



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

MAR 31 2005

Mr. Dennis Braddock, Secretary
Department Social & Health Services
P.O. Box 45010
Olympia, WA 98504-5010

RE: TN#05-001

Dear Mr. Braddock:

The Region 10 office of the Centers for Medicare & Medicaid Services has completed the review of State Plan Transmittal Number 05-001. This transmittal updates the state's annual SSI eligibility income standards in Supplement 6 to Attachment 2.6-A to incorporate changes to the published Federal Poverty Levels.

This state plan amendment is approved effective January 1, 2005.

If you have any additional questions or require further assistance, please contact Maria Garza at (206) 615-2542.

Sincerely,

Karen S. O'Connor
Associate Regional Administrator
Division of Medicaid and Children's Health

cc: Doug Porter

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
05-001

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

RECEIVED

4. PROPOSED EFFECTIVE DATE
Jan. 1, 2005

5. TYPE OF PLAN MATERIAL. (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 2005 \$0
b. FFY 2006 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A, pages 1 & 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 6 to Attachment 2.6-A, pages 1 & 2

10. SUBJECT OF AMENDMENT:

Update of SSI Standards

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Signature]

13. TYPED NAME:
DENNIS BRADDOCK

14. TITLE:
Secretary

15. DATE SUBMITTED:
2-24-05

16. RETURN TO:

Ann Myers, State Plan Coordinator
Department of Social and Health Services
Medical Assistance Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: FEB 25 2005

18. DATE APPROVED: ~~MAR 31 2004~~ MAR 31 2005

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN - 1 2005

20. SIGNATURE OF REGIONAL OFFICIAL:
[Signature]

21. TYPED NAME:
KATEA S. O'CONNOR

22. TITLE:
Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

POSTMARK: 2/24/05 Olympia

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS
January 1, 2005

| | Gross Income Level | Standard | SSI Benefit | State Supplement |
|--|--|----------|----------------|---------------------|
| Statewide Standard - Living Alone/1 | | | | |
| Individuals: | \$1,737 | \$579 | \$579 | \$0 |
| | | 625 | 579 | **46 |
| Couples: | | | | |
| 1. Both individuals eligible: | 2,607 | 869 | 869 | 0 |
| 2. Eligible individual w/one essential person on rolls before 1/1/74: | ** No individuals identified in this category in November 2003 | | | |
| 3. Eligible individual with ineligible spouse enrolled after 1/1/74; | 1,737 | 625 | 579 | **46 |
| /1: Living alone includes room and board living arrangements. | | | | |
| Statewide Standard - Shared Living (Supplied Housing): | | | | |
| Individuals: | \$1,158 | \$386 | \$386 | 0 |
| Couples: | | | | |
| 1. Both individuals eligible: | \$1,737 | 579 | 579 | 0 |
| 2. Eligible individual w/one essential person on rolls before 1/1/74: | ** No individuals identified in this category in November 2003 | | | |
| 3. Eligible individual with ineligible spouse enrolled after 1/1/74: | \$1,158 | 432 | 386 | **46 |

**Over age 65 or blind

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State _____ WASHINGTON _____

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

July 1, 200~~2~~⁵

| | Gross Income Level | Standard | SSI Benefit | State Supplement |
|---|-----------------------|----------|----------------|---------------------|
| Statewide Standard – Other Living/1: | | | | |
| Individuals | \$1,737 | 1,737 | 579 | 0 |

Includes individuals in a Congregate Care Facility, Adult Residential Treatment Facility, Adult Family Home or Group Home. (These are non-Title XIX facilities.)