Medicaid Modified Adjusted Gross Income (MAGI)

Eligibility & Benefits

Single State Agency – State Plan Administration

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A2 Organization and Administration
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MAGI-Based Income Methodologies

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Medicaid Eligibility Marriage Policy

S12 Medicaid Eligibility Marriage Policy

MAGI-Based Eligibility Groups

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Presumptive Eligibility by Hospitals

S21 Presumptive Eligibility by Hospitals

Medicaid Administration

State Name: Washington

OMB Control Number: 0938-1148

Transmittal Number: WA - 15 - 0041

Expiration date: 10/31/2014

State Plan Administration
Designation and Authority **A1**

42 CFR 431.10

Designation and Authority

State Name: Washington

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency: Washington State Health Care Authority

Type of Agency:

- ○ Title IV-A Agency
- ◉ Health
- ○ Human Resources
- ○ Other

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

Chapters 41.05 and 74.09 Revised Code of Washington

The single state agency supervises the administration of the state plan by local political subdivisions.

○ Yes ◉ No

☑ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

◉ Yes ○ No

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

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☒ The Medicaid agency

☒ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

☐ The Medicaid agency

☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

☒ The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

☒ Medicaid agency

☒ Title IV-A agency

☐ An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

☒ Medicaid agency

☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

State Plan Administration
Organization and Administration — A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Washington State Health Care Authority (HCA) is designated as the Single State Medicaid Agency for the administration of funds from Title XIX of the Social Security Act. As the Single State Agency, HCA has final authority over Medicaid programs and has the power to exercise discretion in the administration, supervision, and operational functions to carry out the Medicaid State Plan. Although HCA delegates certain activities to the Department of Social and Health Services (DSHS) as described below, HCA is accountable for and has oversight responsibility over:

* Disbursement of federal funds, oversight of the expenditure of federal funds, and the sufficiency of the state share.
* Policy making.
* Provider agreements, guidelines, rules, and the administration of provider claims submitted for reimbursement.
* Rate development.
* Program integrity.
* Resolving conflicts between the Health Care Authority and DSHS and resolving any federal findings.
* Fair hearings. (See Division of Legal Services/Office of Legal Affairs below for details).

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HCA is comprised of the following:

DIRECTOR'S OFFICE: The HCA Director oversees the Executive Leadership Team and is responsible for ensuring that HCA provides high quality health care through innovative health policies and purchasing strategies in support of creating a healthier Washington. The State Medicaid Director has authority to sign Medicaid State Plan Amendment submissions and other necessary documents to administer the state Medicaid program.

**Clinical Quality and Care Transformation: Makes clinical policy decisions to guide medical coverage, maintain quality standards and ensure evidence-based practices for our clients' medical care. Sections include:
++Authorization Services: Reviews and processes requests for services that require prior approval to ensure medical necessity.
++Clinical Strategy & Operations: Sets clinical policy for the agency and works in collaboration with Healthcare Services to operationalize them.
++Health Technology Assessment Program: Determines if health services used by state government are safe and effective. Primary goals: safer health care that relies on scientific evidence and a committee of practicing clinicians; more consistent coverage decisions by state agencies; more cost effective state-purchased health care by paying for medical tools and procedures that are proven to work; a more open and inclusive coverage decision process by sharing information, holding public meetings, and publishing decision criteria and outcomes.
++Healthcare Benefits & Utilization Management: Provides support for clinical health care policy decisions and evidence-based medicine processes; reviews first time and renewal requests for providers seeking to establish a core provider agreement.
++Prescription Drug Program: Identifies preferred drugs and increases awareness of the cost-effective use of prescription drugs.

**Communications: Helps with internal and external communications, including strategic messaging and communications planning, media relations, visual communications, translation services, and forms and publications. Partners with Enterprise Technology Services to oversee the agency's website and intranet. Sections include:
++Internal Communications: Responsible for agency-wide internal communication, such as the employee newsletter, intranet home page, the monthly all-staff gathering, and the Communications Council.
++External Communications: Manages media relations, social media, email distribution, and the agency's website.
++Production Planning & Design: Assists with agency communications, from scheduling to clearly written content, translations, design, and printing. Also orders envelopes, letterhead, and business cards for the agency.

**Office of Audit and Accountability: Manages the agency's internal audit and fraud programs:
++Internal Audit: Provides independent and objective feedback about business operations to help ensure the agency's processes and internal controls comply with state and federal requirements.
++Fraud and Abuse: Coordinates referrals to the Medicaid Fraud Control Unit on credible allegations of fraud.

**Policy, Planning & Performance: Drives strategy and policy development in services of the agency's triple aim: better health, better care, and lower costs. Performs research and analysis, deploys health purchasing initiatives; supports agency-wide performance management and process improvement. Sections include:
++Health Innovation & Reform: Leads the effort to implement Healthier Washington, the Governor's multi-sector health transformation initiative for the state.
++Legislative Affairs & Analysis: Coordinates agency legislative activities.
++Planning & Performance: Responsible for agency-wide performance management and strategy deployment; leads process improvement initiatives agency-wide; manages the agency's Results Washington work.
++Tribal Affairs & Analysis: Primary agency liaison with tribal nations and tribal organizations.

**Public Employees Benefits Program: Provides insurance coverage for eligible public employees and their families, and retirees. Includes:
*Public Employees Benefits Division: Oversees the design, procurement, and delivery of PEB program plans and the communication and marketing related to the program; promotes wellness programs and activities. The PEB Board provides oversight to the design and approval of insurance plan benefits. Sections include:
++Benefit Strategy & Design: Researches and develops purchasing and benefit design strategy for program members, including medical, dental, long-term disability, and other coverage; focuses on improving the quality of care, the health of program subscribers, and controlling costs while increasing the value of benefits within budget constraints; manages the Worksite Wellness Program, including the SmartHealth platform.

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++Benefits Accounts: Reviews the accuracy of staff work, training and procedure development; subscriber and stakeholder communications; account processing; customer service for members' calls and walk-ins; outreach and training to employer groups; guidance to state agencies; reports & data management.
++Policy & Rules: Amends, repeals, and adopts program rules (Washington Administrative Code (WAC)) ensuring compliance with federal regulations that govern employee benefit plans; monitors bills during legislative sessions.
++Portfolio Management and Monitoring: Negotiates, manages, and monitors the medical, dental, life, and long term disability insurance contracts for eligible public employees and their family members.

**CENTRAL SERVICES ADMINISTRATION: Overseen by the Chief Operations Officer and plans, directs, and coordinates all supportive services and operations for the agency, ensuring smooth, efficient and accountable operations. Includes:

+Healthier Washington Operations: Manages all operational activities for the implementation of the Healthier Washington/State Innovation grant.

+Project Management Office: Provides agency-wide project management leadership and support.

*Financial Services: Manages HCA's financial activities: budget preparations and expenditure monitoring; accounting and payroll; provides financial support to the PEB program, such as procurement, collective bargaining, and surcharge activities; per-capita Medicaid forecasting; managed care rate-setting methods for Medicaid clients; sets fee-for-service rate schedules for physicians, dentists, hospitals, clinics and others. Sections include:
++Accounting Office: coordinates, directs and accounts for all financial transactions recorded in the State Accounting System (AFRS); prepares quarterly federal reports (CMS-64, CMS-21, etc.); maintains the agency's federal cost allocation methodology; provides reports to executive leadership and external stakeholders; ensures financial records are maintained in accordance with generally accepted accounting principles and guidelines as established by state and federal policies and procedures.
++Actuary Office: Provides actuarial coordination and leadership.
++Forecasting and Financial Analytics: Manages the per capita forecast for medical services, including coordinating a cross-agency work group responsible for forecast policy; shares with Budget Operations and the Accounting Office the responsibility and authority over Medicaid expenditures, including responsibility for the provision of the state share of Medicaid expenditures; shares with the Public Employees Benefits Division the responsibility to set rates and procure services; provides financial analysis and prepares financial models to support planning and evaluation efforts and rate setting; responds to complex internal and external data requests.
++Budget Operations: Planning, analysis, and implementation of the agency's medical assistance programs and administrative budget; works with the Accounting and Forecast offices to support the Medicaid program and monitor expenditures for conformance with executive and legislative intent; provides financial analysis to support decision-making and to address inquiries from external stakeholders; managed the Advance Planning Document (APD) process.
++Hospital & Professional Payments: Manages Medicaid rate methodologies and rate setting for hospitals, health care providers, and pharmaceuticals; manages unique financing mechanisms that involve health care provider-related taxes, leveraged federal dollars, and cross-agency cooperation; manages the Medicaid Drug Rebate program.
++FQHC/RHC Unit: For Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), manages rate methodologies, rate setting, and administration of funds; manages fee-for-service and managed care reimbursement policies; oversees the managed care reconciliation processes and the implementation of new payment methodologies.
++Office of the CFO: Performs reimbursement and payment functions for Medicaid-eligible clients with individual medical insurance,employer-sponsored insurance, and COBRA when it is cost-effective.

*Division of Legal Services: Oversees agency legal services and coordination with the attorney general's office, records management, administrative policies and procedures, litigation coordination, public disclosure, risk management, administrative hearings, appeals, internal controls, contracts, and ethics. Manages the agency rule making process and coordinates compliance with state and federal health information privacy laws. Sections include:
++Contracts Office: Manages, oversees, and provides professional guidance with contracts and acquisitions.
++Enterprise Risk Management Office: Provides legal assistance and oversees the agency's risk management programs, including records retention, public disclosure management, litigation coordination, HIPAA compliance, second level administrative hearings at the Board of Appeals, internal control, and manages the agency's administrative policy and procedures development.
++Office of Legal Affairs: Provides legally trained staff to represent HCA in administrative hearings before the Office of Administrative Hearings (OAH) and the Board of Appeals (BOA). OAH is a separate state agency and conducts the first level of administrative hearings. An individual can request de novo review to the HCA BOA, which sits within HCA's Enterprise Risk

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Management Office.
++Office of Rules and Publications: Manages agency-wide rule making for Washington Administrative Code; produces Medicaid provider guides necessary for program operation and proper billing; maintains the Medicaid State Plan and manages the process to amend it.

*Enterprise Technology Services: Supports information technology (IT) systems for the agency; oversees efforts to provide incentive for Washington providers and hospitals to use electronic health record systems that help providers and individuals make data-driven decisions about their health care (Health Information Exchange); partners with the Communications Division to oversee the agency's website and intranet. Sections include:
++Application Services: Develops, updates and maintains critical business systems.
++Business Operations: Provides project management functionality and services for the division.
++Desktop Technologies and Customer Support: Supports the agency's computers, telephones, multi-function devices (copier/ printer/scanner), stand-alone printers; administers security permissions for all IT systems.
++Enterprise Services: Creates and facilitates environments to stimulate innovative approaches, new solutions, and working relationships; works to develop and implement Enterprise Architecture, Medicaid Information Technology Architecture, and Data Analytics & Reporting services.
++Health Information Technology: Manages multiple statewide programs to improve health outcomes, with the Electronic Health Records Incentive Payment Program and WA Link4Health as the two major areas of work.
++Network Systems Support: Supports the agency's IT infrastructure including servers, phones services, connectivity, patch management, desktop configuration, and documentation imaging.
++Office of Security Services: The enterprise IT security office for the agency.
++Web Services: Manages, provides training for, and assists with the external agency website, InsideHCA intranet sites, Fuze, video and audio services, social media implementation, web application development, etc.

*Employee Resources Division: Ensures agency staff have the services, tools, and resources needed. Sections include:
++Facilities: Oversees building operations, maintenance, and reception.
++Human Resources: Assists in hiring and helping staff succeed; provides information and access to employee training and development opportunities,manages performance development programs, collective bargaining agreements, and works with programs to make the best use of people.
++Mail and Imaging Services: Processes mail, images paper claims, forms, and eligibility documents to support HCA, Health Benefit Exchange and Department of Social and Health Services supporting Medicaid.
++Safety and Wellness: Oversees security, ergonomics, and safety and wellness program.

*ProviderOne Operations and Services: Helps ensure Medicaid funding is used to provide care appropriately and efficiently, and operates ProviderOne. Sections include:
++Coordination of Benefits: Prevents duplication of payment when more than one insurance plan or payer covers a person; ensures Medicaid is the payer of last resort.
++Medicaid Systems & Data: Operates and maintains ProviderOne; supports ProviderOne customers.
++Medicare Buy-In: Assists clients who are eligible for both Medicaid and Medicare with Medicare premium payments; manages recoupment when Medicare coverage is identified after Medicaid has made payment.
++ProviderOne Project: Expands ProviderOne payment processing to social service providers, such as community residential providers, home care agencies, and individual providers.
++ProviderOne Enhancement & Contract Performance: Manages the ProviderOne Operations and Maintenance contract to ensure adherence to all Federal/State requirements and contract Service Level Agreements; manages the life cycle of numerous federal and state initiatives that require ProviderOne enhancements.
++Provider Enrollment: Verifies provider eligibility to offer Medicaid services.

**MEDICAID SERVICES: Overseen by the Medicaid Director and has primary responsibility for ensuring the agency offers high-quality, cost-effective care to Apple Health clients while adhering to federal Medicaid requirements. Includes:

*Medicaid Eligibility and Community Support: Enhances clients' ability to obtain health care. Sections include:
++Medical Assistance Customer Service Center: Helps Apple Health clients and providers with questions and issues about Medicaid coverage, managed care, billing, claims, and enrollment.
++Medical Eligibility Determination Services: Completes eligibility and post-enrollment determination for children and adults in

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Apple Health, the Breast and Cervical Cancer Treatment Program, and Take Charge Family Planning.
++Office of Medicaid Eligibility & Policy: Develops Apple Health/Apple Health for Kids eligibility rules and policy; ensures eligibility systems support; conducts stakeholder outreach; opens medical coverage for foster care and adoption support children.

*Medicaid Program Operations and Integrity: Manages Medicaid managed care contracts, claims support, grant development, program integrity, and patient coordination with health plans and providers. Sections include:
++Community Services: Manages family health care service programs, non-emergency medical transportation, and Medicaid outreach conducted by federally recognized Tribes, school districts, and local health jurisdictions.
++Grant & Program Development: Develops and implements new and innovative Medicaid programs such as Health Homes, 1115 waivers and fully integrated health care services.
++Claims Support: Manages fee-for-service claims processing activities.
++Health Equity & Interpreter Services: Manages and oversees the Interpreter Services contractor; leads the agency's management of the implementation, deployment and reporting for National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.
++Managed Care Programs & Patient Review & Coordination: Coordinates and assures adherence to state and federal law and rules for the federal lock-in program; manages and oversees contracted managed care organizations delivering Medicaid services.
++Medicaid Monitoring: Monitors fee-for-service and managed care providers to ensure compliance with contractual requirements.
++Program Integrity: Audits fee-for-service and managed care providers to ensure compliance with Medicaid law and contractual requirements.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The state's executive branch includes the Health Care Authority and:
1. The following Departments: Agriculture, Archaeology and Historic Preservation, Commerce, Corrections, Early Learning, Ecology, Employment Security, Enterprise Services, Financial Institutions, Fish and Wildlife, Health, Labor and Industries, Licensing, Military, Natural Resources, Retirement Systems, Revenue, Services for the Blind, Transportation, Veterans Affairs, and Social and Health Services (DSHS)*.
*In cases where DSHS takes action on behalf of HCA through the Cooperative Agreement authorized in RCW 41.05.021 (regarding eligibility determinations for Medicaid programs), the DSHS employee acts as an authorized agent of HCA. The authorized agent may represent HCA in an administrative hearing.

2. The following Offices: Administrative Hearings, Education Ombuds, Family and Children Ombuds, Financial Management, Environmental and Land Use Hearings, Indian Affairs, Minority and Women's Business Enterprises, Recreation and Conservation, and Regulatory Innovation and Assistance.

3. The following Commissions: African-American Affairs, Arts, Asian Pacific American Affairs, Charter School, Citizens' Commission on Salaries for Elected Officials, Columbia River Gorge, Conservation, Criminal Justice Training, Housing Finance, Human Rights, Gambling, Hispanic Affairs, Horse Racing, Parks and Recreation, Public Deposit Protection, Public Disclosure, Public Employment Relations, Traffic Safety, Transportation, and Utilities and Transportation.

4. The following Boards: Accountancy, Community and Technical Colleges, County Road Administration, Education, Education Coordinating, Executive Ethics, Four-Year Institutions of Higher Education, Freight Mobility Strategic Investment, Industrial Insurance Appeals, Investment, Law Enforcement Officers' and Fire Fighters' Plan 2 Retirement, Liquor and Cannabis, Pilotage Commissioners, Productivity, Professional Educator Standards, Tax Appeals, Transportation Improvement, Volunteer Firefighters and Reserve Officers, and Workforce Training and Education Coordinating, .

5. The following Authorities: Economic Development Finance, Health Care Facilities, Higher Education Facilities, Life Sciences Discovery Fund, Tobacco Settlement, and Washington Materials Management and Financing.

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6. The following Councils: Caseload Forecast, Economic and Revenue Forecast, Forensic Investigations, and Washington Student Achievement.

7. The following other entities: Center for Childhood Deafness and Hearing Loss, Consolidated Technology Services, Eastern Washington State Historical Society, Pollution Liability Insurance Program, Puget Sound Partnership, Results Washington, School for the Blind, State Finance Committee, State Library, State Lottery, State Patrol, and Washington State Historical Society.

The Health Care Authority (HCA) is included with the following agencies under Washington State's Health and Human Services category: Departments of Corrections, Employment Security, Health, Labor and Industries; Services for the Blind; Social and Health Services; and Veterans Affairs. HCA collaborates with the following executive branch agencies whose responsibilities support the Medicaid program through regulation of standards for the health insurance marketplace and the licensing and monitoring of health care providers and medical facilities:
• The Department of Health (DOH) regulates provider licensure within scope-of-practice standards set in state law and addresses population-based public health issues.
* The Department of Social and Health Services (DSHS) licenses home and community-based providers.
• The Departments of Corrections (DOC) and Labor and Industries (L & I) are partners along with Medicaid in the HCA-administered Health Technology Assessment (HTA) program and Prescription Drug Program which set common standards for evidence-based practices.
* The Office of Administrative Hearings conducts all initial Medicaid hearings.
• The Office of the Insurance Commissioner (OIC) regulates and oversees Washington State's health insurance industry, including the licensing and oversight of all carriers and assurance of consumer protections.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- (•) Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ( ) An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ( ) The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

According to Washington State law and as permitted by Medicaid law, the Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) have established an agreement regarding the provision of eligibility determinations for the Medicaid program. This agreement defines the responsibilities of HCA, the Single State Agency, as the administrator of the Medicaid State Plan, and DSHS, Title IV-A Agency, as the eligibility determination agency along with HCA, for the Medicaid program.

HCA has Interagency Agreements in place with DSHS, delegating certain non-MAGI program functions. HCA oversees and monitors the program functions delegated to DSHS, which include certain determinations of Medicaid eligibility (including SSI and SSI-related programs for the Aged, Blind, or Disabled eligibility groups, Alien Emergency Medical for those not eligible under MAGI rules, the Refugee Medical program, the Medicare Savings Program, and long-term care programs); coordination of developmental disabilities services; coordination of long-term care services; coordination of mental health services; coordination of alcohol and substance abuse treatment and prevention services; and other administrative or operational functions related to the State Medicaid program as necessary and appropriate. It also maintains the eligibility system of record for Medicaid and public assistance programs. In cases where DSHS takes action on behalf of HCA, the DSHS employee acts as an authorized agent (representative) of HCA. HCA delegates to DSHS the authority to administer the programs below. HCA retains policy making authority and responsibility to monitor and oversee DSHS' administration of these Medicaid services.
• Residential Habilitation Centers/Public Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) (42 CFR 483.400).

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• Section 1915(b) and 1915(c) waivers (42 CFR 440.180).
• Privately operated, licensed boarding homes or nursing homes that have Medicaid certification as Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) (42 CFR 483.400).
• Home and Community-Based Services (HCBS) programs within the State, including Medicaid Personal Care and the Community First Choice Program.
• Certain Chronic Care Management services.
• Approved Medicaid grants and demonstration projects.
• Substance Use Disorder (chemical dependency).
• Mental Health.
• Long-term Care (adult family homes, boarding homes, and the community residential services and support programs) and nursing facility services. DSHS will administer and pay for administrative and programmatic services related to long-term care and nursing facility services.
• HCA recognizes DSHS as the State Survey Agency for Medicare and Medicaid Survey and Certification as described in the Federal State Operations Manual. DSHS retains responsibility for certification of nursing facilities, ICF/IDs,and for long-term care services that provide services to Medicaid recipients. State Medicaid Agency functions delegated to the DSHS State Survey Agency include:
o Minimum Data Set (MDS) review and analysis for calculating case mix adjusted Medicaid rates
o Administration of Medicaid enforcement and compliance remedies for deficient nursing facilities, including civil fines, collections, and formal and informal hearings
o Quality Improvements and Evaluation System
o The Quality Assurance Nurses (QAN) program, including case mix accuracy and utilization review
o Nurse Aide registry (NATCEP) program
o Investigation of allegations of resident/client abuse, neglect, or misappropriation of nursing facility residents, including findings, as appropriate.

Remove

Type of entity that determines eligibility:

- ○ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ○ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ◉ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Department for Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- ○ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ○ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

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Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

○ Yes ○ No

State Plan Administration
Assurances **A3**

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

☑ The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.

☑ All requirements of 42 CFR 431.10 are met.

☑ There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.

☑ The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

☑ There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

☐ There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).

☐ When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

☑ The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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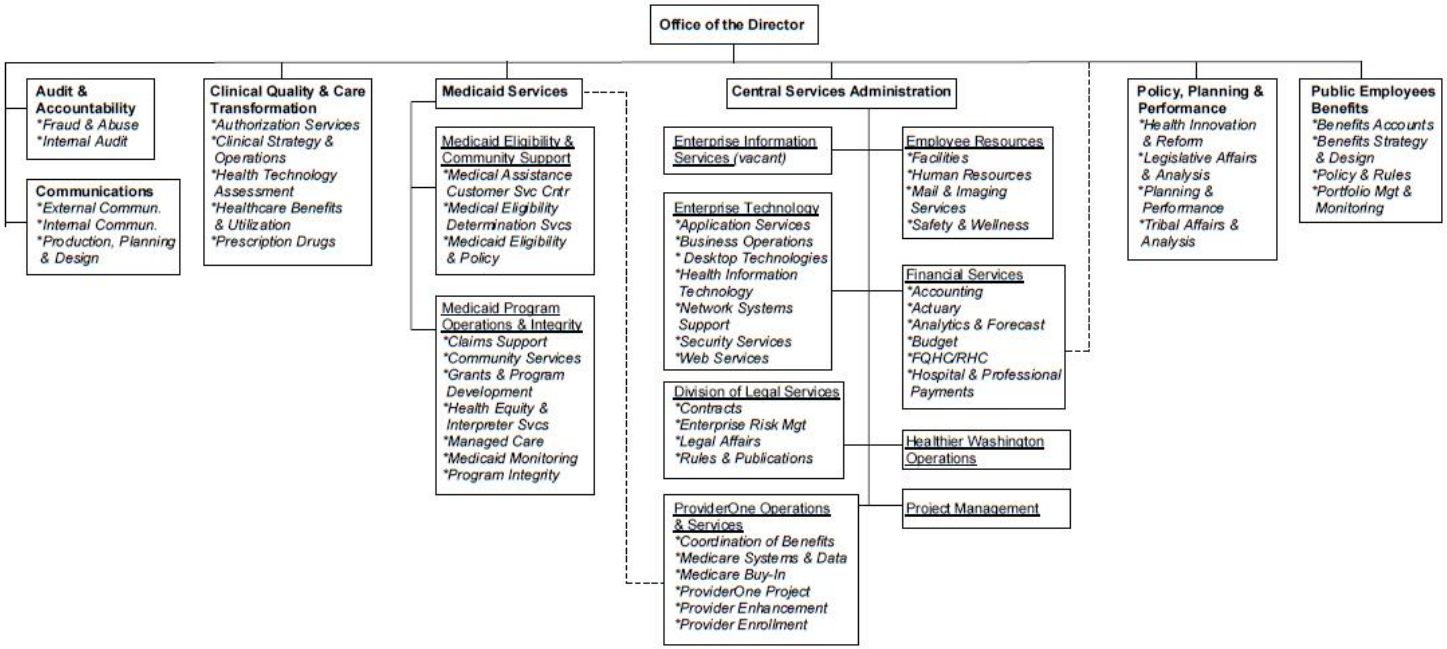
WASHINGTON STATE HEALTH CARE AUTHORITY



ATTACHMENT 1.1-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Washington State Health Care Authority is the single State agency responsible for:

/X/ administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is:

Chapters 41.05 and 74.09 Revised Code of Washington
(statutory citation)

/ / supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in:

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is:

6-8-2014
DATE

Signature

Assistant Attorney General
Title

SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: WA-13-0032-MM3	**STATE:** Washington
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: S10 - MAGI Income Methodology	**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:** Notwithstanding any other provisions of the Washington Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment WA-13-0032-MM3 will apply to all MAGI-based eligibility groups covered under Washington's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

MAGI-Based Income Methodologies **S10**

1902(e)(14)
42 CFR 435.603

☑ The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- ○ The pregnant woman is counted just as herself.
- ○ The pregnant woman is counted as herself, plus one.
- ◉ The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- ◉ Current monthly household income and family size
- ○ Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- ☒ Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- ☒ Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

○ Yes ◉ No

Medicaid Eligibility

☑ The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

◉ Age 19

○ Age 19, or in the case of full-time students, age 21

PRA Disclosure Statement

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SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: 13-0030-MM MAGI-Based Eligibility Groups	**STATE:** Washington

Pages or sections of pages being superseded by S25, S28, S30, S51, S53, S54, S55, and S14 and related pages or sections of pages being deleted as obsolete.

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 1 Page 3 Page 3a Page 4 Page 4a Page 12 Page 13 Page 13a Page 14 Page 14a Page 21 Page 23 Page 23b	Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 5, A.10 Page 9c, B.1 for "Caretaker relatives" and "Pregnant Women" Page 20, B.14 Page 23c, B.20
Supplement 1 to Attachment 2.2-A	Page 1	
Attachment 2.6-A	Page 3b Pager 11a Page 19 Page 19a Page 19b Page 21	Page 1, A.2.a (i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a (1) and (2) Page 12, C.1.e (2) Page 18, C.5.e Page 25, C.11.a (3)
Supplement 1 to Attachment 2.6-A	Pages 1 – 3	
Supplement 2 to Attachment 2.6-A	Pages 1 – 5	
Supplement 8a to Attachment 2.6-A	Page 2 Page 6	Page 1, #2 Page 3 for mandatory categorically needy Page 10 for categorically needy parents/CRs, pregnant women & children
Supplement 8b to Attachment 2.6-A		Page 3, #7
Supplement 12 to Attachment 2.6-A	Pages 2 – 4 Addendum pages 1 & 2	
Supplement 14 to Attachment 2.6-A	Page 1a	

Medicaid Eligibility

State Name: Washington

Transmittal Number: WA - 14- 0031

OMB Control Number: 0938-1148

Medicaid Eligibility Marriage Policy	S12

1902(e)(14)(G)
1902(a)(17)

☑ With respect to individuals for whom the state must complete a determination of income either based on MAGI or for MAGI-excepted groups utilizing AFDC-related or SSI-related methodologies, the state:

- (•) Recognizes same-sex couples as spouses, if they are legally married under the laws of the state, territory, or foreign jurisdiction in which the marriage was celebrated.
- ( ) Does not recognize same-sex couples as spouses, even if they were legally married in a state, territory, or foreign jurisdiction that recognizes same-sex marriages.

☑ With respect to individuals whose eligibility for Medicaid is based on eligibility for another benefit program, and for whom the state does not complete a determination of income for Medicaid eligibility, the state will not make any determination concerning marital status. Medicaid eligibility will continue to be based on the determination of eligibility for the applicable benefits.

☑ The option elected above, with respect to income determinations, also governs the state's definition for post-eligibility issues, including spousal impoverishment, asset transfers and estate recovery rules, to the degree permitted by state law.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20141021

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

AFDC Income Standards — S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

Income Standard Entry - Dollar Amount - Automatic Increase Option — S13a

The standard is as follows:

- (•) Statewide standard
- ( ) Standard varies by region
- ( ) Standard varies by living arrangement
- ( ) Standard varies in some other way

Enter the statewide standard

	Household size	Standard ($)	
+	1	396	X
+	2	507	X
+	3	630	X
+	4	745	X
+	5	861	X
+	6	979	X
+	7	1,124	X

Additional incremental amount

( ) Yes (•) No

Increment amount $ _____

The dollar amounts increase automatically each year

( ) Yes (•) No

AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option — S13a

The standard is as follows:

- (•) Statewide standard
- ( ) Standard varies by region
- ( ) Standard varies by living arrangement
- ( ) Standard varies in some other way

Enter the statewide standard

	Household size	Standard ($)	
+	1	349	X
+	2	440	X
+	3	546	X
+	4	642	X
+	5	740	X
+	6	841	X
+	7	971	X

Additional incremental amount

( ) Yes (•) No

Increment amount $

The dollar amounts increase automatically each year

( ) Yes (•) No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- (•) Statewide standard
- ( ) Standard varies by region
- ( ) Standard varies by living arrangement
- ( ) Standard varies in some other way

Enter the statewide standard

	Household size	Standard ($)	
+	1	439	X
+	2	561	X
+	3	698	X
+	4	825	X
+	5	954	X
+	6	1,086	X
+	7	1,247	X

Additional incremental amount

○ Yes ◉ No

Increment amount $

The dollar amounts increase automatically each year

○ Yes ◉ No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

○ Statewide standard

○ Standard varies by region

○ Standard varies by living arrangement

○ Standard varies in some other way

The dollar amounts increase automatically each year

○ Yes ○ No

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

○ Statewide standard

○ Standard varies by region

○ Standard varies by living arrangement
○ Standard varies in some other way

The dollar amounts increase automatically each year
○ Yes ○ No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:
○ Statewide standard
○ Standard varies by region
○ Standard varies by living arrangement
○ Standard varies in some other way

The dollar amounts increase automatically each year
○ Yes ○ No

TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:
○ Statewide standard
○ Standard varies by region
○ Standard varies by living arrangement
○ Standard varies in some other way

The dollar amounts increase automatically each year
○ Yes ○ No

MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- ○ Statewide standard
- ○ Standard varies by region
- ○ Standard varies by living arrangement
- ○ Standard varies in some other way

The dollar amounts increase automatically each year

○ Yes ○ No

PRA Disclosure Statement

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SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: 14-0024 MM S25 Parents and Other Caretaker Relatives	**STATE:** Washington
Pages or sections of pages being superseded by S25 and related pages or Sections of pages being deleted as obsolete	
State Plan Section	**Superseded Page(s)**
S25	S25 TN 13-0030

OMB Control Number 0938-1148
OMB Expiration date· 10/3112014

Eligibility Groups - Mandatory Coverage
Parents and Other Caretaker Relatives

S25

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

X **Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

X The state attests that it operates this eligibility group in accordance with the following provisions:

X Individuals qualifying under this eligibility group must meet the following criteria:

X Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

__ This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

__ Options relating to the definition of caretaker relative (select any that apply):

X Options relating to the definition of dependent child (select the one that applies):

X The state elects to eliminate the requirement that a dependent child must be deprived of parenta l support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

__ The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

X Have household income at or below the standard established by the state.

X MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

X Income standard used for this group

X Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

X The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted

X The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

. .

An attachment is submitted

The state's maximum income standard for this eligibility group is:

X The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

__ The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

__ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

__ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

__ A percentage of the federal poverty level: ___ %

__ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

__ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI- equivalent standard. The standard is described in S14 AFDC Income Standards.

__ The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

X Other dollar amount

Income Standard Entry - Dollar Amount - Automatic Increase Option **S13a**

The standard is as follows:

X Statewide standard

__ Standard varies by region

__ Standard varies by living arrangement

__ Standard varies in some other way

Enter the statewide standard

	Household size	Standard ($)	
+	1	511	X
+	2	658	X
+	3	820	X
+	4	972	X
+	5	1,127	X
+	6	1,284	X
+	7	1,471	X
+	8	1,631	X
+	9	1,792	X
+	10	1,951	X

Additional incremental amount

__ Yes X No

Increment amount $

The dollar amounts increase automatically each year

__ Yes X No

X Income standard chosen:

Indicate the state's income standard used for this eligibility group:

X The minimum income standard

__ The maximum income standard

__ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

__ Another income standard in-between the minimum and maximum standards allowed

X There is no resource test for this eligibility group.

X Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

___ Yes X No

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage **S28**
Pregnant Women

42 CFR 435.116
1902(a)(10)(A)(i)(III) and (IV)
1902(a)(10)(A)(ii)(I), (IV) and (IX)
1931(b) and (d)
1920

■ **Pregnant Women** - Women who are pregnant or post-partum, with household income at or below a standard established by the state.

☑ The state attests that it operates this eligibility group in accordance with the following provisions:

■ Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

◉ Yes ○ No

■ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

■ Income standard used for this group

■ Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

◉ Yes ○ No

Enter the amount of the minimum income standard (no higher than 185% FPL): 185 % FPL

■ Maximum income standard

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

◉ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

Medicaid Eligibility

- ( ) The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ( ) The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ( ) The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ( ) 185% FPL

The amount of the maximum income standard is: 193 % FPL

[■] Income standard chosen

Indicate the state's income standard used for this eligibility group:

- ( ) The minimum income standard
- (•) The maximum income standard
- ( ) Another income standard in-between the minimum and maximum standards allowed.

[■] There is no resource test for this eligibility group.

[■] Benefits for individuals in this eligibility group consist of the following:

- (•) All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ( ) Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

[■] Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

( ) Yes (•) No

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage
Infants and Children under Age 19 **S30**

42 CFR 435.118
1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)
1902(a)(10)(A)(ii)(IV) and (IX)
1931(b) and (d)

■ **Infants and Children under Age 19** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

☑ The state attests that it operates this eligibility group in accordance with the following provisions:

■ Children qualifying under this eligibility group must meet the following criteria:

■ Are under age 19

■ Have household income at or below the standard established by the state.

■ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

■ Income standard used for infants under age one

■ Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

◉ Yes ○ No

Enter the amount of the minimum income standard (no higher than 185% FPL): 185 % FPL

■ Maximum income standard

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

An attachment is submitted.

The state's maximum income standard for this age group is:

◉ The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ 185% FPL

Enter the amount of the maximum income standard: 210 % FPL

☑ Income standard chosen

The state's income standard used for infants under age one is:

◉ The maximum income standard

○ If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☑ Income standard for children age one through age five, inclusive

☑ Minimum income standard

The minimum income standard used for this age group is 133% FPL.

☑ Maximum income standard

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

An attachment is submitted.

The state's maximum income standard for children age one through five is:

◉ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard: 210 % FPL

☑ Income standard chosen

The state's income standard used for children age one through five is:

◉ The maximum income standard

○ If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☒ Income standard for children age six through age eighteen, inclusive

☒ Minimum income standard

The minimum income standard used for this age group is 133% FPL.

☒ Maximum income standard

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

An attachment is submitted.

The state's maximum income standard for children age six through eighteen is:

◉ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ 133% FPL

Enter the amount of the maximum income standard: 210 % FPL

☒ Income standard chosen

The state's income standard used for children age six through eighteen is:

(•) The maximum income standard

( ) If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

( ) If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

( ) If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

( ) If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

( ) Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

[■] There is no resource test for this eligibility group.

[■] Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

( ) Yes (•) No

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage **S32**
Adult Group

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

(•) Yes ( ) No

[■] **Adult Group** - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

[☑] The state attests that it operates this eligibility group in accordance with the following provisions:

[■] Individuals qualifying under this eligibility group must meet the following criteria:

[■] Have attained age 19 but not age 65.

[■] Are not pregnant.

[■] Are not entitled to or enrolled for Part A or B Medicare benefits.

[■] Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

[■] Have household income at or below 133% FPL.

[■] MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

[■] There is no resource test for this eligibility group.

[■] Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

(•) Under age 19, or

( ) A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

[■] Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

( ) Yes (•) No

PRA Disclosure Statement

Medicaid Eligibility

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage
Former Foster Care Children | **S33**

42 CFR 435.150
1902(a)(10)(A)(i)(IX)

■ **Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

☑ The state attests that it operates this eligibility group under the following provisions:

■ Individuals qualifying under this eligibility group must meet the following criteria:

■ Are under age 26.

■ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

■ Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

○ Yes ◉ No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

○ Yes ◉ No

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage **Individuals above 133% FPL**	**S50**
1902(a)(10)(A)(ii)(XX) 1902(hh) 42 CFR 435.218	
Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218. ○ Yes ◉ No	

PRA Disclosure Statement

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14
Supersedes TN:_____

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage **Optional Coverage of Parents and Other Caretaker Relatives**	**S51**
42 CFR 435.220 1902(a)(10)(A)(ii)(I)	
Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220. ○ Yes ◉ No	

PRA Disclosure Statement

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14
Supersedes TN:_____

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage
Reasonable Classification of Individuals under Age 21 **S52**

42 CFR 435.222
1902(a)(10)(A)(ii)(I)
1902(a)(10)(A)(ii)(IV)

Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

(•) Yes ( ) No

[✓] The state attests that it operates this eligibility group in accordance with the following provisions:

[■] Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:

[■] Be under age 21, or a lower age, as defined within the reasonable classification.

[■] Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.

[■] Not be eligible and enrolled for mandatory coverage under the state plan.

[■] MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

(•) Yes ( ) No

The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

( ) Yes (•) No

Reasonable Classifications Previously Covered

The state elects the option to include in this eligibility group reasonable classifications that were covered under the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

(•) Yes ( ) No

The state covers all children under a specified age limit, no higher than any age limit and/or income standard covered in the state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, provided the income standard is higher than the current mandatory income standard for the individual's age. Higher income standards may include the disregard of all income.

( ) Yes (•) No

Medicaid Eligibility

The state covers reasonable classifications of children that were covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group.

(•) Yes ( ) No

The previously covered reasonable classifications to be included are:

Previously Covered Reasonable Classifications Included

Reasonable Classifications of Children **S11**

☐ Individuals for whom public agencies are assuming full or partial financial responsibility.

☐ Individuals in adoptions subsidized in full or part by a public agency

☐ Individuals in nursing facilities, if nursing facility services are provided under this plan

☐ Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan

☒ Other reasonable classifications

	Name of classification	Description	Age Limit	
+	Pregnant teens	Pregnant teens	Under age 19	X

Enter the income standard used for these classifications (which may be no higher than the highest standard used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013).

Click here once S11 form above is complete to view the income standards form.

Pregnant teens

■ Income standard used

■ Minimum income standard

The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group.

■ Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

(•) Yes ( ) No

The state's maximum standard for this classification of children is no income test (all income is disregarded).

☑ Income standard chosen

Individuals qualify under this classification under the following income standard:

◉ This classification does not use an income test (all income is disregarded).

○ Another income standard higher than the minimum income standard.

New reasonable classifications covered

If the state has not elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does not cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

○ Yes ◉ No

☑ There is no resource test for this eligibility group.

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage
Children with Non IV-E Adoption Assistance **S53**

42 CFR 435.227
1902(a)(10)(A)(ii)(VIII)

Children with Non IV-E Adoption Assistance - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

(•) Yes ( ) No

☑ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

☒ The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;

☒ Are under the following age (see the Guidance for restrictions on the selection of an age):

(•) Under age 21
( ) Under age 20
( ) Under age 19
( ) Under age 18

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

(•) Yes ( ) No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

(•) Yes ( ) No

☒ Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.

The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

(•) Yes ( ) No

☒ Income standard used for this eligibility group

☒ Minimum income standard

The minimum income standard for this eligibility group is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

☒ Maximum income standard

No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

○ Yes ◉ No

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for this eligibility group to MAGI-equivalent standards and the determination of the maximum income standard to be used for individuals under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group (which must exceed the minimum) is:

◉ The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

○ The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

○ The state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

○ The state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

◉ A percentage of the federal poverty level: 210 %

○ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, and if the state has not elected to cover the Adult Group.

○ The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, and if the state has not elected to cover the Adult Group.

○ Other dollar amount

■ Income standard chosen

Individuals qualify under this eligibility group under the following income standard, which must be higher than the minimum for this child's age:

○ The minimum standard.

○ The maximum income standard.

◉ If not chosen as the maximum income standard, the state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

○ If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL, or amounts by household size.

Medicaid Eligibility

○ If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

○ If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

○ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010, converted to a MAGI-equivalent.

The income standard used for this eligibility group is:

◉ A percentage of the federal poverty level: 210 %

○ The state's TANF payment standard, not converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, and if the state has not elected to cover the Adult Group.

○ If not chosen as the maximum income standard, the state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, and if the state has not elected to cover the Adult Group.

○ If not chosen as the maximum income standard, the state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, and if the state has not elected to cover the Adult Group.

○ Other dollar amount

☒ There is no resource test for this eligibility group.

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Optional Targeted Low Income Children	S54
1902(a)(10)(A)(ii)(XIV) 42 CFR 435.229 and 435.4 1905(u)(2)(B)	
Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229. ○ Yes ◉ No	

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage **Individuals with Tuberculosis**	**S55**
1902(a)(10)(A)(ii)(XII) 1902(z)	
Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services. ○ Yes ◉ No	

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage **Independent Foster Care Adolescents**	**S57**
42 CFR 435.226 1902(a)(10)(A)(ii)(XVII)	
Independent Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226. ○ Yes ◉ No	

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage **Individuals Eligible for Family Planning Services**	**S59**
1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214	
Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214. ○ Yes ◉ No	

PRA Disclosure Statement

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TN No:13-0030-MM Approval Date: 12/19/2013 Effective Date:1/01/14
Supersedes TN:_____

SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: 13-0033	**STATE:** Washington
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: S88 Non-Financial Eligibility- State Residency	**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:** Section 2 (Numbered Pages), page 13, Item 2.3, TN 87-11 Attachment 2.6-A: Page 3, Item 4, TN 91-22

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Non-Financial Eligibility State Residency	S88

42 CFR 435.403

State Residency

☑ The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

▣ Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:

- ▣ Intends to reside in the state, including without a fixed address, or
- ▣ Entered the state with a job commitment or seeking employment, whether or not currently employed.

▣ Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.

▣ Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:

- ▣ Residing in the state, with or without a fixed address, or
- ▣ The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.

▣ Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:

- ▣ Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
- ▣ Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
- ▣ If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.

▣ Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.

▣ Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.

▣ Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.

▣ IV-E eligible children living in the state, or

☒ Otherwise meet the requirements of 42 CFR 435.403.

Meet the criteria specified in an interstate agreement.

(•) Yes ( ) No

[■] The state has interstate agreements with the following selected states:

[☒] Alabama	[☒] Illinois	[☒] Montana	[☒] Rhode Island
[☒] Alaska	[☒] Indiana	[☒] Nebraska	[☒] South Carolina
[☒] Arizona	[☒] Iowa	[☒] Nevada	[☒] South Dakota
[☒] Arkansas	[☒] Kansas	[☒] New Hampshire	[☒] Tennessee
[☒] California	[☒] Kentucky	[☒] New Jersey	[☒] Texas
[☒] Colorado	[☒] Louisiana	[☒] New Mexico	[☒] Utah
[☒] Connecticut	[☒] Maine	[☐] New York	[☒] Vermont
[☒] Delaware	[☒] Maryland	[☒] North Carolina	[☒] Virginia
[☒] District of Columbia	[☒] Massachusetts	[☒] North Dakota	[☐] Washington
[☒] Florida	[☒] Michigan	[☒] Ohio	[☒] West Virginia
[☒] Georgia	[☒] Minnesota	[☒] Oklahoma	[☒] Wisconsin
[☒] Hawaii	[☒] Mississippi	[☒] Oregon	[☐] Wyoming
[☒] Idaho	[☒] Missouri	[☒] Pennsylvania	

[■] The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- [☒] Are IV-E eligible
- [☐] Are in the state only for the purpose of attending school
- [☐] Are out of the state only for the purpose of attending school
- [☐] Retain addresses in both states
- [☐] Other type of individual

The state has a policy related to individuals in the state only to attend school.

( ) Yes (•) No

[■] Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

(•) Yes ( ) No

Provide a description of the definition:

An individual may be temporarily absent from the State if the person intends to return when the purpose of the absence has been accomplished, unless another State has determined the individual is a resident there for purposes of Medicaid.

For a child, there must be a clear expectation the absence is temporary and the child is expected to be reunited with the family. Examples of circumstances in which eligibility for coverage continues include but are not limited to when the child attends school or training away from home, as long as the child returns to the family home during a year's period, at least for summer vacation; and the absence is necessary because: 1) isolation of the child's home makes it necessary for the child to be away to attend school; 2) the child is enrolled in an Indian boarding school administered through the Bureau of Indian Affairs; or 3) specialized education or training is not available in the child's home community and is recommended by local school authorities.

Verification that an individual returns home from school for vacations or breaks, or at certain points during the temporary absence (e.g., to care for an out-of-state dependent child or parent), is not required.

PRA Disclosure Statement

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SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: 13-0034	**STATE:** WASHINGTON
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If applicable):***
S89 Non-Financial Eligibility- Citizenship and Non-citizen Eligibility	(None superseded, new page - S89)
Attachment 2.6-A: Page 2, Item 3, subparagraphs (a)- (f)	Attachment 2.6-A: Page 2, Item 3, subparagraphs (a)- (f), TN 11-01
Attachment 2.6-A: Page 2a - Entire page	Attachment 2.6-A: Page 2a - Entire page, TN 11-01
Attachment 2.6-A: Page 2b - Entire page	Attachment 2.6-A: Page 2b - Entire page, TN 11-01

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Non-Financial Eligibility Citizenship and Non-Citizen Eligibility	S89

1902(a)(46)(B)
8 U.S.C. 1611, 1612, 1613, and 1641
1903(v)(2),(3) and (4)
42 CFR 435.4
42 CFR 435.406
42 CFR 435.956

Citizenship and Non-Citizen Eligibility

☑ The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

■ The state provides Medicaid eligibility to otherwise eligible individuals:

■ Who are citizens or nationals of the United States; and

■ Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and

■ Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

◉ Yes ○ No

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.

◉ Yes ○ No

The date benefits are furnished is:

◉ The date of application containing the declaration of citizenship or immigration status.

○ The date the reasonable opportunity notice is sent.

○ Other date, as described:

Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).

◉ Yes ○ No

The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

◉ Yes ○ No

☒ Pregnant women

☒ Individuals under age 21:

◉ Individuals under age 21

○ Individuals under age 20

○ Individuals under age 19

▣ An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

▣ An individual is considered to be lawfully present in the United States if he or she:

1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);

2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));

3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;

4. Is a non-citizen who belongs to one of the following classes:

   ▣ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;

   ▣ Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;

   ▣ Granted employment authorization under 8 CFR 274a.12(c);

   ▣ Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;

   ▣ Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;

   ▣ Granted Deferred Action status;

   ▣ Granted an administrative stay of removal under 8 CFR 241;

   ▣ Beneficiary of approved visa petition who has a pending application for adjustment of status;

5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture who -

   ▣ Has been granted employment authorization; or

   ▣ Is under the age of 14 and has had an application pending for at least 180 days;

6. Has been granted withholding of removal under the Convention Against Torture;

7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);

8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or

9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));

10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

☐ Other

☑ The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:

- ■ Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;
- ■ Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

PRA Disclosure Statement

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SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: 13-0031-MM2	**STATE:** Washington
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: S94 - Eligibility Process, Pages S94-1, S94-2	**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:** Section 2, Page 10, section 2.1(a), TN #91-22 Section 2, Page 11a, section 2.1(d), TN #91-29

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

General Eligibility Requirements
Eligibility Process | **S94**

42 CFR 435, Subpart J and Subpart M

Eligibility Process

☑ The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

☐ The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

☒ An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

☐ An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

☒ The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

☐ An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

◉ Yes ○ No

Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	FAX	The applicant may fax a copy of their paper application to a published FAX number.	X

☑ The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

☑ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

■ Once every 12 months

■ Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

■ If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

■ Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

☒ Once every 12 months

☒ Once every 6 months

☒ Other, more often than once every 12 months

Once every [3] months

Coordination of Eligibility and Enrollment

☑ The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

PRA Disclosure Statement

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ATTACHMENT 1

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION	
☒Paper Application ☐Online Application	
TRANSMITTAL NUMBER:	**STATE:**
WA-13-0031-MM2	Washington

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

ATTACHMENT 2

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION	
☐ Paper Application	☒ Online Application
TRANSMITTAL NUMBER:	**STATE:**
WA-13-0031-MM2	Washington

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals — S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

◉ Yes ○ No

☑ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

☒ A qualified hospital is a hospital that:

☒ Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

☒ Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

◉ Yes ○ No

☒ The eligibility groups or populations for which hospitals determine eligibility presumptively are:

- ☒ Pregnant Women
- ☒ Infants and Children under Age 19
- ☒ Parents and Other Caretaker Relatives
- ☒ Adult Group, if covered by the state
- ☒ Individuals above 133% FPL under Age 65, if covered by the state
- ☒ Individuals Eligible for Family Planning Services, if covered by the state
- ☒ Former Foster Care Children
- ☒ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state
- ☐ Other Family/Adult groups:
- ☐ Eligibility groups for individuals age 65 and over
- ☐ Eligibility groups for individuals who are blind
- ☐ Eligibility groups for individuals with disabilities
- ☐ Other Medicaid state plan eligibility groups
- ☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

◉ Yes ○ No

Select one or both:

☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

The State will implement standards to assess:
1) The number of PE applications submitted
2) The proportion of those individuals approved for PE that complete and submit an application for full ongoing coverage
3) The proportion of those individuals approved for PE and that complete and submit an application for full ongoing coverage who are determined eligible for full ongoing benefits
4) The accuracy of Hospitals' determination that applicants do not have coverage
5) The accuracy of Hospitals' determination that applicants do not have a prior period of PE in the preceding twenty-four month period

Given that criteria from current PE states are either inconsistent or otherwise not proven, the State will collect and require Hospitals to collect baseline data for up to 12 months in order to determine effective criteria.

Initial standards, therefore, will be attached to data collection and reporting and will require 100% compliance from any Hospital that wishes to continue as a qualified PE determination entity.

The State will implement standards to assess:
1) The number of PE applications submitted
2) The proportion of those individuals approved for PE that complete and submit an application for full ongoing coverage
3) The proportion of those individuals approved for PE and that complete and submit an application for full ongoing coverage who are determined eligible for full ongoing benefits
4) The accuracy of Hospitals' determination that applicants do not have coverage
5) The accuracy of Hospitals' determination that applicants do not have a prior period of PE in the preceding twenty-four month period

Given that criteria from current PE states are either inconsistent or otherwise not proven, the State will collect and require Hospitals to collect baseline data for up to 12 months in order to determine effective criteria.

Initial standards, therefore, will be attached to data collection and reporting and will require 100% compliance from any Hospital that wishes to continue as a qualified PE determination entity.

☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: Same as above

☒ The presumptive period begins on the date the determination is made.

☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☒ Periods of presumptive eligibility are limited as follows:

- ○ No more than one period within a calendar year.
- ◉ No more than one period within two calendar years.
- ○ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ○ Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

○ Yes ◉ No

☒ The presumptive eligibility determination is based on the following factors:

- ☒ The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
- ☒ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
- ☒ State residency
- ☒ Citizenship, status as a national, or satisfactory immigration status

☑ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

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