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State/Territory Name: Washington

State Plan Amendment (SPA) #: WA-14-0004-MC4

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

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: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-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 15 2014

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

Dear Mr. Pellanda:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved Washington's Children's Health Insurance Program (CHIP) state plan amendment (SPA), WA-14-0004-MC4 submitted on May 21, 2014. This SPA incorporates the Modified Adjusted Gross Income (MAGI)-based eligibility process requirements in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The state is using an interim alternative single streamlined paper application and an interim alternative single streamlined online application. By December 31, 2014, the state will implement revised alternative single streamlined paper and online applications that address CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the following state plan pages and attachments to be incorporated within a separate section at the end of Washington's approved state plan:

- Template CS24 – Separate Child Health Insurance Program
- Attachment 1 – Statement of use with respect to the alternative single, streamlined paper application
- Attachment 2 – Statement of use with respect to the alternative single, streamlined online application

This approval and the enclosures supercede the following sections of the current CHIP state plan:

- Section 4.3: Single Streamlined Application Screen and Enroll Process
- Section 4.4: Renewals, Screening by Other Insurance Affordability Programs

The CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan Amendment. Your title XXI project officer is Ms. Victoria Collins. She is available to answer questions concerning this amendment and other CHIP-related issues.

Page 2 – Mr. Manning J. Pellanda

Ms. Collin's 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

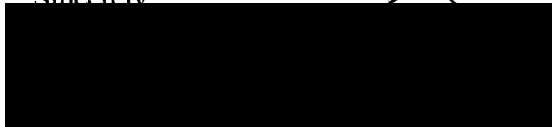
Official communications regarding program matters should be sent simultaneously to Ms. Collins and Ms. Carol Peverly, Associate Regional Administrator, in our Seattle Regional Office. Ms. Peverly's address is:

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.

Sincerely,

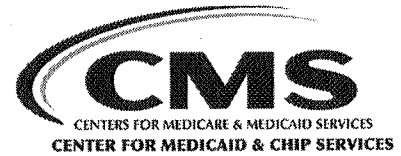
A large black rectangular redaction box covers the signature of Eliot Fishman.

Eliot Fishman
Director

Enclosure

cc: Ms. Carol Peverly, ARA, CMS Region X

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 15 2014

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

RE: CS24 – Eligibility Process State Plan Amendment (SPA), WA-14-0004-MC4

Dear Mr. Pellanda:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of Children’s Health Insurance Program (CHIP) state plan amendment (SPA) transmittal WA-14-0004-MC4, which was submitted to CMS on May 21, 2014. Our review of this submission included a review of the alternative single streamlined paper and online applications developed by the state.

Until December 31, 2014, the state is using an interim alternative single streamlined paper application. This interim application needs to be revised to reflect the following changes.

Necessary changes to paper application	Date by which changes will be completed:
Non-applicants will be given the option to provide their Social Security numbers for purposes of income verification.	December 31, 2014
Applicants will not be asked about previous year tax filing status.	December 31, 2014
Applicants will be asked about anticipated changes to income or projected annual income.	December 31, 2014

Necessary changes to paper application	Date by which changes will be completed:
American Indians and Alaska Natives applicants will have the opportunity to identify themselves as recipients of Indian Health Services for purposes of cost-sharing protections, and identify American Indian and Alaska Native income not countable for Medicaid and CHIP income determinations.	December 31, 2014
State will revisit the inclusion of a question on former foster care program participation.	December 31, 2014

Until December 31, 2014, the state is using an interim alternative single streamlined online application. This interim application needs to be revised to reflect the following changes.

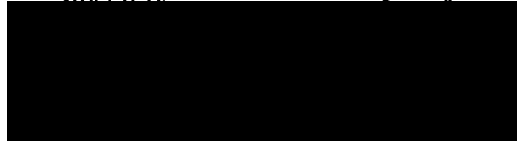
Necessary changes to online application	Date by which changes will be completed:
Questions regarding residency will not be directed to household members not seeking any benefits, and will be designated for applicants only.	December 31, 2014
Questions regarding incarceration will not be directed to household members not seeking any benefits, and will be designated for applicants only.	December 31, 2014
All questions regarding citizenship and immigration status will not be directed to household members not seeking any benefits, and will be designated for applicants only.	December 31, 2014
The non-MAGI screening questions related to disability and long term care will not be directed to household members not seeking any benefits, and will be designated for applicants only.	December 31, 2014
Questions regarding tobacco use will be asked only of applicants above the income limit for Medicaid and CHIP.	December 31, 2014

Necessary changes to online application	Date by which changes will be completed:
Applicants will be asked about anticipated changes to income, or projected annual income.	December 31, 2014
American Indians and Alaska Natives applicants will have the opportunity to identify themselves as recipients of Indian Health Services for purposes of cost-sharing protections, and identify American Indian and Alaska Native income not countable for Medicaid and CHIP income determinations.	December 31, 2014
Questions regarding access to employer-sponsored coverage, beyond what is needed for Medicaid and CHIP, will be asked only of applicants above the income limit for Medicaid and CHIP.	December 31, 2014
Applicants will not be asked about previous year tax filing status.	December 31, 2014
Applicants will be asked about income of household members of all ages (with exception allowed for tax dependents not required to file taxes as noted in the paper application or state could ask for all taxable income and make that calculation on the back-end.	December 31, 2014
State will revisit the inclusion of a question on former foster care program participation.	December 31, 2014

Page 4 – Mr. Manning J. Pellanda

Please submit the revised alternative single streamline online application to CMS for review no later than December 1, 2014, to ensure approval by December 31, 2014. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Ms. Victoria Collins at Victoria.Collins@cms.hhs.gov or (410) 786-2167. We look forward to continuing to work with you and your staff.

Sincerely,



Keny Whitener
Director
Division of State Coverage Programs

cc:
Ms. Carol Peverly, AR A, CMS Region X

logged in as TONIABROWN(CMS CO Staff)

read only mode

application rev p01

Children's Health Insurance Program Eligibility

WA.1021.R00.00 - Jan 01, 2014

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Help

Control Panel**General Information****File Management****Tribal Input****Summary**

Children's Health Insurance Program Eligibility: Summary Page

State/Territory name: Washington

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date
 (mm/dd/yyyy)
Federal Statute/Regulation Citation

Federal Budget Impact This SPA has a budget impact.

Total budget impact:

State Funds: \$ Federal Funds: \$

Please attach a revised CHIP budget.

Document**Subject of Amendment**

Please provide a brief summary of SPA changes.

Character Count:22 out of 2000

Signature of State Agency Official

Submitted By: Ann Myers

Last Revision Date: Oct 15, 2014
Submit Date: May 21, 2014

BACK

CONTINUE

[FAQs](#) | [Site Map](#) | [Contact](#) | [Medicaid.gov](#) | [CMS.gov](#)



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program General Eligibility - Eligibility Processing

CS24

2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C

- The CHIP Agency meets all of the requirements of 42 CFR 457, subpart C for application processing, eligibility screening and enrollment.

Application Processing

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

- The single, streamlined application developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act.
- An alternative single, stream lined application developed by the state and approved by the Secretary in accordance with section 1413(b)(1)(B) of the Affordable Care Act.

An attachment is submitted.

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

An attachment is submitted.

- The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in CFR 457.340(a), by telephone, via mail, in person and other commonly available electronic means.

The agency accepts applications in the following other electronic means.

- Other electronic means:

	Name of method	Description	
+	FAX	The applicant may fax a copy of their paper application to a published fax number.	X

Screen and Enroll Process

- The CHIP Agency has coordinated eligibility and enrollment screening procedures in place that are applied at time of initial application, periodic redeterminations, and follow-up eligibility determinations. The procedures ensure that only targeted low-income children are provided CHIP coverage and that enrollment is facilitated for applicants found to be potentially eligible for other insurance affordability programs.

Procedures include:



CHIP Eligibility

- Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and
- Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and
- Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single stream lined application.

The CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced premium tax credits in accordance with section 1943(b)(2) of the SSA.

Yes

Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:
 - Once every 12 months.
 - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

Screening by Other Insurance Affordability Programs

The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.

The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42 CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.

Check all types of agencies that apply:

- The Exchange
- Medicaid
- Other agency administering insurance affordability programs

	Name of Agency	
+	Department of Social and Health Services staff assisting an applicant or a recipient of Medicaid with an online application through the Washington Healthplanfinder.	X

The CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the requirements of 457.348(b) and will provide this agreement to the Secretary upon request.



CHIP Eligibility

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 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

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application

Online Application

TRANSMITTAL NUMBER:

WA-14-0004-MC4

STATE:

Washington

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application

Online Application

TRANSMITTAL NUMBER:

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STATE:

Washington

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