Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 24-0018-2

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

WA - Submission Package - WA2024MS0007O - (WA-24-0018-2) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Medicaid and CHIP Operations Group 601 E. 12th st, Room 335 Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 03, 2024

Sue Birch and Dr. Charissa Fotinos Health Care Authority Director Washington State Health Care Authority PO Box 45502 Olympia , WA 98504

Re: Approval of State Plan Amendment WA-24-0018-2

Dear Director Birch and Dr. Fotinos,

On April 03, 2024, the Centers for Medicare and Medicaid Services (CMS) received Washington State Plan Amendment (SPA) WA-24-0018-2, in which the state proposed new income disregards for the Qualified Medicare Beneficiaries (QMB) and Qualifying Individuals eligibility groups.

We approve Washington State Plan Amendment (SPA) WA-24-0018-2 with an effective date of April 01, 2024.

If you have any questions regarding this amendment, please contact Edwin Walaszek at edwin.walaszek1@cms.hhs.gov, or, at (212) 616-2512.

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

WA - Submission Package - WA2024MS0007O - (WA-24-0018-2) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

CMS-10434 OMB 0938-1188 **Submission - Summary** MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00070 | 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ID** WA-24-0018-2 Submission Type Official Initial Submission Date 4/3/2024 Approval Date 05/03/2024 Effective Date N/A Superseded SPA ID N/A **State Information** State/Territory Name: Washington Medicaid Agency Name: Health Care Authority **Submission Component** State Plan Amendment Medicaid \bigcirc CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00070 | WA-24-0018-2

Package Header

Package ID WA2024MS0007O

Submission Type Official
Approval Date 05/03/2024
Superseded SPA ID N/A

Initial Submission Date 4/3/2024

Effective Date N/A

SPA ID WA-24-0018-2

SPA ID and Effective Date

SPA ID WA-24-0018-2

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	4/1/2024	WA-23-0008
Qualified Medicare Beneficiaries	4/1/2024	WA-22-0034
Specified Low Income Medicare Beneficiaries	4/1/2024	WA-22-0034
Qualifying Individuals	4/1/2024	WA-22-0034

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00070 | WA-24-0018-2

Package Header

Package ID WA2024MS0007O

SPA ID WA-24-0018-2

Submission Type Official

Superseded SPA ID N/A

Initial Submission Date 4/3/2024

Approval Date 05/03/2024

Effective Date N/A

Executive Summary

Summary Description Including SPA WA 24-0018-2 will increase the income limit for two of the Medicare Savings Programs (MSPs), Qualified Medicare Beneficiary (QMB) and Qualified Goals and Objectives Individual (QI-1). MSPs help with Medicare co-pays, deductibles, and monthly premiums for qualified recipients. The Agency will increase the income limit of QMB from 100 percent of the Federal Poverty Level (FPL) to 110 percent and increase the FPL of Ql-1 from 135 percent FPL to 138 percent FPL. Increasing the income limit for Medicare Savings Programs will allow more low-income Medicare recipients to qualify and brings more federal resources, such as the Low-Income Subsidy (LIS) drug benefit, to more needy individuals. The result allows individuals to keep more of their income for other necessary things, reduces administrative burden, and puts more federal money into the local economy.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

		Federal Fiscal Year	Amount
First		2024	\$0
Secor	nd	2025	\$0

Federal Statute / Regulation Citation

Sections 1902(r)(2), 1902(a)(10)(E)(i), 1902(a)(10)(E)(iv), 1905(p) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No iten	ns available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00070 | WA-24-0018-2

Package Header

Package ID WA2024MS0007O

Submission Type Official

Approval Date 05/03/2024

Superseded SPA ID N/A

Governor's Office Review

O No comment
O Comments received
\bigcirc No response within 45 days
Other

SPA ID WA-24-0018-2

Initial Submission Date 4/3/2024

Effective Date N/A

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 5/3/2024 4:15 PM EDT

WA - Submission Package - WA2024MS0007O - (WA-24-0018-2) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00070 | WA-24-0018-2

Package Header

Package ID WA2024MS00070

Submission Type Official
Approval Date 05/03/2024

Superseded SPA ID WA-23-0008
System-Derived

 SPA ID
 WA-24-0018-2

 Initial Submission Date
 4/3/2024

 Effective Date
 4/1/2024

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	P			0	APPROVED
Parents and Other Caretaker Relatives	P	С		0	CONVERTED
Pregnant Women	P	Г		0	APPROVED
Deemed Newborns	P	Г		0	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Ø			0	APPROVED
Former Foster Care Children	P	Г		0	APPROVED
Transitional Medical Assistance	P	Г		0	APPROVED
Extended Medicaid due to Spousal Support Collections	Ø	Г		0	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	P	С		0	NEW
Closed Eligibility Groups	Ø			0	APPROVED
Individuals Deemed To Be Receiving SSI	ø	С		0	NEW
Working Individuals under 1619(b)	P	С		0	APPROVED
Qualified Medicare Beneficiaries	P	С	Г	0	APPROVED
Qualified Disabled and Working Individuals	P	С		0	NEW
Specified Low Income Medicare Beneficiaries	9	С	Е	0	APPROVED
Qualifying Individuals	Ø	Е		0	APPROVED

Mandatory Eligibility Groups MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00070 | WA-24-0018-2 Package Header Package ID WA2024MS00070 Submission Type Official Approval Date 05/03/2024 Superseded SPA ID WA-23-0008

SPA ID WA-24-0018-2

Initial Submission Date 4/3/2024

Effective Date 4/1/2024

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

• Yes O No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ②	Included in Another Submission Package	Source Type 😯
Adult Group	P			\circ	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 | WA2024MS00070 | 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

 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

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 | WA2024MS00070 | WA-24-0018-2

Package Header

Package ID WA2024MS0007O

Submission Type Official
Approval Date 05/03/2024

Superseded SPA ID WA-22-0034
System-Derived

SPA ID WA-24-0018-2

Initial Submission Date 4/3/2024

Effective Date 4/1/2024

В.	Finan	cial	Met	hodo	ologies
----	-------	------	-----	------	---------

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 a	re used in calculating countable income.				
Yes					
○No					
The less restrictive income methodolo	ogies are:				
The difference between one incom	e standard and another is disregarded.				
	Between the following percentages of the FPL:	FPL	100.00%		
	 Between the medically needy income limit and a percentage of the FPL: 	and			
	O Between the SSI Federal Benefit Rate and:	FPL	110.00%		
	O Between other income standards:				
Census Bureau wages are disregar	ded.	Description of disregard:	Wages paid by the Census Bureau for temporary employment related to census activities are excluded.		
The following less restrictive method	odologies 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 | WA2024MS00070 | WA-24-0018-2

Package Header

Package ID WA2024MS0007O

Submission Type Official
Approval Date 05/03/2024

Superseded SPA ID 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.

SPA ID WA-24-0018-2

Initial Submission Date 4/3/2024

Effective Date 4/1/2024

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 | WA2024MS00070 | WA-24-0018-2

Package Header

Package ID WA2024MS0007O

Submission Type Official
Approval Date 05/03/2024
Superseded SPA ID WA-22-0034

System-Derived

F. Additional Information (optional)

SPA ID WA-24-0018-2

Initial Submission Date 4/3/2024

Effective Date 4/1/2024

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00070 | 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

 Package ID
 WA2024MS0007O
 SPA ID
 WA-24-0018-2

 Submission Type
 Official
 Initial Submission Date
 4/3/2024

Effective Date 4/1/2024

Approval Date 05/03/2024
Superseded SPA ID 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

System-Derived

Submission Type Official
Approval Date 05/03/2024
Superseded SPA ID WA-22-0034

 SPA ID
 WA-24-0018-2

 Initial Submission Date
 4/3/2024

 Effective Date
 4/1/2024

B. Financial Methodologies					
1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-No. 2. Less restrictive methodologies are used in calculating countable income. 9 Yes No The less restrictive income methodologies are: Census Bureau wages are disregarded. The following less restrictive methodologies are used:	Description of disregard: Wages p	aid by the Census Bureau for temporary nent related to census activities are excluded.			
	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 | WA2024MS00070 | WA-24-0018-2

Package Header

Package ID WA2024MS0007O

System-Derived

Submission Type Official
Approval Date 05/03/2024
Superseded SPA ID WA-22-0034

034

SPA ID WA-24-0018-2

Initial Submission Date 4/3/2024

Effective Date 4/1/2024

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 | WA2024MS00070 | WA-24-0018-2

Package Header

Submission Type Official Approval Date 05/03/2024 Superseded SPA ID WA-22-0034

System-Derived

Package ID WA2024MS0007O **SPA ID** WA-24-0018-2 Initial Submission Date 4/3/2024

Effective Date 4/1/2024

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 | WA2024MS00070 | 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

 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

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 | WA2024MS00070 | WA-24-0018-2

Package Header

Package ID WA2024MS0007O

Submission Type Official

Approval Date 05/03/2024

Superseded SPA ID WA-22-0034

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 a	re used in calculating countable income.			
Yes				
○No				
The less restrictive income methodol	ogies are:			
The difference between one incom	ne standard and another is disregarded.			
	Between the following percentages of the FPL:	FPL	135.00%	
	 Between the medically needy income limit and a percentage of the FPL: 	and		
	Between the SSI Federal Benefit Rate and:	FPL	138.00%	
	Between other income standards:			
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 meth	odologies 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.			

SPA ID WA-24-0018-2

Initial Submission Date 4/3/2024

Effective Date 4/1/2024

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WA2024MS00070 | WA-24-0018-2

Package Header

Package ID WA2024MS0007O

System-Derived

Submission Type Official
Approval Date 05/03/2024
Superseded SPA ID WA-22-0034

24 **Effective Date** 4/1/2024

SPA ID WA-24-0018-2

Initial Submission Date 4/3/2024

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 | WA2024MS00070 | WA-24-0018-2

Package Header

Package ID WA2024MS0007O

Submission Type Official
Approval Date 05/03/2024
Superseded SPA ID WA-22-0034

System-Derived

F. Additional Information (optional)

SPA ID WA-24-0018-2

Initial Submission Date 4/3/2024

Effective Date 4/1/2024

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 5/3/2024 4:17 PM EDT