

---

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #:14-0012**

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, WA 98104



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

---

**JUN 19 2014**

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 14-0012


Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-0012. This transmittal limits the reach of Washington's estate recovery program to only nursing facility services, home and community based services and related hospital & prescription drugs services, for those 55 and over.

This SPA is approved effective January 1, 2014.

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 [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov).

Sincerely,

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

cc:

Ann Myers, SPA Coordinator, [ann.myers@hca.wa.gov](mailto:ann.myers@hca.wa.gov)  
Steve Kozak, Program Manager, [kozaks@dshs.wa.gov](mailto:kozaks@dshs.wa.gov)

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>14-0012</b>	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2014	
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: 1917(b) of the Act, 42 CFR 433.36	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$787,500 b. FFY 2015 \$1,050,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 4.17-A page 2b Numbered Page 53a (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Att. 4.17-A page 2b Numbered Page 53a (P&I)


10. SUBJECT OF AMENDMENT  
Change to limit the reach of Washington's estate recovery program to only nursing facility services, home and community-based services and  
**Estate Recovery** related hospital & prescription drugs services, for those 55 and over to lessen the financial burden on prospective enrollees (P&I)

11. GOVERNOR'S REVIEW (Check One):

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

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

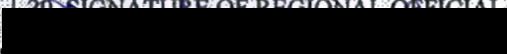
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: 3-31-14	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 3/31/14	18. DATE APPROVED: 6/19/2014
-------------------------------	---------------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	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:

6/18/14: State authorizes P&I change to box 8,9, and 10

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

## LIENS AND ADJUSTMENTS OR RECOVERIES (cont.)

## 6. Cost effectiveness (cont.)

- Because the costs of estate administration may deplete an estate valued at \$3,000 or less, each such case is evaluated individually to determine cost-effectiveness.
- After consultation with the Attorney General's Office, claims rejected (disallowed) in probate court are evaluated individually to determine if initiating legal action is cost-effective.

## 7. The State uses the following collection procedures (include specific elements contained in the advance notice requirement, the method for applying for a waiver, hearing and appeals procedures, and time frames involved):

*Advance Notice Requirement:*

The State will file liens, seek adjustment, or otherwise effect recovery for medical assistance correctly paid on behalf of a client. "Medical assistance" here means long-term care (LTC) services, including nursing facility services, home and community-based services, and related hospital and prescription drug services".

When the State seeks to recover from a client's estate the cost of medical assistance (as defined above) that is provided to the client, prior to filing a lien against the deceased client's real property the State will provide notice to:

- The probate estate's personal representative, if any; or
- Any other person known to have title to the affected property.

Prior to filing a lien against any of the deceased client's property, the State will provide ascertained titled property owners notice and an opportunity for an adjudicative proceeding. The State will serve upon ascertained titled property owners a notice of intent to file lien, which will state:

REVISION: HCFA-PM-95-3 (MB)  
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

4.17 Liens and Adjustments or Recoveries (cont.)

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h) – (i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.  
/ / Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.
- (2) The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917(a)(1)(B) (even if it does not impose those liens).
- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

/ / In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

Through December 31, 2013, all Medicaid services listed in Attachments 3.1-A and 3.1-B provided to eligible clients age 55 and over, except for Medicare cost sharing benefits identified in 4.17 (b)(3-Continued). Through Dec. 31, 2009, Medicare cost-sharing and Medicare premiums for individuals also receiving Medicaid (dual eligibles), and premium payments to managed care organizations will be included in the statement of claim.

[Back to TOC](#)

TN# 14-0012  
Supersedes  
TN# 10-019

Approval Date  
6/19/2014

Effective Date 1/1/14