survivor

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

## Specified Low Income Medicare Beneficiaries

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

### Package Header

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	User-Entered		

### C. Income Standard Used

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

### D. Resource Standard Used

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

### E. Medical Assistance Provided

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

## Specified Low Income Medicare Beneficiaries

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

### Package Header

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<b>Superseded SPA ID</b>	WA-10-007		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualifying Individuals

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

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

### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Approval Date</b>	2/10/2021	<b>Effective Date</b>	4/1/2020
<b>Superseded SPA ID</b>	WA-10-007		
	User-Entered		

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

### A. Characteristics

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

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

# Qualifying Individuals

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

## Package Header

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<b>Superseded SPA ID</b>	WA-10-007		
	User-Entered		

## B. Financial Methodologies

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

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

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

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

☒ The following less restrictive methodologies are used:

**Name of methodology:**

**Description:**

Income tax obligation

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

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

**Name of resource type:**

**Description:**

Independence Account - earnings while enrolled in MBI

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

Sales contract resource

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

**Name of resource type:****Description:**

IDA account

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

20 days

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

Holocaust survivor

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



## Qualifying Individuals

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

### Package Header

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	User-Entered		

### C. Income Standard Used

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

### D. Resource Standard Used

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

### E. Medical Assistance Provided

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

Qualifying Individuals

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

Package Header

Package ID	WA2019MS0004O	SPA ID	WA-20-0030
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Superseded SPA ID	WA-10-007		
	User-Entered		

F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

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

### Package Header

<b>Package ID</b>	WA2019MS00040	<b>SPA ID</b>	WA-20-0030
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	User-Entered		











### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

☒ Yes ☐ No




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

#### Families and Adults

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

#### Aged, Blind and Disabled

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

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

## Optional Eligibility Groups

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

### Package Header

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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:

##### Families and Adults



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

##### Aged, Blind and Disabled


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

#### 2. Optional Medically Needy:

##### Families and Adults

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

##### Aged, Blind and Disabled

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

## Optional Eligibility Groups

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

### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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### C. Additional Information (optional)

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

### Eligibility Groups Deselected from Coverage

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

- N/A



# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Eligible for but Not Receiving Cash Assistance

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

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

#### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-91-22		
	User-Entered		

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

#### A. Characteristics

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

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

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

2. Do not receive cash assistance under these programs.

## Individuals Eligible for but Not Receiving Cash Assistance

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

### Package Header

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### B. Individuals Covered

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

☒ Yes

☐ No

## Individuals Eligible for but Not Receiving Cash Assistance

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

### Package Header

**Package ID** WA2019MS00040

**SPA ID** WA-20-0030

**Submission Type** Official

**Initial Submission Date** 6/30/2020

**Approval Date** 2/10/2021

**Effective Date** 4/1/2020

**Superseded SPA ID** WA-91-22

User-Entered

### C. Financial Methodologies

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

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

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

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

☒ The following less restrictive methodologies are used:

**Name of methodology:**

**Description:**

Income tax obligation

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

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

**Name of resource type:**

**Description:**

Independence Account - earnings while enrolled in MBI

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

**Name of resource type:****Description:**

Sales contract resource

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

IDA account

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

20 days

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

Holocaust survivor

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

## Individuals Eligible for but Not Receiving Cash Assistance

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

### Package Header

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### D. Income Standard Used

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

### E. Resource Standard Used

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

## Individuals Eligible for but Not Receiving Cash Assistance

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

### Package Header

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### 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

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA 91-22		
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The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are in a medical institution.

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

☒ a. SSI

☐ b. Optional State Supplement

☒ c. AFDC

## Individuals Eligible for Cash Except for Institutionalization

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

### Package Header

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<b>Superseded SPA ID</b>	WA 91-22		
	User-Entered		

### B. Individuals Covered

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

☒ Yes

☐ No

# Individuals Eligible for Cash Except for Institutionalization

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 91-22  
User-Entered

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

## C. Financial Methodologies

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

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

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

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

- ☒ Yes  
☐ No

The less restrictive income methodologies are:

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

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

☒ The following less restrictive methodologies are used:

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

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

- ☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

property sales contract

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

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

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

One-half resources

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

Independence Account - earnings while enrolled in MBI

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

IDA account

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

20 days

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

Holocaust survivor

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

Name of methodology:

Description:

Non-exempt resources

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

# Individuals Eligible for Cash Except for Institutionalization

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

## Package Header

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## D. Income Standard Used

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

## E. Resource Standard Used

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

## Individuals Eligible for Cash Except for Institutionalization

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

### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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### F. Additional Information (optional)



# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

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

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

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

#### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA 08-027		
	User-Entered		

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

#### A. Characteristics

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

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

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

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

## Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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## B. Income and Resource Methodologies

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

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

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

community income

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

income tax obligation

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

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

Independence Account - earnings while enrolled in MBI

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

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

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

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

### Package Header

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<b>Superseded SPA ID</b>	WA 08-027		
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### C. Income and Resource Standards

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

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

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

### Package Header

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### D. Additional Information (optional)

## Eligibility Groups - Options for Coverage

### Work Incentives

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

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

### Package Header

<b>Package ID</b>	WA2019MS00040	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-20-0006		
	User-Entered		

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

### A. Characteristics

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

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

## Work Incentives

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

### Package Header

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## B. Step One Financial Methodologies and Income Test

### 1. Financial methodologies

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

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

☒ Yes

☐ No

The less restrictive income methodologies are:

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

### 2. Income Test

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

## Work Incentives

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

### Package Header

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

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

#### 1. Financial methodologies

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

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

☒ Yes

☐ No

The less restrictive income methodologies are:

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

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

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

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

☒ Resources set aside in  
Independence/Freedom accounts

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

#### 2. Income Test

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

☐ a. The SSI income standard.

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

#### 3. Resource Test

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



## Work Incentives

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

### Package Header

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

### D. Premiums and Cost Sharing

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

## Work Incentives

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

### Package Header

<b>Package ID</b>	WA2019MS00040	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-20-0006		
	User-Entered		

### E. Additional Information (optional)

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

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Basic

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

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

### Package Header

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

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

## Ticket to Work Basic

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

### Package Header

<b>Package ID</b>	WA2019MS00040	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-20-0006		
	User-Entered		

### A. Characteristics

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

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

## Ticket to Work Basic

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

### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-20-0006		
	User-Entered		

### B. Financial Methodologies

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

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

☒ Yes

☐ No

The less restrictive income methodologies are:

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

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

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

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

☒ Resources set aside in  
Independence/Freedom accounts

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

## Ticket to Work Basic

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

### Package Header

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

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

### C. Income Standard Used

The income standard for this group is:

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

## Ticket to Work Basic

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

### Package Header

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

### D. Resource Standard Used

The resource standard for this group is:

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



## Ticket to Work Basic

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

### Package Header

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

### E. Premiums and Cost Sharing

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

## Ticket to Work Basic

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

### Package Header

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

### F. Additional Information (optional)

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

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Medical Improvements

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

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

#### Package Header

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

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

#### A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
  - ☒ a. Earning at least the minimum wage and working at least 40 hours per month.
  - ☐ b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

# Ticket to Work Medical Improvements

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

## Package Header

<b>Package ID</b>	WA2019MS00040	<b>SPA ID</b>	WA-20-0030
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2020
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<b>Superseded SPA ID</b>	WA-20-0006		
	User-Entered		

## B. Financial Methodologies

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

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

☒ Yes

☐ No

The less restrictive income methodologies are:

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

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

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

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

☒ Resources set aside in  
Independence/Freedom accounts

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

## Ticket to Work Medical Improvements

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

### Package Header

**Package ID** WA2019MS00040

**Submission Type** Official

**Approval Date** 2/10/2021

**Superseded SPA ID** WA-20-0006

User-Entered

**SPA ID** WA-20-0030

**Initial Submission Date** 6/30/2020

**Effective Date** 4/1/2020

### C. Income Standard Used

The income standard for this group is:

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

## Ticket to Work Medical Improvements

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

### Package Header

<b>Package ID</b>	WA2019MS00040	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-20-0006		
	User-Entered		

### D. Resource Standard Used

The resource standard for this group is:

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

## Ticket to Work Medical Improvements

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

### Package Header

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

### E. Premiums and Cost Sharing

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



## Ticket to Work Medical Improvements

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

### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Approval Date</b>	2/10/2021	<b>Effective Date</b>	4/1/2020
<b>Superseded SPA ID</b>	WA-20-0006		
	User-Entered		

### F. Additional Information (optional)

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

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Populations Based on Age, Blindness or Disability

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

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

#### Package Header

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

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

#### A. Characteristics

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

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

# Medically Needy Populations Based on Age, Blindness or Disability

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

## Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Approval Date</b>	2/10/2021	<b>Effective Date</b>	4/1/2020
<b>Superseded SPA ID</b>	WA-02-011		
	User-Entered		

## B. Individuals Covered

The state covers the following populations:

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

Medically Needy Populations Based on Age, Blindness or Disability

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

Package Header

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

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:

<input checked="" type="checkbox"/> Census Bureau wages are disregarded.	<b>Description of disregard:</b> Wages paid by the Census Bureau for temporary employment related to census activities are excluded.
--	--

☒ The following less restrictive methodologies are used:

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

Name of methodology:

Description:

community income

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

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

☒ Yes ☐ No

The less restrictive resource methodologies are:

☒ Real property not otherwise excluded is disregarded.

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

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

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

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

☒ Resources set aside in Independence/Freedom 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.

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

Property sales contract

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

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

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

One-half resources

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

Name of methodology:

Description:

LTC MN excess resources

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

Holocaust survivor proceeds

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

# Medically Needy Populations Based on Age, Blindness or Disability

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

## Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-02-011		
	User-Entered		

## D. Income Standard Used

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



# Medically Needy Populations Based on Age, Blindness or Disability

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

## Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-02-011		
	User-Entered		

## E. Resource Standard Used

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

## Medically Needy Populations Based on Age, Blindness or Disability

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

### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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### F. Spenddown

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

## Medically Needy Populations Based on Age, Blindness or Disability

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

### Package Header

<b>Package ID</b>	WA2019MS0004O	<b>SPA ID</b>	WA-20-0030
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<b>Superseded SPA ID</b>	WA-02-011		
	User-Entered		

### G. Additional Information (optional)

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

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# 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

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

#### Aged, Blind and Disabled

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



## Mandatory Eligibility Groups

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


### Package Header

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

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

☒ Yes ☐ No

#### Families and Adults

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

#### C. Additional Information (optional)

### Eligibility Groups Deselected from Coverage

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

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Medicare Beneficiaries

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

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

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

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

### A. Characteristics

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

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



## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | 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

### B. Financial Methodologies

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

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

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

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

☒ The following less restrictive methodologies are used:

**Name of methodology:**

**Description:**

Income tax obligation

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

MSP

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

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

**Name of resource type:**

**Description:**

Independence Account - earnings while enrolled in MBI

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

**Name of resource type:****Description:**

Sales contract resource

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

IDA account

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

20 days

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

Holocaust survivor

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

The following less restrictive methodologies are used:

**Name of methodology:****Description:**

FFCRA plus 12

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.

## Qualified Medicare Beneficiaries

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

### Package Header

<b>Package ID</b>	WA2021MS0001O	<b>SPA ID</b>	WA-21-0002
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### 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

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	System-Derived		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0001O | 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

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	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.

## Specified Low Income Medicare Beneficiaries

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

### Package Header

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### B. Financial Methodologies

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

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

- ☒ Yes  
☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

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

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

Income tax obligation

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

MSP

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

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

- ☒ Yes  
☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

Independence Account - earnings while enrolled in MBI

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

**Name of resource type:****Description:**

Sales contract resource

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

IDA account

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

20 days

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

Holocaust survivor

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

The following less restrictive methodologies are used:

**Name of methodology:****Description:**

FFCRA plus 12

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.

## Specified Low Income Medicare Beneficiaries

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

### Package Header

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### C. Income Standard Used

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

### D. Resource Standard Used

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

### E. Medical Assistance Provided

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



## Specified Low Income Medicare Beneficiaries

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

### Package Header

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### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualifying Individuals

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

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

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

### A. Characteristics

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

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

## Qualifying Individuals

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

### Package Header

**Package ID** WA2021MS0001O  
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System-Derived

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

## B. Financial Methodologies

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

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

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

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

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

Income tax obligation

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

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

Independence Account - earnings while enrolled in MBI

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

Sales contract resource

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

IDA account

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

**Name of resource type:****Description:**

20 days

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

Holocaust survivor

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

The following less restrictive methodologies are used:

**Name of methodology:****Description:**

FFCRA plus 12

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.

## Qualifying Individuals

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

### Package Header

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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 | WA2021MS0001O | WA-21-0002

Package Header

<b>Package ID</b>	WA2021MS0001O	<b>SPA ID</b>	WA-21-0002
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F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

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

### Package Header

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	User-Entered		











## A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

☒ Yes ☐ No














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

### Families and Adults

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

### Aged, Blind and Disabled

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

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



## Optional Eligibility Groups

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

### Package Header

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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:

#### Families and Adults



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

#### Aged, Blind and Disabled

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

### 2. Optional Medically Needy:

#### Families and Adults

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

#### Aged, Blind and Disabled

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

## Optional Eligibility Groups

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

### Package Header

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### C. Additional Information (optional)

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

### Eligibility Groups Deselected from Coverage

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

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Eligible for but Not Receiving Cash Assistance

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

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

#### Package Header

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

#### A. Characteristics

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

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

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

2. Do not receive cash assistance under these programs.

# Individuals Eligible for but Not Receiving Cash Assistance

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

## Package Header

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## B. Individuals Covered

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

☒ Yes

☐ No

# Individuals Eligible for but Not Receiving Cash Assistance

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

## Package Header

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## C. Financial Methodologies

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

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

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

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

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

Income tax obligation

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

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

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

property sales contract

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

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

The following less restrictive methodologies are used:

Name of methodology:	Description:
One-half resources	Effective January 1, 1989, it is presumed that one-half of the total resources held jointly by the husband and wife, or held separately by the applicant/recipient, are owned by each spouse (TN 89-2, Approved 8/17/90)
Independence Account - earnings while enrolled in MBI	Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.
IDA account	All funds in IDA accounts funded under the Assets for Independence Act
20 days	Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.
Holocaust survivor	When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.
Non-exempt resources	Non-exempt resources in excess of the Medically Needy resource levels can, at the individuals option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.
FFCRA plus 12	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 but Not Receiving Cash Assistance

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

## Package Header

<b>Package ID</b>	WA2021MS0001O	<b>SPA ID</b>	WA-21-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/25/2021
<b>Approval Date</b>	6/14/2021	<b>Effective Date</b>	1/1/2021
<b>Superseded SPA ID</b>	WA-20-0030		
	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 | WA2021MS0001O | WA-21-0002

### Package Header

<b>Package ID</b>	WA2021MS0001O	<b>SPA ID</b>	WA-21-0002
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<b>Superseded SPA ID</b>	WA-20-0030		
	System-Derived		

### 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 | WA2021MS0001O | WA-21-0002

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

#### Package Header

<b>Package ID</b>	WA2021MS0001O	<b>SPA ID</b>	WA-21-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/25/2021
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<b>Superseded SPA ID</b>	WA-20-0030		
	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

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

## Package Header

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<b>Superseded SPA ID</b>	WA-20-0030		
	System-Derived		

## B. Individuals Covered

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

☒ Yes

☐ No

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | 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. Financial Methodologies

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

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

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

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

- ☒ Yes  
☐ No

The less restrictive income methodologies are:

☒ The difference between one income standard and another is disregarded.

- ☐ Between the following percentages of the FPL:  
☐ Between the medically needy income limit and a percentage of the FPL:  
☐ Between the SSI Federal Benefit Rate and:  
☒ Between other income standards:

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

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

community income

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

income tax obligation

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

FBR and CN

Disregard income equal to the difference between the Federal Benefit Rate and the Categorically Needy Income Level for individuals and couples as in effect on January 1, 2002

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

- ☒ Yes  
☐ No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

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

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

The following less restrictive methodologies are used:

Name of methodology:	Description:
One-half resources	Effective January 1, 1989, it is presumed that one-half of the total resources held jointly by the husband and wife, or held separately by the applicant/recipient, are owned by each spouse (TN 89-2, Approved 8/17/90)
Independence Account - earnings while enrolled in MBI	Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.
IDA account	All funds in IDA accounts funded under the Assets for Independence Act
20 days	Non-cash resources, which cannot be expected to be converted into cash within 20 working days, are not considered available to the extent that an ongoing bona fide effort to convert them into cash is unsuccessful.
Holocaust survivor	When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.
Non-exempt resources	Non-exempt resources in excess of the Medically Needy resource levels can, at the individuals option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.

**Name of methodology:**

**Description:**

FFCRA plus 12

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 | WA2021MS0001O | WA-21-0002

## Package Header

<b>Package ID</b>	WA2021MS0001O	<b>SPA ID</b>	WA-21-0002
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	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 Cash Except for Institutionalization

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

## Package Header

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	System-Derived		

## F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Populations Based on Age, Blindness or Disability

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

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

#### Package Header

<b>Package ID</b>	WA2021MS0001O	<b>SPA ID</b>	WA-21-0002
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<b>Superseded SPA ID</b>	WA-20-0030		
	System-Derived		

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 | WA2021MS0001O | WA-21-0002

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System-Derived

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

## B. Individuals Covered

The state covers the following populations:

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

# Medically Needy Populations Based on Age, Blindness or Disability

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

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	System-Derived		

## C. Financial Methodologies

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

☒ Yes

☐ No

2. The financial methodology used is:

a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

☒ Yes ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

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

☒ The following less restrictive methodologies are used:

**Name of methodology:**

**Description:**

Income tax obligation

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

Maintenance for MN

Income of an individual is exempt in an amount equal to the maintenance allowance of the individual's spouse, living in the same household, who is eligible under clause (VI) of section 1902 (a) (10) (A) (ii) of the Act, less the income of the spouse.

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

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

Yes No

The less restrictive resource methodologies are:

Real property not otherwise excluded is disregarded.

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

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

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

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

Resources set aside in Independence/Freedom 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.

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

The following less restrictive methodologies are used:

Name of methodology:	Description:
FFCRA plus 12	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.
sales contract	Effective August 1, 1993, to the extent that it is not transferred, a sales contract on property that was the principal place of residence at the time of institutionalization is an exempt resource. The contract must provide a reasonable rate of return: 1) the interest is consistent with prevailing rates at the time of the sale; and 2) the payment of amount owed is anticipated within the lifetime of the client but does not exceed thirty years. Both interest and principal received in the form of payments are considered unearned income, unless otherwise exempted.

Name of methodology:	Description:
LTC MN excess resources	Non-exempt resources in excess of the Medically Needy resource levels can, at the individuals option, be reduced by allowable incurred expenses as long as such expenses have not been used to reduce excess income.
Holocaust survivor proceeds	When determining the countable resources for a Holocaust survivor, exclude recoveries of insurance proceeds or other assets.
One-half resources	Effective January 1, 1989, it is presumed that one-half of the total resources held jointly by the husband and wife, or held separately by the applicant/recipient, are owned by each spouse (TN 89-2, Approved 8/17/90)

# Medically Needy Populations Based on Age, Blindness or Disability

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

## Package Header

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	System-Derived		

## D. Income Standard Used

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

# Medically Needy Populations Based on Age, Blindness or Disability

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

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## E. Resource Standard Used

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

# Medically Needy Populations Based on Age, Blindness or Disability

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

## Package Header

**Package ID** WA2021MS0001O

**SPA ID** WA-21-0002

**Submission Type** Official

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

**Approval Date** 6/14/2021

**Effective Date** 1/1/2021

**Superseded SPA ID** WA-20-0030

System-Derived

## F. Spenddown

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



# Medically Needy Populations Based on Age, Blindness or Disability

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

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## G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1395a) 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 21244-1836.

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# Medicaid State Plan Eligibility

## Non-Financial Eligibility

### Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0002O | WA-21-0022

#### Package Header

Package ID	WA2021MS0002O	SPA ID	WA-21-0022
Submission Type	Official	Initial Submission Date	8/12/2021
Approval Date	10/29/2021	Effective Date	7/1/2021
Superseded SPA ID	WA-18-0031		
	User-Entered		

☐ The state provides Medicaid to citizens and nationals of the United States and certain non-citizens who meet all other Medicaid eligibility requirements under the state plan, consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

#### 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.

# Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0002O | WA-21-0022

## Package Header

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Superseded SPA ID	WA-18-0031		
	User-Entered		

## 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

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0002O | WA-21-0022

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Superseded SPA ID	WA-18-0031		
	User-Entered		

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.

- ☒ Yes
- ☐ No

☐ 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; or

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

MEDICAID | Medicaid State Plan | Eligibility | WA2021MS0002O | WA-21-0022

Package Header

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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.

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# WA - Submission Package - WA2022MS0002O - (WA-22-0012) - Eligibility

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## 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

### Package Header

Package ID	WA2022MS0002O	SPA ID	WA-22-0012
Submission Type	Official	Initial Submission Date	5/3/2022
Approval Date	6/30/2022	Effective Date	4/1/2022
Superseded SPA ID	NEW		
	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)(10)(A)(i) 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 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.



# WA - Submission Package - WA2022MS0002O - (WA-22-0012) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Review Assessment Report   Approval Letter   Transaction Logs

News   **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Children

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

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	WA2022MS0002O	<b>SPA ID</b>	WA-22-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/3/2022
<b>Approval Date</b>	6/30/2022	<b>Effective Date</b>	<u>4/1/2022</u>
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

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:
    - ☒ i. 12 months
    - ☐ ii. 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 submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

Package Header

Package ID	WA2023MS0001O	SPA ID	WA-22-0034
Submission Type	Official	Initial Submission Date	1/12/2023
Approval Date	2/2/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-21-0002		
	System-Derived		

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

☒ Yes ☐ No

Families and Adults

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

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

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

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

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

<b>Package ID</b>	WA2023MS0001O	<b>SPA ID</b>	WA-22-0034
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/12/2023
<b>Approval Date</b>	2/2/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	WA-21-0002		
	System-Derived		

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

### A. Characteristics

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

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

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

Package Header

Package ID	WA2023MS0001O	SPA ID	WA-22-0034
Submission Type	Official	Initial Submission Date	1/12/2023
Approval Date	2/2/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-21-0002		
	System-Derived		

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:

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

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

Package Header

Package ID	WA2023MS0001O	SPA ID	WA-22-0034
Submission Type	Official	Initial Submission Date	1/12/2023
Approval Date	2/2/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-21-0002		
	System-Derived		

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 | WA2023MS0001O | WA-22-0034

Package Header

Package ID	WA2023MS0001O	SPA ID	WA-22-0034
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Superseded SPA ID	WA-21-0002		
	System-Derived		

F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

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

<b>Package ID</b>	WA2023MS0001O	<b>SPA ID</b>	WA-22-0034
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/12/2023
<b>Approval Date</b>	2/2/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	WA-21-0002		
	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.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

Package Header

Package ID	WA2023MS0001O	SPA ID	WA-22-0034
Submission Type	Official	Initial Submission Date	1/12/2023
Approval Date	2/2/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-21-0002		
	System-Derived		

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:

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

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

Package Header

Package ID	WA2023MS0001O	SPA ID	WA-22-0034
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Superseded SPA ID	WA-21-0002		
	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 life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

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

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

Package Header

Package ID	WA2023MS0001O	SPA ID	WA-22-0034
Submission Type	Official	Initial Submission Date	1/12/2023
Approval Date	2/2/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-21-0002		
	System-Derived		

F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

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

<b>Package ID</b>	WA2023MS0001O	<b>SPA ID</b>	WA-22-0034
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/12/2023
<b>Approval Date</b>	2/2/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	WA-21-0002		
	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.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

Package Header

Package ID	WA2023MS0001O	SPA ID	WA-22-0034
Submission Type	Official	Initial Submission Date	1/12/2023
Approval Date	2/2/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-21-0002		
	System-Derived		

B. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☐ Census Bureau wages are disregarded.

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

☐ The following less restrictive methodologies are used:

Name of methodology:	Description:
Income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

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

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0001O | WA-22-0034

Package Header

Package ID	WA2023MS0001O	SPA ID	WA-22-0034
Submission Type	Official	Initial Submission Date	1/12/2023
Approval Date	2/2/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-21-0002		
	System-Derived		

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 | WA2023MS0001O | WA-22-0034

Package Header

Package ID	WA2023MS0001O	SPA ID	WA-22-0034
Submission Type	Official	Initial Submission Date	1/12/2023
Approval Date	2/2/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-21-0002		
	System-Derived		

F. Additional Information (optional)

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

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# WA - Submission Package - WA2023MS0002O - (WA-23-0008) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Approval Letter   News   Related Actions

CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0002O | WA-23-0008

Package Header

Package ID

WA2023MS0002O

Submission Type

Official

Approval Date

05/25/2023

Superseded SPA ID

WA-22-0034

SPA ID

WA-23-0008

Initial Submission Date

3/8/2023

Effective Date

1/1/2023

User-Entered

Mandatory Coverage






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

Families and Adults

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

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

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

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0002O | WA-23-0008




## Package Header

Package ID	WA2023MS0002O	SPA ID	WA-23-0008
Submission Type	Official	Initial Submission Date	3/8/2023
Approval Date	05/25/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-22-0034		
	User-Entered		

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

☒ Yes ☐ No

### Families and Adults

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

C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

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

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0002O | WA-23-0008

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

### Package Header

Package ID	WA2023MS0002O	SPA ID	WA-23-0008
Submission Type	Official	Initial Submission Date	3/8/2023
Approval Date	05/25/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-13-0030		
	User-Entered		

The state covers the mandatory former foster care children group in accordance with the following provisions:

### A. Characteristics

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

1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

### B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- ☐ a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- ☐ b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- ☐ c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

### C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- ☐ a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- ☐ b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- ☐ c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.



Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | WA2023MS0002O | WA-23-0008

Package Header

Package ID	WA2023MS0002O	SPA ID	WA-23-0008
Submission Type	Official	Initial Submission Date	3/8/2023
Approval Date	05/25/2023	Effective Date	1/1/2023
Superseded SPA ID	WA-13-0030		
	User-Entered		

D. 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.

*This view was generated on 6/26/2024 11:45 AM EDT*

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/10/2024
<b>Approval Date</b>	04/03/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SPA ID and Effective Date

**SPA ID** WA-24-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	7/1/2024	WA-22-0034
Infants and Children under Age 19	7/1/2024	WA-13-0030
Pregnant Women	7/1/2024	WA-13-0030
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	7/1/2024	WA-91-22
Former Foster Care Children	7/1/2024	WA-23-0008
Transitional Medical Assistance	7/1/2024	WA-91-22
Closed Eligibility Groups	7/1/2024	WA-91-22
Working Individuals under 1619(b)	7/1/2024	WA-91-22
Optional Eligibility Groups	7/1/2024	WA-21-0002
Reasonable Classifications of Individuals under Age 21	7/1/2024	WA-13-0030
Children with Non-IV-E Adoption Assistance	7/1/2024	WA-13-0030
Individuals Needing Treatment for Breast or Cervical Cancer	7/1/2024	WA-14-0020
Work Incentives	7/1/2024	WA-20-0030
Ticket to Work Basic	7/1/2024	WA-20-0030
Ticket to Work Medical Improvements	7/1/2024	WA-20-0030

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

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

### Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-22-0034		
System-Derived			

### Mandatory Coverage







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

#### Families and Adults

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

#### Aged, Blind and Disabled

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

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Specified Low Income Medicare Beneficiaries			<input type="checkbox"/>		APPROVED
Qualifying Individuals			<input type="checkbox"/>		APPROVED

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003


## Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-22-0034		
	System-Derived		

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

☒ Yes ☐ No

### Families and Adults

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

C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

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

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Infants and children under age 19 with household income at or below standards established by the state based on age group.

#### Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-13-0030		
	System-Derived		

The state covers the mandatory infants and children under age 19 group in accordance with the following provisions:

#### A. Characteristics

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

- Are under age 19
- Have household income at or below the standard established by the state.

#### B. Financial Methodologies

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

#### C. Income Standards Used

1. The amount of the income standard for infants under age one is:	FPL 210.00%
2. The amount of the income standard for children age one through five is:	FPL 210.00%
3. The amount of the income standard for children age six through eighteen is:	FPL 210.00%

# Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-13-0030		
	System-Derived		

## D. Basis for the Income Standard for Infants under Age 1

### 1. Minimum income standard

a. The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

☒ Yes ☐ No

b. Enter the amount of the minimum income standard (no higher than 185% FPL): **FPL 185.00%**

### 2. Maximum income standard

☐ a. The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

#### b. The state's maximum income standard for this age group is:

- ☒ i. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ ii. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ iii. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ iv. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ v. 185% FPL

c. The amount of the maximum income standard is: **FPL 210.00%**

# Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-13-0030		
	System-Derived		

## E. Basis for the Income Standard for Children Age One through Age Five

### 1. Minimum income standard

The minimum income standard used for this age group is 133% FPL.

### 2. Maximum income standard

- ☐ a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.
- b. The state's maximum income standard for this age group is:**
  - ☒ i. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
  - ☐ ii. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
  - ☐ iii. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
  - ☐ iv. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
  - ☐ v. 133% FPL
- c. The amount of the maximum income standard is:**

FPL 210.00%

## F. Basis for the Income Standard for Children Age Six through Age Eighteen

### 1. Minimum income standard

The minimum income standard used for this age group is 133% FPL.

### 2. Maximum income standard

- ☐ a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.
- b. The state's maximum income standard for this age group is:**
  - ☒ i. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
  - ☐ ii. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
  - ☐ iii. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
  - ☐ iv. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
  - ☐ v. 133% FPL
- c. The amount of the maximum income standard is:**

FPL 210.00%



# Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/10/2024
<b>Approval Date</b>	04/03/2024	<b>Effective Date</b>	7/1/2024
<b>Superseded SPA ID</b>	WA-13-0030		
	System-Derived		

## G. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for Community Behavioral Health Support (CBHS) shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

### Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-13-0030		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

### A. Characteristics

- Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
- Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

- ☒ Yes
- ☐ No

### B. Financial Methodologies

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

### C. Income Standard Used

The state uses the following income standard for this group:

FPL 193.00%

# Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/10/2024
<b>Approval Date</b>	04/03/2024	<b>Effective Date</b>	7/1/2024
<b>Superseded SPA ID</b>	WA-13-0030		
	System-Derived		

## D. Benefits for Pregnant Women

Benefits for individuals in this eligibility group consist of the following:

- ☒ 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ☐ 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

# Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-13-0030		
	System-Derived		

## E. Basis for Pregnant Women Income Standard

### 1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- ☒ Yes
- ☐ No

a. The amount of the minimum income standard (no higher than 185% FPL) is:

FPL 185.00%

### 2. Maximum income standard

☐ a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- ☒ i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ v. 185% FPL

c. The amount of the maximum income standard is: FPL 193.00%

## G. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for Community Behavioral Health Support (CBHS) shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance maintenance payments are made under Title IV-E of the Act.

#### Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-91-22		
	User-Entered		

The state covers the mandatory children with Title IV-E adoption assistance, foster care or guardianship care group in accordance with the following provisions:

#### A. Characteristics

- Individuals qualifying under this eligibility group must meet one of the following criteria:
  - An adoption assistance agreement is in effect for the individual with any state or Tribe under title IV-E of the Act, regardless of whether adoption assistance is being provided or an interlocutory or other judicial decree of adoption has been issued; or
  - Foster care or kinship guardian assistance maintenance payments are being made by a state or Tribe under Title IV-E of the Act.
- The upper age limit for eligibility under this group is determined by the terms of the adoption assistance agreement or the terms of the foster care or kinship guardianship assistance maintenance payments, as established by the IV-E plan of the state or Tribe that established the agreement or is making the payments.
- Individuals may not be required to file an application for this group.

# Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/10/2024
<b>Approval Date</b>	04/03/2024	<b>Effective Date</b>	7/1/2024
<b>Superseded SPA ID</b>	WA-91-22		
	User-Entered		

## B. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

### Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-23-0008		
	User-Entered		

The state covers the mandatory former foster care children group in accordance with the following provisions:

### A. Characteristics

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

1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

### B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
- i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- ☐ a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- ☐ b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- ☐ c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

### C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
- i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- ☐ a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- ☐ b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- ☐ c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.





Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-23-0008		
User-Entered			

D. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Families with Medicaid eligibility extended for up to 12 months because of earnings.

### Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-91-22		
	User-Entered		

The state covers the mandatory transitional medical assistance group in accordance with the following provisions:

### A. Characteristics

1. An individual qualifying under this eligibility group must meet one of the following criteria:

a. Lost coverage under the parents and other caretaker relatives group (42 CFR 435.110) due to work hours or income from employment, or

b. Is the child of a parent or caretaker relative described in A.1.a.
2. In accordance with the requirements described in section 1925 of the Act, and in this reviewable unit, the state provides extended Medicaid eligibility, as follows:

☐ a. The initial extended eligibility period is for 6 months, followed by a second extended eligibility period of 6 months.

☒ b. The initial extended eligibility period is for 12 months, with no second extended eligibility period.

# Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
Submission Type	Official	Initial Submission Date	1/10/2024
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Superseded SPA ID	WA-91-22		
	User-Entered		

## B. Individuals Covered

1. Parents or other caretaker relatives

- a. A parent or other caretaker relative must meet the following criteria to qualify for an initial extended eligibility period:

i. Was eligible and enrolled in the parents and other caretaker relatives eligibility group, during the six months immediately preceding the month that eligibility was lost, for at least:

☐ (1) 1 month

☐ (2) 2 months

☒ (3) 3 months

ii. Lost eligibility under the parents and other caretaker relatives eligibility group because:

(1) The earnings of a parent or caretaker relative caused household income to exceed the income standard of that group; or

(2) The hours of employment of a parent or caretaker relative resulted in the individual no longer being considered to have a dependent child (as described in 42 CFR 435.4 and the Parents and Other Caretaker Relatives RU).

iii. Continues to live with a child.

2. A child qualifying under this eligibility group must meet all of the following requirements:

- a. Lives with a parent or other caretaker relative who is eligible under this eligibility group.
- b. Is not eligible for the infants and children under age 19 eligibility group (42 CFR 435.118).

# Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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	User-Entered		

## C. Initial Extended Eligibility Period

### 1. Income/Resource Standard Used

There is no income or resource standard.

### 2. Medical Assistance Provided

- a. The amount, duration, and scope of coverage provided is the same as that provided to parents and caretaker relatives enrolled in the parents and other caretaker relatives eligibility group and to children enrolled in the eligibility group for infants and children under age 19.
- b. The state's election to provide premium assistance for employer sponsored coverage is described in the benefits section of the state plan.

### 3. Termination of Extension

- a. If the family ceases to include a child, the initial extension of eligibility will end prior to the scheduled end date. In such cases, eligibility is terminated at the close of the first month in which the family no longer includes a child.
- b. Termination of eligibility will occur in accordance with all requirements described in the Eligibility Process RU.

# Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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## F. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Certain individuals who were eligible in the 1970s and 1980s and continue to qualify under specified requirements.

### Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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The state covers mandatory individuals who were previously eligible for Medicaid in the 1970s or 1980s and continue to meet the eligibility requirements. These individuals are described in one or more of the following sections A through F.

### A. Individuals Receiving Mandatory State Supplements

Individuals qualifying under this eligibility group must be receiving mandatory state supplements.

# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## B. Individuals Who Are Essential Spouses

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

1. In December, 1973 were eligible for Medicaid as essential spouses;
2. Have continued to live with and be essential to the well-being of an individual who continues to meet the eligibility requirements for one of the cash assistance programs under OAA, AB, APTD, or AABD; and
3. Continue to meet the December, 1973 criteria that applied in determining the amount of the cash payment.

# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## C. Institutionalized Individuals Continuously Eligible Since 1973

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

1. Were eligible for Medicaid in December, 1973 as inpatients of medical institutions or residents of intermediate care facilities participating in Medicaid;
2. For each consecutive month after December, 1973, continue to meet the requirements for Medicaid eligibility in effect under the state plan in December, 1973 for institutionalized individuals, and remain institutionalized; and
3. Are determined by the state or a professional standards review organization to continue to need institutional care.



# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## D. Individuals Eligible in 1973 Who Have Blindness or a Disability

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

1. Meet all the current Medicaid eligibility requirements, except for blindness and disability;
2. Were eligible for Medicaid in December, 1973 as blind or disabled; and
3. Continue to meet the December, 1973 criteria for Medicaid.

# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## E. Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972

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

1. Were entitled to and receiving cash assistance in August, 1972, or would have been eligible had they applied or not been institutionalized (and the state covered these optional groups); and
2. Would currently be eligible for SSI or state supplement, except for the increase in OASDI under Public Law No. 92-336.

# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## F. Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI

1. Individuals qualifying under this eligibility group must meet all of the following criteria:
- a. Are disabled widows or widowers who are deemed to be SSI or state supplement beneficiaries.

b. Became ineligible for SSI or state supplement as a result of the elimination of the reduction factor required by section 134 of Public. Law No. 98-21.

c. Would be eligible for SSI or state supplement, except for the increase under Public Law No. 98-21 and subsequent cost-of-living increases in widow's or widower's benefits under section 215(i) of the Act.

d. Filed a written application for Medicaid on or before June 30,1988.
2. Individuals receiving only state supplement qualify for this group.
- ☒ Yes

☐ No
3. SSI Methodologies are used in calculating household income.

# Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## G. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Working Individuals under 1619(b)

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Individuals who have blindness or a disability who participated in Medicaid as SSI beneficiaries or who were considered to be receiving SSI, who would still qualify for SSI except for earnings.

### Package Header

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User-Entered			

The state covers the working individuals under 1619(b) mandatory eligibility group in accordance with the following provisions:

### A. Characteristics

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

- In the month preceding the month of qualification under this group:
  - Received SSI or state supplement; and
  - Were eligible for Medicaid under the state plan.
- Continue to have blindness or a disability.
- Continue to meet all non-disability-related requirements for eligibility for SSI or state supplement.
- Would qualify for SSI or State Supplement, except for earned income.
- For whom the loss of eligibility for Medicaid would seriously inhibit the individual's ability to continue or obtain employment.
- For whom the individual's earnings are not sufficient to provide a reasonable equivalent of SSI (including state supplement), Medicaid, and publicly funded attendant care services.

# Working Individuals under 1619(b)

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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	User-Entered		

## B. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

### Package Header

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Submission Type	Official	Initial Submission Date	1/10/2024
Approval Date	04/03/2024	Effective Date	7/1/2024
Superseded SPA ID	WA-21-0002		
System-Derived			

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

☒ Yes ☐ No















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

#### Families and Adults

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

#### Aged, Blind and Disabled

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

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



# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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Superseded SPA ID	WA-21-0002		
System-Derived			

## B. Medically Needy Options for Coverage



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

☒ Yes ☐ No


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

### 1. Mandatory Medically Needy:

#### Families and Adults



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

#### Aged, Blind and Disabled

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

### 2. Optional Medically Needy:

#### Families and Adults

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

#### Aged, Blind and Disabled

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

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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<b>Superseded SPA ID</b>	WA-21-0002		
	System-Derived		

## 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

### Reasonable Classification of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

One or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state.

#### Package Header

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<b>Superseded SPA ID</b>	WA-13-0030		
	System-Derived		

The state covers the reasonable classifications of individuals under age 21 group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 21, or a lower age, as specified in C.
2. Have household income at or below the standard established by the state, if the state has an income standard.
3. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

#### B. Financial Methodologies

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

# Reasonable Classification of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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	System-Derived		

## C. Individuals Covered

1.The state covered all children under a specified age or at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

- ☒ Yes
- ☐ No

2. The state covers at least one age group or reasonable classification of children who were not covered prior to January 1, 2014.

- ☐ Yes
- ☒ No

3. The state covers at least one age group or reasonable classification of children who were covered prior to January 1, 2014.

- ☒ Yes
- ☐ No

a. The state covers all children under a specified age limit who were covered prior to January 1, 2014.

- ☐ Yes
- ☒ No

b. Reasonable classifications of children who were covered prior to January 1, 2014, and are still covered:

Name of classification	Age Range
Pregnant teens	Under age 19

**Name:** Pregnant teens

**Description:** Pregnant teens

**Age Covered:** Under age 19

# Reasonable Classification of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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	System-Derived		

## D. Income Standard Used

- Pregnant teens

The income standard for this age group or classification that was covered prior to January 1, 2014 and is still covered is:

- ☐ 1. No income test
- ☒ 2. The maximum standard
- ☐ 3. Another income standard

# Reasonable Classification of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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	System-Derived		

## E. Basis for Income Standard

### - Pregnant teens

#### 1. Minimum income standard

The minimum income standard for this age group or classification is an FPL percent greater than lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group.

#### 2. Maximum Income Standard

- ☐ a. The state certifies that it has submitted and received approval for its converted income standards for this age group or classification to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.
- b. The state's maximum income standard for this age group or classification is:
- ☐ i. The state's effective income level for this age group or classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☒ ii. The state's effective income level for this age group or classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☐ iii. The state's effective income level for this age group or classification under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☐ iv. The state's effective income level for this age group or classification under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- c. The amount of the maximum income standard is:
- ☐ i. A percentage of the federal poverty level:

☒ ii. No income test

☐ iii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.

☐ iv. The maximum income standard for Parents and Other Caretaker relatives.

☐ v. Other dollar amount

# Reasonable Classification of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/10/2024
<b>Approval Date</b>	04/03/2024	<b>Effective Date</b>	7/1/2024
<b>Superseded SPA ID</b>	WA-13-0030		
	System-Derived		

## F. Additional Information (Optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Children with special needs for medical or rehabilitative care for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid immediately before the adoption agreement was executed, or who had income at that point in time at or below a standard established by the state .

#### Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/10/2024
<b>Approval Date</b>	04/03/2024	<b>Effective Date</b>	7/1/2024
<b>Superseded SPA ID</b>	WA-13-0030		
	System-Derived		

The state covers the children with non IV-E adoption assistance group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 21 or a lower age, as specified in C.
2. Have a state adoption assistance agreement in effect between the adoptive parent(s) and a state.
3. The state adoption agency has determined that they cannot be placed for adoption without Medicaid coverage because of special needs for medical or rehabilitative care.
4. Immediately prior to execution of the adoption agreement, were eligible under the Medicaid state plan of the state with the adoption assistance agreement or, at the state's option, immediately prior to execution of the adoption agreement had income no more than the income standard (which could be no income test) specified in Section D.
5. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

#### B. Financial Methodologies

When income is considered, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.



# Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

Package ID	WA2024MS0001O	SPA ID	WA-24-0003
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	System-Derived		

## C. Individuals Covered

1. The state covers all children under a specified age limit for whom there is an adoption assistance agreement in place from any state.

- ☒ Yes
- ☐ No

- a. The age of children covered under this eligibility group is.

☒ i. Under age 21

☐ ii. Under age 20

☐ iii. Under age 19

☐ iv. Under age 18
- b. In addition, the state covers reasonable classifications of children.

☐ Yes

☒ No

# Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## D. Income Standard Used

1. The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- ☒ Yes  
☐ No

2. The state used an income standard or disregarded all income for this group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- ☒ Yes  
☐ No

### Age Group or Classification : All children Under age 21

3. For individuals who were not eligible under the Medicaid state plan immediately prior to execution of the adoption agreement, the state additionally elects to establish an income standard for this age group or classification.

- ☒ Yes  
☐ No

4. The income standard used for this age group or classification to determine if the child is eligible now, using the child's household income immediately before the execution of the adoption assistance agreement, is:

- ☐ a. No income test  
☒ b. An income standard

i. The income standard for this age group or classification is based on a percentage of the federal poverty level.

- ☒ Yes  
☐ No

ii. The state uses the following income standard for this age group or classification:

210.00% FPL

# Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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	System-Derived		

## E. Basis for Income Standard - Maximum Income Standard

- ☐ 1. The state certifies that it has submitted and received approval for its converted income standards for this group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.
2. The state's maximum income standard for this eligibility group is:

☒ a. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☐ b. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☐ c. The state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☐ d. The state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
3. The amount of the maximum income standard is:

☒ a. A percentage of the federal poverty level

FPL 210.00%

☐ b. No income test

☐ c. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.

☐ d. The maximum income standard for Parents and Other Caretaker relatives.

☐ e. Other dollar amount

# Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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## F. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.

#### Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/10/2024
<b>Approval Date</b>	04/03/2024	<b>Effective Date</b>	7/1/2024
<b>Superseded SPA ID</b>	WA-14-0020		
	User-Entered		

The state operates the optional Individuals Needing Treatment for Breast or Cervical Cancer eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals (including women and men) qualifying under this eligibility group must meet the following criteria:

1. Are under the age of 65.
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.
3. Have been screened under the Centers for Disease Control and Prevention (CDC) Breast and Cervical Cancer Early Detection Program.
4. As a result of the screening, a determination has been made that the individual needs treatment for breast or cervical cancer, as defined at 42 CFR 435.213(c).
5. Do not otherwise have creditable coverage for treatment of breast or cervical cancer.

# Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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<b>Superseded SPA ID</b>	WA-14-0020		
	User-Entered		

## B. Financial Methodologies

This eligibility group has no income or resource test.

# Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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<b>Superseded SPA ID</b>	WA-14-0020		
	User-Entered		

## C. Additional Information (optional)

The methodology used to determine income eligibility for the Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act excludes all income.

# Eligibility Groups - Options for Coverage

## Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

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

### Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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<b>Superseded SPA ID</b>	WA-20-0030		
	System-Derived		

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

### A. Characteristics

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

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



Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

Package Header

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	System-Derived		

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.
- ☐ The following less restrictive methodologies are used:

Name of methodology:	Description:
Financial Disregard for 1915i	Income above 150 percent of the FPL is disregarded for individuals who meet the needs-based and targeting criteria for Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act.

2. Income Test

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

# Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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

### 1. Financial methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

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

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

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

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

☐ Resources set aside in  
Independence/Freedom accounts

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

### 2. Income Test

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

- ☐ a. The SSI income standard.
- ☒ b. The income standard of the state supplement program.

### 3. Resource Test

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

# Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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	System-Derived		

## D. Premiums and Cost Sharing

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

# Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## E. Additional Information (optional)

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

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

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

### Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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<b>Superseded SPA ID</b>	WA-20-0030		
	System-Derived		

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

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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<b>Superseded SPA ID</b>	WA-20-0030		
	System-Derived		

## A. Characteristics

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

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

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

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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.
- ☐ The following less restrictive methodologies are used:

Name of methodology:	Description:
Financial Disregard for 1915i	Income above 150 percent of the FPL is disregarded for individuals who meet the needs-based and targeting criteria for Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act.

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.

<input type="checkbox"/> Resources set aside in Independence/Freedom accounts	<b>Description:</b> Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.
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# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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	System-Derived		

## 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 | WA2024MS0001O | WA-24-0003

## Package Header

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	System-Derived		

## D. Resource Standard Used

The resource standard for this group is:

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

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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## E. Premiums and Cost Sharing

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

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## F. Additional Information (optional)

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

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

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

#### Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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	System-Derived		

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:

- Are at least age 16 but less than 65 years of age.
- 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.
- Continue to have a severe medically determinable impairment.
- Are employed, using the following definition:

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

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

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## 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.
- ☐ The following less restrictive methodologies are used:

Name of methodology:	Description:
Financial Disregard for 1915i	Income above 150 percent of the FPL is disregarded for individuals who meet the needs-based and targeting criteria for Community Behavioral Health Support (CBHS) in the Supportive Supervision and Oversight benefit approved under the authority of section 1915(i) of the Act.

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.

<input type="checkbox"/> Resources set aside in Independence/Freedom accounts	<b>Description:</b> Designated separate account that consists only of earnings resulting from work activity while enrolled in the Ticket and BBA work incentives eligibility groups.
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# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## C. Income Standard Used

The income standard for this group is:

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

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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	System-Derived		

## D. Resource Standard Used

The resource standard for this group is:

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

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## E. Premiums and Cost Sharing

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



# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/10/2024
<b>Approval Date</b>	04/03/2024	<b>Effective Date</b>	7/1/2024
<b>Superseded SPA ID</b>	WA-20-0030		
	System-Derived		

## F. Additional Information (optional)

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

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

*This view was generated on 4/3/2024 6:07 PM EDT*

# WA - Submission Package - WA2024MS0007O - (WA-24-0018-2) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Approval Letter   News   Related Actions

CMS-10434 OMB 0938-1188

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2









#### Package Header

Package ID	WA2024MS0007O	SPA ID	WA-24-0018-2
Submission Type	Official	Initial Submission Date	4/3/2024
Approval Date	05/03/2024	Effective Date	4/1/2024
Superseded SPA ID	WA-23-0008		
	System-Derived		




#### Mandatory Coverage






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

##### Families and Adults

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

##### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

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

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2



## Package Header

Package ID	WA2024MS0007O	SPA ID	WA-24-0018-2
Submission Type	Official	Initial Submission Date	4/3/2024
Approval Date	05/03/2024	Effective Date	4/1/2024
Superseded SPA ID	WA-23-0008		
	System-Derived		

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

☒ Yes ☐ No

### Families and Adults

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

C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

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

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2

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

<b>Package ID</b>	WA2024MS0007O	<b>SPA ID</b>	WA-24-0018-2
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/3/2024
<b>Approval Date</b>	05/03/2024	<b>Effective Date</b>	4/1/2024
<b>Superseded SPA ID</b>	WA-22-0034		
	System-Derived		

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:

- 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.
- Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2

Package Header

Package ID	WA2024MS0007O	SPA ID	WA-24-0018-2
Submission Type	Official	Initial Submission Date	4/3/2024
Approval Date	05/03/2024	Effective Date	4/1/2024
Superseded SPA ID	WA-22-0034		
	System-Derived		

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:

- ☐ 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:

FPL100.00%

and

FPL110.00%

- ☐ 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:

- ☐ All resources are disregarded. No resource test is applied.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2

## Package Header

<b>Package ID</b>	WA2024MS0007O	<b>SPA ID</b>	WA-24-0018-2
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/3/2024
<b>Approval Date</b>	05/03/2024	<b>Effective Date</b>	4/1/2024
<b>Superseded SPA ID</b>	WA-22-0034		
	System-Derived		

## 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 | WA2024MS0007O | WA-24-0018-2

## Package Header

<b>Package ID</b>	WA2024MS0007O	<b>SPA ID</b>	WA-24-0018-2
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/3/2024
<b>Approval Date</b>	05/03/2024	<b>Effective Date</b>	4/1/2024
<b>Superseded SPA ID</b>	WA-22-0034		
	System-Derived		

## F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2

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

<b>Package ID</b>	WA2024MS0007O	<b>SPA ID</b>	WA-24-0018-2
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/3/2024
<b>Approval Date</b>	05/03/2024	<b>Effective Date</b>	4/1/2024
<b>Superseded SPA ID</b>	WA-22-0034		
	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.

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2

## Package Header

Package ID	WA2024MS0007O	SPA ID	WA-24-0018-2
Submission Type	Official	Initial Submission Date	4/3/2024
Approval Date	05/03/2024	Effective Date	4/1/2024
Superseded SPA ID	WA-22-0034		
	System-Derived		

## 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:

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

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2

## Package Header

<b>Package ID</b>	WA2024MS0007O	<b>SPA ID</b>	WA-24-0018-2
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/3/2024
<b>Approval Date</b>	05/03/2024	<b>Effective Date</b>	4/1/2024
<b>Superseded SPA ID</b>	WA-22-0034		
	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 life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

## E. Medical Assistance Provided

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

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2

## Package Header

<b>Package ID</b>	WA2024MS0007O	<b>SPA ID</b>	WA-24-0018-2
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/3/2024
<b>Approval Date</b>	05/03/2024	<b>Effective Date</b>	4/1/2024
<b>Superseded SPA ID</b>	WA-22-0034		
	System-Derived		

## F. Additional Information (optional)

SLMB FPL between 101-110% FPL is being subsumed into to the QMB group due to the requested expansion.

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2

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

<b>Package ID</b>	WA2024MS0007O	<b>SPA ID</b>	WA-24-0018-2
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/3/2024
<b>Approval Date</b>	05/03/2024	<b>Effective Date</b>	4/1/2024
<b>Superseded SPA ID</b>	WA-22-0034		
	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.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2

Package Header

Package ID	WA2024MS0007O	SPA ID	WA-24-0018-2
Submission Type	Official	Initial Submission Date	4/3/2024
Approval Date	05/03/2024	Effective Date	4/1/2024
Superseded SPA ID	WA-22-0034		
	System-Derived		

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:

- ☐ 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:

FPL 135.00%  
and  
FPL 138.00%

- ☐ Census Bureau wages are disregarded.

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

- ☐ The following less restrictive methodologies are used:

Name of methodology:	Description:
Income tax obligation	Unearned income withheld, prior receipt by the individual, for income tax purposes, or otherwise withheld beyond the individual's control, is considered exempt when determining eligibility.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☐ All resources are disregarded. No resource test is applied.

# Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0007O | WA-24-0018-2

## Package Header

<b>Package ID</b>	WA2024MS0007O	<b>SPA ID</b>	WA-24-0018-2
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/3/2024
<b>Approval Date</b>	05/03/2024	<b>Effective Date</b>	4/1/2024
<b>Superseded SPA ID</b>	WA-22-0034		
	System-Derived		

## 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 | WA2024MS0007O | WA-24-0018-2

Package Header

Package ID	WA2024MS0007O	SPA ID	WA-24-0018-2
Submission Type	Official	Initial Submission Date	4/3/2024
Approval Date	05/03/2024	Effective Date	4/1/2024
Superseded SPA ID	WA-22-0034		
	System-Derived		

F. Additional Information (optional)

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

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# WA - Submission Package - WA2024MS0011O - (WA-24-0048) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Approval Letter   News   Related Actions

CMS-10434 OMB 0938-1188

## Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0011O | WA-24-0048

CMS-10434 OMB 0938-1188

**The submission includes the following:**

☐ Administration

☒ Eligibility

☐ Income/Resource Methodologies

☐ Income/Resource Standards

☐ Mandatory Eligibility Groups

☒ Optional Eligibility Groups

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

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00110 | WA-24-0048

### Package Header

Package ID	WA2024MS00110	SPA ID	WA-24-0048
Submission Type	Official	Initial Submission Date	12/24/2024
Approval Date	02/26/2025	Effective Date	11/1/2024
Superseded SPA ID	WA-24-0003		
System-Derived			











### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.


☒ Yes ☐ No















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

#### Families and Adults

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

#### Aged, Blind and Disabled

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

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

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0011O | WA-24-0048

## Package Header

Package ID	WA2024MS0011O	SPA ID	WA-24-0048
Submission Type	Official	Initial Submission Date	12/24/2024
Approval Date	02/26/2025	Effective Date	11/1/2024
Superseded SPA ID	WA-24-0003		
System-Derived			

## B. Medically Needy Options for Coverage



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

☒ Yes ☐ No

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

### 1. Mandatory Medically Needy:

#### Families and Adults



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

#### Aged, Blind and Disabled


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

### 2. Optional Medically Needy:

#### Families and Adults

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

#### Aged, Blind and Disabled

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

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0011O | WA-24-0048

## Package Header

Package ID	WA2024MS0011O	SPA ID	WA-24-0048
Submission Type	Official	Initial Submission Date	12/24/2024
Approval Date	02/26/2025	Effective Date	11/1/2024
Superseded SPA ID	WA-24-0003		
	System-Derived		

## 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 above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0011O | WA-24-0048

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

#### Package Header

<b>Package ID</b>	WA2024MS0011O	<b>SPA ID</b>	WA-24-0048
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/24/2024
<b>Approval Date</b>	02/26/2025	<b>Effective Date</b>	11/1/2024
<b>Superseded SPA ID</b>	WA-13-0030		
	User-Entered		

The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

#### B. Financial Methodologies

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



## C. Individuals Covered

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

☐ Yes ☒ No

**2. The state covers the following populations:**

☐ a. All children under a specified age limit:

☐ b. Reasonable classifications of children

☐ c. Parents and other caretaker relatives as defined in the Parents and Other Caretaker Relatives eligibility group, except for with respect to income

☒ d. Pregnant women

☐ e. Other

## D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

☒ Yes ☐ No

2. The income standard for this eligibility group is:

☒ a. Percentage of the federal poverty level.

210.00% FPL

☐ b. No income test (the income standard is infinite).

## E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- ☒ 1. Under age 19, or
- ☐ 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

## F. Phase-In

The state elects to phase-in coverage to individuals in this group.

☐ Yes ☒ No

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