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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 14-0006-MM1

This file contains the following documents in the order listed:

1) Approval Letter

- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Patricia McManaman Director, Department of Human Services P.O. Box 339 Honolulu, HI 96809-0339

MAR 2 7 2014

Dear Ms. McManaman:

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) 14-0006-MM1, which was submitted to CMS on March 19, 2014. Hawaii SPA 14-0006-MM1 expands eligibility for children under the age of 19 years who would otherwise lose eligibility due to the elimination of income disregards under modified adjusted gross income based methodologies. This SPA is effective January 1, 2014.

Enclosed is a copy of the new State Plan pages to be incorporated into Hawaii's approved State plan:

• S52, Pages S52-1, S52-1, S52-3

If you have any questions, please contact Christy Bonstelle at 415-744-3522 or christy.bonstelle@cms.hhs.gov.

Sincerely,

/s/

Gloria Nagle, Ph.D., MPA Associate Regional Administrator Division of Medicaid & Children's Health Operations

cc: Kenny Fink, Med-QUEST Administrator Tom Duran, CMS Pacific Area Representative

Medicaid State Plan Eligibility: Summary Page (CMS 179)

	r: ransmittal Number (TN) in t	awaii the format ST-YY-0000 where ST= th umber with leading zeros. The dashe	he state abbreviation, YY = the last two digits of s must also be entered.
HI 14-0006		U	•
Proposed Effective I	Date		
01/01/2014	(mm/dd/yyyy	γ)	
Federal Statute/Reg	ulation Citation		
42 C.F.R. 435.2	222	17. No. 49.4 VIIIILLA NAMARAM ARAAM ARAAMAAM ARAAM ARAAM ARAAM ARAAM ARAAM ARAAM ARAAM ARAAM ARAAM ARA	0
Federal Budget Imp	pact		
	Federal Fiscal Year	Amour	nt
First Year	2014	\$ 0.00	AMANA I
Second Year	2015	\$ 0.00	weeting the state of the state
methodologies.		he new "modified adjusted gros	s income (MAGI) based
Governor's Office R	teview or's office reported no c	romment	
Comments of Governor's office received Describe:			
			A.
No reply	received within 45 day	ys of submittal	
Other, a Describe As approx			
Signature of State A	gency Official		
Submitted By:		Aileen Befitel	
Last Revision Date:		Mar 20, 2014	
Submit Date:		Mar 19, 2014	

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Medicaid Eligibility

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

	OMD Expli	(auon uaic. 10/21/20)
· • •	Groups - Options for Coverage le Classification of Individuals under Age 21	\$5
2 CFR 435. 902(a)(10)(902(a)(10)((A)(ii)(I)	
nder age 21	Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classification of Individuals under Age 21 - The state elects to cover one or more reasonable classification who are not mandatorily eligible and who have income at or below a standard established by the state ons 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 me criteria:	eeting the following
	■ 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 reasonable classification.	e standard for the
	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 necessar Based Income Methodologies, completed by the state.	ry to S10 MAGI-
31,	e state covered at least one reasonable classification under this eligibility group under its Medicaid state, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with incocluding disregarding all income) than the current mandatory income standards for the individual's age.	
•	Yes C No	
wit	e state also covered at least one reasonable classification under this group in the Medicaid state plan as a thincome standards higher (including disregarding all income) than the current mandatory income standards age.	
C	Yes © No	
	Reasonable Classifications Previously Covered	
	The state elects the option to include in this eligibility group reasonable classifications that were cove Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 2 December 31, 2013.	
	• Yes O No	
	The state covers all children under a specified age limit, no higher than any age limit and/or income state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 201 2013, provided the income standard is higher than the current mandatory income standard for the indi Higher income standards may include the disregard of all income.	0 or December 31,
	○ Yes No	

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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 s	standard for the age group.					
• Yes • No The previously covered reasonable classifications to be included are:						
Previously Covered Reasonable Classifications Included						
		C4.1-				
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 treatm if such services are provided under	ent as inpatients in psychiatric facilities or this plan	programs,				
Other reasonable classifications						
Name of classification	Description	Age Limit				
Section 2101(f) - Like Children	2101(f)-Like Children: Children under age 19 years who were enrolled in Medicaid on December 31, 2013 and would otherwise become ineligible for Medicaid at their first determination using Modified Adjusted Gross Income (MAGI) based methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies.	Under age 19				
Enter the income standard used for these cl the Medicaid state plan as of December 31 December 31, 2013).	, 2013 or under a Medicaid 1115 Demonst	eration as of March 23, 2010 or				
	above is complete to view the income st	andards form.				
Section 2101(f) of ACA						
Income standard used						
	r this classification of children must excee under the Infants and Children under Age					
Maximum income standard						

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Medicaid Eligibility

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 C 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 <u>not</u> 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				
There is no resource test for this eligibility group.				

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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