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State/Territory Name: Washington

State Plan Amendment (SPA) #: 14-0022-MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



Division of Medicaid & Children's Health Operations

SEP 24 2014

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

RE: Washington State Plan Amendment (SPA) Transmittal Number 14-0022-MM7

Dear Ms. Teeter and Ms. Lindeblad:


The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of Washington's State Plan Amendment (SPA) Transmittal Number 14-0022-MM7. This transmittal specifies options for presumptive eligibility conducted by hospitals into the Medicaid State Plan in accordance with the Affordable Care Act.

This SPA is approved effective January 1, 2014.

The new pages, S21-1 through S21-3, should be placed in a separate section at the back of the state plan.

If you have any additional questions or require any further assistance, please contact me or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,


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

cc:

Ann Myers, State Plan Coordinator, ann.myers@hca.wa.gov
Steve Kozak, Program Manager, stephen.kozak@hca.wa.gov

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Washington

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

WA-14-0022

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.1110

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Hospital Presumptive Eligibility

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal

- Other, as specified

Describe:

Exempt

Signature of State Agency Official

Submitted By: Ann Myers
 Last Revision Date: Sep 22, 2014
 Submit Date: Mar 31, 2014



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.



Medicaid Eligibility

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:

- 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



Medicaid Eligibility

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.

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.