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State/Territory Name: Washington

State Plan Amendment (SPA) #: 22-0020

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 24, 2022

Susan Birch, Director
Dr. Charissa Fotinos, Acting Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) 22-0020

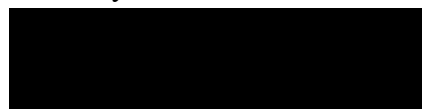
Dear Director Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) completed review of Washington's State Plan Amendment (SPA) Transmittal Number 22-0020 submitted on September 6, 2022. The purpose of this SPA is to increase the Personal Needs Allowance (PNA) for all Medicaid in-home clients, including PACE enrollees, from 100 percent of the Federal Poverty Level to 300 percent of the Federal Benefit Rate.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Washington's Medicaid SPA Transmittal Number 22-0020 is approved effective July 1, 2022.

If you have any questions regarding this amendment, please contact Claudia Simonson at (312) 353-2115 or via email at claudia.simonson@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Division of Managed Care Operations

cc: Cindy Proper, CMCS
Kelli Emans
Lori Rolley
Katheryn Pittelkau

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

 MD, MSc

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIG



20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

3. X The following formula is used to determine the needs allowance:
1. For recipients who live in their own home, the personal needs allowance is 300% of the federal benefit rate (FBR)
 2. For recipients who live in state-contracted residential facility (e.g. adult family home, assisted living facility), the personal needs allowance is 100% of the federal benefit rate (FBR).

In addition to the personal needs allowance in (1) or (2) , an allowance will be made for (when applicable):

- a) Any court ordered payee and/or guardianship fees;
- b) Any court-ordered guardianship-related costs; plus or related administrative costs; plus
- c) An amount for employed individuals equal to the first \$65 of the recipient's earned income, plus one-half of any remaining earned income.

In any case, the total deductions under (1) or (2), plus additional deductions of (a), (b), and (c), will not exceed 300% of the federal benefit rate.

Note: If the amount protected for a PACE enrollee in item 1 is equal to, or greater than, the PACE enrollee's income, enter N/A in items 2 and 3.

2. Allowance for the maintenance needs of the spouse:

The amount deducted for the PACE enrollee's spouse is equal to:

1. The SSI federal benefit rate
2. Optional State Supplement Standard
3. Medically Needy Income Level Standard
4. The following dollar amount (provided it does not exceed the amount(s) described in 1-3): \$
5. The following percentage of the following standard that is not greater than the standards above: % of standard.
6. X Not applicable (N/A)

3. Allowance of the maintenance needs of the family (check one):

1. AFDC need standard
2. X Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. The following dollar amount: \$
Note: If this amount changes, this item will be revised.
4. The following percentage of the following standard that is not greater than the standards above: % of standard.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

3. Allowance of the maintenance needs of the family (check one):

1. AFDC need standard
2. Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. The following dollar amount: \$ _____
Note: If this amount changes, this item will be revised.
4. The following percentage of the following standard that is not greater than the standards above: _____ % of _____ standard.
5. The amount is determined using the following formula:

6. Other
7. Not applicable (N/A)

4. Allowance for medical and remedial care expenses, as described in 42 CFR 435.735 (c)(4).

Spousal Post Eligibility

State uses the post-eligibility rules of Section 1924 of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of PACE services if it determines the individual's eligibility under section 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance consistent with the minimum monthly maintenance needs allowance described in section 1924(d), a family allowance, for each family member, calculated as directed by section 1924(d)(1)(C), and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

Yes No

Note: states must elect the use the post-eligibility treatment-of-income rules in section 1924 of the Act in the circumstances described in the preface to this section.

(a.) Allowances for the needs of the:

1. Individual (check one)
 - (A). The following standard included under the State plan (check one):
 1. SSI
 2. Medically Needy
 3. The special income level for the institutionalized
 4. Percent of the Federal Poverty Level: _____ %.
 5. Other (specify): _____
 - (B). The following dollar amount: \$ _____
Note: If this amount changes, this item will be revised.