

## **Table of Contents**

**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 14-001**

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  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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**FEB 27 2014**

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

Dear Ms. McManaman:

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) No. 14-001, which was submitted to my office on February 4, 2014. This SPA increases the monthly income standards for Domiciliary Care to reflect the 1.5% SSI Cost of Living Adjustment increase from the Social Security Administration. The approval of this SPA is effective January 1, 2014.

Attached are copies of the new State Plan pages to be incorporated into Hawaii's approved State Plan:

- Supplement 6 to Attachment 2.6-A

If you have any questions, please contact Christy Bonstelle at (415) 744-3522, or [christy.bonstelle@cms.hhs.gov](mailto:christy.bonstelle@cms.hhs.gov).

Sincerely,

/s/

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

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 14-001	2. STATE HAWAII
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 435.234		7. FEDERAL BUDGET IMPACT: a. FFY 2014 (2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> quarter): \$0.00 b. FFY 2015 (1 <sup>st</sup> quarter): \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  SUPPLEMENT 6 TO ATTACHMENT 2.6 - A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  SUPPLEMENT 6 TO ATTACHMENT 2.6 - A	
10. SUBJECT OF AMENDMENT:  STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: AS APPROVED BY GOVERNOR			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  /s/ <u>PATRICIA MCMANAMAN</u> 13. TYPED NAME: PATRICIA MCMANAMAN 14. TITLE: DIRECTOR OF HUMAN SERVICES 15. DATE SUBMITTED: FEB 04 2014		16. RETURN TO:  DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION POLICY AND PROGRAM DEVELOPMENT OFFICE P.O. BOX 700190 KAPOLEI, HI 96709-0190	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: February 4, 2014		18. DATE APPROVED: <b>FEB 27 2014</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Gloria Nagle		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

**SUPPLEMENT 6 TO ATTACHMENT 2.6-A**

State: Hawaii

**Standards for Optional State Supplementary Payments**

Payment Category	Administered by	Income Level				Income ` Disregards Employed
		<u>Gross*</u>		<u>Net**</u>		
(Reasonable Classification)	Federal State	1 person	Couple	1 person	Couple	
(1) A, B, D IN DOMICILIARY CARE: LEVEL I	(2)  X  \$721.00 \$651.90	(3)  \$2,163.00	N/A	(4)  \$1,372.90	N/A	(5)
LEVEL II	\$721.00 \$759.90	\$2,163.00	N/A	\$1,480.90	N/A	

NOTE: \*Gross income, before deductions allowed by SSI, cannot exceed 300% of the FBR.  
 \*\*Net income, after deductions allowed by SSI, cannot exceed the SSI/SSP payment limit

TN No. 14-001

Supersedes

TN No. 13-001

Approval Date **FEB 27 2014**

Effective Date: 01/01/2014