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**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 24-0003**

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- 3) Approved SPA Pages

# WA - Submission Package - WA2024MS0001O - (WA-24-0003) - Eligibility

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



## Center for Medicaid & CHIP Services

April 03, 2024

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

Re: Approval of State Plan Amendment WA-24-0003

Dear Sue Birch,

On January 10, 2024, the Centers for Medicare and Medicaid Services (CMS) received Washington State Plan Amendment (SPA) WA-24-0003, in which the state proposed changes to the income eligibility methodologies for Community Behavioral Health Support Services (CBHS) in Washington's section 1915(i)-authorized Supportive Supervision and Oversight benefit.

We approve Washington State Plan Amendment (SPA) WA-24-0003 with an effective date(s) of July 01, 2024.

If you have any questions regarding this amendment, please contact Edwin Walaszek at [Edwin.Walaszek@cms.hhs.gov](mailto:Edwin.Walaszek@cms.hhs.gov)

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

# WA - Submission Package - WA2024MS0001O - (WA-24-0003) - Eligibility

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CMS-10434 OMB 0938-1188

## 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Superseded SPA ID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		

### State Information

**State/Territory Name:** Washington

**Medicaid Agency Name:** Health Care Authority

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

### Package Header

**Package ID** WA2024MS0001O  
**Submission Type** Official  
**Approval Date** 04/03/2024  
**Superseded SPA ID** N/A

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 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):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

### Package Header

**Package ID** WA2024MS0001O  
**Submission Type** Official  
**Approval Date** 04/03/2024  
**Superseded SPA ID** N/A

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** N/A

### Executive Summary

**Summary Description Including Goals and Objectives** 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.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

#### Federal Statute / Regulation Citation

1902a

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

### Package Header

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**Approval Date** 04/03/2024  
**Superseded SPA ID** N/A

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** N/A

### Governor's Office Review

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

**Describe** Exempt

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 4/9/2024 2:54 PM EDT*

# WA - Submission Package - WA2024MS0001O - (WA-24-0003) - Eligibility

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CMS-10434 OMB 0938-1188

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

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>Approval Date</b>	04/03/2024	<b>Effective Date</b>	7/1/2024
<b>Superseded SPA ID</b>	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
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED



## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

### Package Header

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**Submission Type** Official  
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System-Derived

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

#### 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 <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
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

### 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

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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<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 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:

1. Are under age 19
2. 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

<b>1. The amount of the income standard for infants under age one is:</b>	<b>FPL</b> 210.00%
<b>2. The amount of the income standard for children age one through five is:</b>	<b>FPL</b> 210.00%
<b>3. The amount of the income standard for children age six through eighteen is:</b>	<b>FPL</b> 210.00%

# Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

**Package ID** WA2024MS0001O  
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**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

## 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 **FPL** 185.00%  
(no higher than 185% FPL):

### 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  
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**Superseded SPA ID** WA-13-0030  
System-Derived

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

## 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

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**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

### 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

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<b>Superseded SPA ID</b>	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

**Package ID** WA2024MS0001O  
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**Effective Date** 7/1/2024

## 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

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**Effective Date** 7/1/2024

## 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.

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<b>Superseded SPA ID</b>	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

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## Package Header

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

**SPA ID** WA-24-0003  
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**Effective Date** 7/1/2024

## 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.

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<b>Superseded SPA ID</b>	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  
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**Superseded SPA ID** WA-23-0008  
User-Entered

**SPA ID** WA-24-0003  
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## 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(j) 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

<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		

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:

- Lost coverage under the parents and other caretaker relatives group (42 CFR 435.110) due to work hours or income from employment, or
- 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

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**Superseded SPA ID** WA-91-22  
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**SPA ID** WA-24-0003  
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## 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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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**Superseded SPA ID** WA-91-22  
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**SPA ID** WA-24-0003  
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**Effective Date** 7/1/2024

## 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

**Package ID** WA2024MS0001O  
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**SPA ID** 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
<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		

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

**Package ID** WA2024MS0001O  
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**SPA ID** WA-24-0003  
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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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**Effective Date** 7/1/2024

## 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

**Package ID** WA2024MS0001O  
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**SPA ID** WA-24-0003  
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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(j) 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

<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		

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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### 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 | WA2024MS00010 | WA-24-0003

### Package Header

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**Superseded SPA ID** WA-21-0002  
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**SPA ID** WA-24-0003  
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### 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
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

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
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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## 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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### 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

<b>Package ID</b>	WA2024MS0001O	<b>SPA ID</b>	WA-24-0003
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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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## 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  
**Age Covered:** Under age 19

**Description:** Pregnant teens

# Reasonable Classification of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

## Package Header

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## 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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## 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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
**Approval Date** 04/03/2024  
**Superseded SPA ID** WA-13-0030  
System-Derived

**SPA ID** 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(j) 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  
**Submission Type** Official  
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**Superseded SPA ID** WA-13-0030  
System-Derived

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

## 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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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**Superseded SPA ID** WA-13-0030  
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**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

## 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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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**Superseded SPA ID** WA-13-0030  
System-Derived

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

## 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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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**SPA ID** 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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
**Approval Date** 04/03/2024  
**Superseded SPA ID** WA-14-0020  
User-Entered

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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**Superseded SPA ID** WA-14-0020  
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**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

## 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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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**SPA ID** WA-24-0003  
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## 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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
**Approval Date** 04/03/2024  
**Superseded SPA ID** WA-20-0030  
System-Derived

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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**Superseded SPA ID** WA-20-0030  
System-Derived

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

## 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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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System-Derived

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
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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

**Package ID** WA2024MS0001O  
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**SPA ID** WA-24-0003  
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**Effective Date** 7/1/2024

### 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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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**Superseded SPA ID** WA-20-0030  
System-Derived

**SPA ID** WA-24-0003  
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**Effective Date** 7/1/2024

### E. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections, as well as in attachment 2.6-A page 120.

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | 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
<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		

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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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**Superseded SPA ID** WA-20-0030  
System-Derived

**SPA ID** WA-24-0003  
**Initial Submission Date** 1/10/2024  
**Effective Date** 7/1/2024

## 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

## Package Header

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System-Derived

**SPA ID** WA-24-0003  
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**Effective Date** 7/1/2024

## 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.

- 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 | WA2024MS0001O | WA-24-0003

### Package Header

**Package ID** WA2024MS0001O  
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**SPA ID** WA-24-0003  
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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 Basic

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS0001O | WA-24-0003

### Package Header

**Package ID** WA2024MS0001O  
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### 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

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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 120.

# 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
<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		

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 | WA2024MS0001O | WA-24-0003

## Package Header

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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System-Derived

**SPA ID** WA-24-0003  
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**Effective Date** 7/1/2024

## 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.

- 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 | WA2024MS0001O | WA-24-0003

## Package Header

**Package ID** WA2024MS0001O  
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**SPA ID** WA-24-0003  
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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

**Package ID** WA2024MS0001O  
**Submission Type** Official  
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## 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

**Package ID** WA2024MS0001O  
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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

**Package ID** WA2024MS0001O  
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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 120.

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