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**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 15-007**

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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January 26, 2016

Dr. Judy Mohr Peterson  
Med-QUEST Division Administrator  
MQD/Admin  
P.O. Box 700190  
Kapolei, HI 96709-0190

Dear Dr. Peterson,

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) No. 15-0007, which was submitted to my office on December 1, 2015. This SPA extends Medicaid coverage for an initial period of 12 months for low-income families who no longer qualify for Medicaid due to increased earned income or working hours from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard. The approval of this SPA is effective October 1, 2016.

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

- Supplement 15a to Attachment 2.6A, page 1

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/

Henrietta Sam-Louise  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Tom Duran, CMS Pacific Area Representative  
Edie Mayeshiro, Med-QUEST Program and Policy Development Office  
Aileen Befitel, Med-QUEST Program and Policy Development Office

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <div style="text-align: center;">1    5    —    0007    —    —</div>	2. STATE <div style="text-align: center; font-size: 1.2em;"><b>HAWAII</b></div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> )  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE <div style="text-align: center; font-size: 1.2em;"><b>October 1, 2016</b></div>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION <del>Sections 1902(e)(1)(B) and 1925(a)(5) of the Social Security Act</del>		7. FEDERAL BUDGET IMPACT a. FFY <sup>2016</sup> \$ 0.00 b. FFY <sup>2017</sup> \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <del>Supplement 15a to Attachment 2.6A (new)</del>  Supplement 15a to Attachment 2.6A, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )	
10. SUBJECT OF AMENDMENT These amendments propose to extend Medicaid coverage for an initial period of 12 months, rather than an initial period of six (6) months followed by a second 6 month period, for low-income families who no longer qualify for Medicaid due to increased earned income or working hours from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> )  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO State of Hawaii Department of Human Services Med-QUEST Division P.O. Box 700190 Kapolei, Hawaii 96709-0190	
13. TYPED NAME Judy Mohr Peterson, PhD		14. TITLE Med-QUEST Administrator	
15. DATE SUBMITTED <b>12/01/15</b>		17. DATE RECEIVED December 1, 2015	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2016		18. DATE APPROVED January 26, 2016	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
21. TYPED NAME Henrietta Sam-Louie		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
23. REMARKS  Box 6 should be updated to read "Section 1902(e)(1) and Section 1925 (a)(5) of the Social Security Act" per request from state for pen and ink changes (1/8/16) (CB)  Box 8 pen and ink changes per request from state (1/8/16) (CB)		22. TITLE Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII

ELIGIBILITY CONDITIONS AND REQUIREMENTS

ELIGIBILITY UNDER SECTION 1925 OF THE ACT TRANSITIONAL MEDICAL ASSISTANCE

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard. **(1902(a)(52), 1902(e)(1), and 1925 of the Act)**

The amount, duration, and scope of services for this coverage are specified in Section 3.1. of this State Plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

- ☒ During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.
- ☐ For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The State extends Medicaid eligibility under TMA for an initial period of:

- ☐ 6 months. For TMA eligibility to continue to into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.
- ☒ 12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(f) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

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TN No. 15-0007

Supersedes  
TN No. NEW

Approval Date: January 26, 2016

Effective Date: October 1, 2016