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

## MAY 2 4 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 10-007

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-007. This amendment implements section 112 of MIPPA, which increases the resource standards for QMBs, SLMBs and QIs to conform to the resources limits for individuals who qualify for Medicare Part D Low-Income Subsidy (LIS).

The changes are reflected in Attachment 2.2-A, pages 9b, 9b.1, 9b.2, and Attachment 2.6-A, pages 22 and 22a.

This SPA is approved effective January 1, 2010.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or <a href="maria.garza@cms.hhs.gov">maria.garza@cms.hhs.gov</a>.

Sincerely,

Carol J.C. Peverly
Acting 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	NAME OF THE OWNER OWNER OF THE OWNER OWNE	FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-007	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 Jan. 1, 2010		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ch amendment)	
6. FEDERAL STATUTE/REGULATION CITATION: 1860D-14(a)(3)(D)			
Medicare Improvements for Patients and Providers Act (MIPPA) P.L. 110-275 1902(a)(10)(E)(iii);1902(a)(10)(E)(iv);1905(p)(3)(A)(ii); of the Act (I	a. FFY 2010 \$ 1,065,000 P&I) b. FFY 2011 \$ 1,065,000		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	RSEDED PLAN SECTION	
6. TAOL NOMBER OF THE LEAN SECTION OR AT MOMENT.	OR ATTACHMENT (If Applicable		
Att. 2.2-A pgs. 9a, 9b, 9c, 22, 22a 9b, 9b1, 9b2 (P&I)			
Attachment 2.6-A, pages 22 & 22a (P&I)	Att. 2.2-A pgs. 9a, 9b, 9e, 22 9b, 9b1, 9b2 (P&I)		
	Attachment 2.6-A, pages 22 & 22a	(P&I)	
10. SUBJECT OF AMENDMENT:			
10. SUBJECT OF AMENDMENT:			
MIPPA Changes			
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 spi	CIFIED: Exempt	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	Ann Myers	_	
13. TYPED NAME:	Department of Social and Health		
Susan N. Dreyfus	Health and Recovery Services Ad 626 8th Ave SE MS: 45504	ministration	
14. TITLE:	Olympia, WA 98504-5504		
Secretary 15. DATE SUBMITTED:	Olympia, WA 70304-3304		
March 31,2010			
FOR REGIONAL OF			
17. DATE RECEIVED: MAR 3 1 2010	18. DATE APPROVED: MAY 2	4 2010	
PLAN APPROVED – ON	E COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL JAN 0 1 2010	20. SENATIDE OF PECIENAL O	EDICIAL	
	22. TITLE:		
21. TYPED NAME: Carol & Peverly		nal Administrator	
23. REMARKS:		Medicaid &	
	THVISIBIL OF	IVIEUUCAUU (V	
5/14/2010 State authorized Pen & Ink changes.		's Health	

		5	State	WASHINGTON
Agency Citation(s)			Gro	oups Covered
	Α.			ory Coverage - Categorically Needy and Other Required Groups (Continued)
1902(a)(10)(E)(i), 1905(p) and 1860D-14(a)(3)(D) of the Act		25.	Qua a. b.	Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);  Whose income does not exceed 100 percent of the Federal poverty level; and  Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.
				edical assistance for this group is limited to Medicare cost-sharing defined in item 3.2 of this plan.)
1902(a)(10)(E)(ii), 1905(p)(3)(A)(i), And 1905(s) of the Act		26.	6. Qualified Disabled and Working Individuals	
			a.	Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
			b.	Whose income does not exceed 200 percent of the Federal poverty level; and

		S	State	WASHINGTON
Agency Citation(s)			Gro	oups Covered
	A.			ry Coverage - Categorically Needy and Other Required Special (Continued)
			C.	Whose resources do not exceed two times the SSI resource limit.
			d.	Who are not otherwise eligible for medical assistance under Title XIX of the Act.
			•	edical assistance for this group is limited to Medicare Part A miums under section 1818A of the Act.)
1902(a)(10)(E)(iii),		27.	Spe	ecified Low-Income Medicare Beneficiaries
1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act			a.	Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section

- 1818A of the Act);
- whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and
- Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

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A. <u>Mandatory Coverage - Categorically Needy and Other Required Special</u>
<u>Groups</u> (Continued)

1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act 28. Qualifying Individuals --

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. whose income is at least 120 percent but less than 135 percent of the Federal poverty level;
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

	State	e WASHINGTON
Citation		Condition or Requirement
	7.	Resource Standard - Medically Needy
		a. Resource standards are based on family size.
1902(a)(10)(C)(i) of the Act		<ul> <li>A single standard is employed in determining resource resource eligibility for all groups.</li> </ul>
	_	c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for
		Aged Blind Disabled
		Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to ATTACHMENT 2.6-A so indicates.
1902(a)(10)(E), 1905(p)(1)(C), and 1860D-14(a)(3)(D)	Sp	source Standard - Qualified Medicare Beneficiaries, ecified Low-Income Medicare Beneficiaries and lalifying Individuals

Qualifying Individuals

For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.

of the Act

	State	WASHINGTON
Citation		Condition or Requirement
1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act	9.	Resource Standard - Qualified Disabled and Working Individuals
		For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.
1902(u) of the Act	10.	For COBRA continuation beneficiaries, the resource standard is:
		Twice the SSI resource standard for an individual.
		More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A