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## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 13-29**

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

**Division of Medicaid & Children's Health Operations**

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**NOV 01 2013**

Dorothy Frost Teeter, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5010

**RE: Washington State Plan Amendment (SPA) Transmittal Number 13-029**

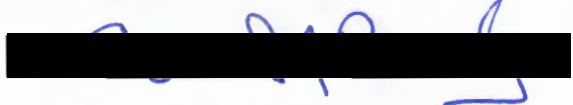
Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 13-029. This SPA adds pregnant teens as an optional reasonable classification of individuals to the Medicaid state plan and disregards all income for this group.

This SPA is approved effective November 1, 2013.

If you have any questions concerning this SPA, please contact me, or have your staff contact Janice Adams at (206) 615-2541 or [janice.adams@cms.hhs.gov](mailto:janice.adams@cms.hhs.gov).

Sincerely,



Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Ann Myers, State Plan Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>13-29</b>	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE <del>January 1, 2014</del> November 1, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$0 b. FFY 2015 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <del>Att. 2.2-A page 13a</del> (P&I) Supplement 1 to Att. 2.2-A page 1 Supplement 8a to Att. 2.6-A page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <del>Att. 2.2-A page 13a</del> (P&I) Supplement 1 to Att. 2.2-A page 1 Supplement 8a to Att. 2.6-A page 1

10. SUBJECT OF AMENDMENT

Classification of Individuals

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED: Exempt

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Ann Myers Office of Rules and Publications Legal and Administrative Services Health Care Authority 626 8 <sup>th</sup> Ave SE MS: 42716 Olympia, WA 98504-2716
13. TYPED NAME: MARYANNE LINDEBLAD	
14. TITLE: MEDICAID DIRECTOR	
15. DATE SUBMITTED: 10-2-13	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 10/02/13	18. DATE APPROVED: 11-01-2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: November 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health

23. REMARKS:

10.23.13 State authorizes P&I change to box 4  
10.28.13 state authorizes P&I change to box 8 and 9

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER  
THE AGE OF 21, 20, 19, AND 18

Individuals under age 21, who on their 18<sup>th</sup> birthday were in foster care under the legal responsibility of any of the following (only those individuals whose 18<sup>th</sup> birthday falls on or after July 22, 2007, are covered):

- The Department of Social and Health Services (DSHS);
- A federally recognized Indian Tribe that has a Title IV-E agreement and receives Title IV-E funding and that is located in Washington State; or
- A federally recognized Indian Tribe located in Washington State.

Individuals under age 19, who are pregnant, are covered.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902 (r) (2) OF THE ACT\*

// Section 1902(f) State /X/ Non-Section 1902 (f) State

- 1. The following is not considered available income for the Medically Needy Program and the Optional Categorically Needy Program as defined in clauses (IV), (V), and (VI) of Section 1902 (a)(10) (A) (ii) of the Social Security Act.

Effective July 1, 1986, if the community income received in the name of the non-applicant or ineligible spouse, living in a separate residence, exceeds the community income received in the name of the applicant/recipient spouse, the applicant/recipient spouse's interest in that excess is considered unavailable to the applicant/recipient.

- 2. The following applies to Optional Categorically Needy minor pregnant women covered under 42 CFR 435.222, as specified on Supplement 1 to Attachment 2.2-A page 1. In determining the income eligibility of these minor pregnant women, all income is disregarded.

Individuals under age 19, who are pregnant, are covered.