



Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

**JAN 07 2010**

Susan Dreyfus, Secretary  
Department of Social and Health Services  
Post Office Box 45010  
Olympia, Washington 98504-5010

**RE: Washington State Plan Amendment (SPA) Transmittal Number (TN) #09-029**

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services' Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number #09-029. This amendment implements changes in deemed eligibility of children born to mothers covered by Medicaid for the date of the child's birth for a period of one year from birth, as required by section 113 of the Children's Health Insurance Program Reauthorization Act of 2009. This change is reflected in Attachment 2.2-A pages 6 and 25.

This SPA is approved effective October 1, 2009.

If you have additional questions or require further assistance, please contact me or have your staff contact Maria Garza at either (206) 615-2542 or [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov).

Sincerely,

Barbara K. Richards  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:

Douglas Porter, Assistant Secretary, Health and Recovery Services Administration  
Ann Myers, State Plan Coordinator, Health and Recovery Services Administration

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
09-029

2. STATE  
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
Oct. 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for)

6. FEDERAL STATUTE/REGULATION CITATION:

1902le(4) of the Act. (pt I)

7. FEDERAL BUDGET IMPACT:

- a. FFY 2010 \$ 517,700
- b. FFY 2011 \$ 1,475,700

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 2.2-A pg 6, 25 (pt I)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Att. 2.2-A pg 6, 25 (pt I)

10. SUBJECT OF AMENDMENT:

Newborn Eligibility per CHIPRA

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Susan N. Dreyfus

*SD*

14. TITLE:  
Secretary

15. DATE SUBMITTED:

ORIG. UNSIGNED 12-21-09 SIGNED 12-22-09

16. RETURN TO:

Ann Myers  
Department of Social and Health Services  
Health and Recovery Services Administration  
POB 5504  
Olympia, WA 98504-5504

(MS: 45504)

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

DEC 22 2009

18. DATE APPROVED:

JAN 07 2010

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT 01 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Barbara K. Richards

22. TITLE:

Associate Regional Administrator

23. REMARKS:

12/29/09 State authorized for link change  
Division of Medicaid & Children's Health

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.117  
1902(e)(4)  
of the Act

12. Deemed Newborns.  
A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

X a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged  
X Blind  
X Disabled

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy (Continued)

4. RESERVED

42 CFR 435.308

5. /X/

a. Financially eligible individuals who are not described in section C.3. above and who are under the age of—

     21

     20

  X   19

     18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

/X/

b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

  X   (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

  X   (a) In foster homes (and are under the age of 21).

  X   (b) In private institutions (and are the age of 21).