### **Table of Contents**

### **State/Territory Name: Washington**

### State Plan Amendment (SPA) #: WA-14-0001

This file contains the following documents in the order listed:

Approval Letter
SPA Summary Form
Approved SPA Pages

The complete title XXI state plan for Washington consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <u>http://medicaid.gov/Medicaid-CHIP-Program-Information/By-</u>Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



#### **Children and Adults Health Programs Group**

### AUG 1 5 2014

Mr. Manning J. Pellanda Director Eligibility Policy & Service Delivery Washington State Health Care Authority 626 8<sup>th</sup> Ave SE Olympia, WA 98504-5534

Dear Mr. Pellanda:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number WA-14-0001 submitted on May 21, 2014. This SPA is related to Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

In SPA number WA-14-0001, page CS15 provides assurance that the state will apply methodologies based on MAGI for all separate CHIP covered groups, using the approved MAGI conversion plan income thresholds. The state indicates on page CS7 that it will cover targeted low-income children, and indicates on page CS9 that it will cover children from conception to birth when the mother is not eligible for Medicaid. The SPA includes a revised budget for the amendment which is attached to this letter and should replace the budget in section 9.10 of the current CHIP state plan. A copy of the approved CS15 is attached and should be incorporated within a separate subsection under Section 4.3 of the state's approved CHIP state plan. A copy of the approved CS7 and CS9 are attached and together supersede the current Geographic Area, Age and Income sections 4.1.1, 4.1.2 and 4.1.3 of the current CHIP state plan.

Your title XXI project officer is Ms. Victoria Collins. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Collins' contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services Mail Stop: S2-01-16 7500 Security Blvd. Baltimore, MD 21244-1850 Telephone: (410) 786-2176 Facsimile: (410) 786-5882 E-mail: Victoria.Collins@cms.hhs.gov

#### Page 2 – Mr. Manning J. Pellanda

Official communications regarding program matters should be sent simultaneously to Ms. Collins and to Ms. Carol Peverly, Associate Regional Administrator (ARA), in our Seattle Office. Ms. Peverly's address is:

Ms. Carol Peverly Office of the Regional Administrator 701 Fifth Ave., Ste. 1600 Seattle, WA 98104

.

If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs at (410) 786-0719. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

3

Eliot Fishman Director

Enclosures

cc: Carol Peverly, ARA, CMS Region X

.

Children's Health Insurance Program Eligibility

## WA.1018.R00.00 - Jan 01, 2014

## **Control Panel**

General Information

**File Management** 

**Tribal Input** 

Summary

014	Home	Logout	Finder	Save	Validate	Print	Help
	ren's Health In nary Page	isuranc	ce Prog	ram El	ligibility	:	
	te/Territory ne: Please enter the YY-0000 where digits of the sub with leading zero	<b>Tra</b> Transm ST= the mission	state al year, ar	<b>al Nui</b> mber (Ti obreviati nd 0000	N) in the ion, YY = = a four	the las digit nu	t two
	WA-14-0001		uasnes i	nust als	o de ente	ereu.	
	Pe of SPA: MAGI Eligil XXI Medica Establish 2 Eligibility P Non-Finance Non-Finance Non-Finance Monosed Effect	aid Exp 101(f) Processi cial Elig	ansion Group ing gibility <b>te</b>	ds			
Fee	deral Statute,	/Regu	lation	Citatio	on		
	42 CFR 457						
	<b>deral Budget</b> This SPA has a Total budget i	i budge	et impa	ct.			
	State Funds:	\$		6208255.0	0		
	Federal Funds Please attach	86240 - 265 <b>1</b> 6		1529616.0 P budg			
		C	Docum	ent			63
	Please provid document:	e a sho	ort desc	ription	of this	suppo	rt

Character Count:49 NA State CHIP Budget Plan FFU14-FFY15 - 6-	the stand and the state of the	t of	2000
VA State CHIP Budget Plan FFU14-FFY15 - 6-	30-2014		
			~
			~
Uploaded Document Name:			
	Date I	Jploa	aded:
WA State CHIP Budget Plan FFY14-FFY15 6-30-14.xlsx	8		
Download			

## Subject of Amendment

Please provide a brief summary of SPA changes. Character Count:28 out of 2000 MAGI Eligibility and Methods

## Signature of State Agency Official

Submitted By:	Ann Myers
Last Revision Date:	Jul 23, 2014
Submit Date:	May 21, 2014



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

### Separate Child Health Insurance Program CS7 **Eligibility - Targeted Low-Income Children** 2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320 **Targeted Low-Income Children** - Uninsured children under age 19 whose household income is within standards established by the state. The CHIP Agency operates this covered group in accordance with the following provisions: Age Must be under age 19. Income Standards Income standards are applied statewide. Yes Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income No standard or a county income standard? Statewide Income Standards Begin with lowest age range first. Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid povertylevel children for the same age group or groups entered here. From Age Above (% FPL) To Age Up to & including (% FPL) ÷ 10 19 210 312 Х Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each income standard that has overlapping ages and the reason for having different income standards. Special Program for Children with Disabilities Does the state have a special program for children with disabilities? No PRA Disclosure Statement

Approval Date:

AUG 1 5 2014



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130709

AUG 1 5 2014



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

**CS15** 

#### Separate Child Health Insurance Program MAGI-Based Income Methodologies

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315

The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).

In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGIbased income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.

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

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

C The pregnant woman is counted just as herself.

C The pregnant woman is counted just as herself, plus one.

• The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

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

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

• Current monthly household income and family size.

C Projected annual household income for the remaining months of the current calendar year and family size.

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

Include a prorated portion of the reasonably predictable increase in future income and/or family size.

Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

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

The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.

An attachment is submitted.

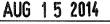
PRA Disclosure Statement

AUG 1 5 2014 Approval Date:

Effective Date: January 1, 2014 Page 1 of 2



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.





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

Separate Child Health Insurance Program Eligibility - Coverage From Conception to Birth	CS9
42 CFR 457.10	
<b>Coverage From Conception to Birth</b> - Coverage from conception to birth when the mother is not eligible for Medicaid.	
The CHIP Agency operates this covered group in accordance with the following provisions:	
Age Standard	
From conception through birth.	
Does the state have an additional age definition or other age-related conditions? No	
Income Standards	
Income standards are applied statewide. Yes	
Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard?	No
Statewide Income Standard	
The statewide income standard is: From zero up to 193 % FPL	
Exempted from requirement of providing or applying for a Social Security Number.	
Exempted from requirement of verifying citizenship status.	

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Washington State CHIP Budget Plan	Federal Fiscal Year Costs	Federal Fiscal Year Costs	
Enhanced FMAP Rate	65.00%	65.00%	
Benefit Costs	FFY 2014	FFY 2015	
Insurance Payments	<u>FF1 2014</u>	FF1 2013	
Managed Care – Children (211-312%FPL) PM/PM	\$116	\$116	
24,093 FFY14 eligibles; 25,497 FFY15 eligibles	\$33,890,058	\$35,605,100	
5,730 FFY14 eligibles; 5,829 FFY15 eligibles; [Section 214, Title XIX] <sup>(1)</sup>	\$7,988,312	\$8,139,360	
9,742 FFY14 eligibles; 15,917 FFY15 eligibles [Welcome Mat] <sup>(2)</sup>	\$13,582,131	\$22,227,650	
Fee for Service - Children (211-312%FPL) PM/PM	\$245	\$265	
3,526 FFY14 eligibles; 3,698 FFY15 eligibles	\$10,369,378	\$11,778,054	
831 FFY14 eligibles; 845 FFY15 eligibles [Section 214, Title XIX] <sup>(1)</sup>	\$2,444,193	\$2,692,520	
1,413 FFY14 eligibles; 2,309 FFY15 eligibles [Welcome Mat] <sup>(2)</sup>	\$4,155,740	\$7,352,981	
Fee for Service - Unborn Child (193%FPL) PM/PM	\$520	\$518	
5,558 FFY14 eligibles; 5,498 FFY15 eligibles	\$34,672,500	\$34,208,632	
133% Medicaid Children (FMAP to EFMAP Federal Only) <sup>(3)</sup>	\$27,503,427	\$29,393,306	
Total Benefit Costs	\$134,605,739	\$151,397,603	
(Total offsetting beneficiary cost sharing payments)	(\$5,931,468)	(\$6,221,312	
Net Benefit Costs	\$128,674,271	\$145,176,291	
Administration Costs <sup>(4)</sup>			
Personnel	\$1,155,368	\$1,213,136	
General Administration	\$406,230	\$426,542	
Contractors/Brokers (e.g., Within Reach)	\$967,280	\$1,015,644	
Claims Processing	\$98,111	\$103,017	
Outreach/Marketing Costs <sup>(5)</sup>	\$0	\$0	
Health Services Initiative – Washington Poison Center <sup>(6)</sup>	\$1,089,070	\$1,089,070	
Total Administration Costs	\$3,716,059	\$3,847,409	
10% Administrative Cost Ceiling	\$14,297,141	\$16,130,699	
Federal Share (multiplied by enhanced-FMAP rate)	\$95,679,914	\$107,153,062	
State Share	\$36,710,416		
Total Program Costs*	\$132,390,330		
*No new sources of state funds are being used to fund the measures in this budget. T remains appropriations by the state legislature.			
<sup>(1)</sup> Section 214 Medicaid Children			
Children added to Medicaid as a result of CHIPRA, Section 214 eligibility expansion a	re exempt from cost-	sharing premiums.	
<sup>(2)</sup> Welcome Mat	FFY2014	FFY2015	
ACA Expansion - Welcome Mat Impact for Children Between 211-312% FPL			
Total Welcome Mat	\$17,737,871	\$29,580,631	
Federal share	\$11,529,616	\$19,227,410	
State share	\$6,208,255	\$10,353,221	
<sup>(3)</sup> 133% Medicaid Children (FMAP to EFMAP Federal Only)			
Washington is a qualified state under §2105(g) to claim an "uncapped" portion of expension of expension of the claim for these expenditures is based on the dif and the current FMAP rate for Medicaid. In FFY 2014 the federal share is estimated a federal share is estimated at \$29.39 million dollars.	ference between the	EFMAP for CHIP	

AUG 1 5 2014

Washington State CHIP Budget Plan	Federal Fiscal Year Costs	Federal Fiscal Year Costs
Enhanced FMAP Rate	65.00%	65.00%
<sup>(4)</sup> Calculation of Unused Administration Funding	FFY2014	FFY2015
Current Program Costs	\$132,390,330	\$149,023,700
10% Administrative Cap	\$14,297,141	\$16,130,699
Federal Share	\$9,293,142	\$10,484,954
Administrative Costs - Current Plan	\$3,716,059	\$3,847,409
Federal Share	\$2,415,438	\$2,500,816
Unused Administration Funding Available	\$10,581,082	\$12,283,290
Federal Share	\$6,877,703	\$7,984,139
<sup>(5)</sup> Calculation of Children's Outreach Funding	FFY2014	FFY2015
Statewide Application Agent Program	\$0	\$0
Media Campaign & Other Outreach Contracts	\$0	\$0
Total Benefit Costs	\$0	\$0
Federal Share	\$0	\$0
State Share	\$0	\$0
Outreach costs are not currently being charged to the CHIP grant. As state funding be including media campaigns, application agents, etc. will be restored. If state appropria Washington assures that administrative expenditures will not exceed the 10% cap.		
(6) WAPC Health Services Initiative Funding (Contract #1012-95481-02)	FFY2014	FFY2015
Total WAPC Health Services Initiative Funding	\$1,089,070	\$1,089,070
Federal Share	\$707,896	\$707,896
State Share	\$381,175	\$381,175
Summary of Projected Costs for SPA 14		
In FFY2014 the total projected costs for this SPA will increase the budget by \$17,737, share in FFY2014 is calculated at \$11,529,616 dollars. In FFY 2015 the total projected budget by \$29,580,631 dollars. The increased federal share in FFY2015 is calculated	d costs for this SPA w	vill increase the