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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 15-001

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

March 12, 2015

Rachel Wong, DrPH
Director, Department of Human Services
P.O. Box 339
Honolulu, HI 96809-0339

Dear Dr. Wong:

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) No. 15-001, which was submitted to my office on January 26, 2015. This SPA increases the monthly income standards for Domiciliary Care to reflect the 1.7% SSI Cost of Living Adjustment increase from the Social Security Administration. The approval of this SPA is effective January 1, 2015.

Attached is a copy of the new State Plan page 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.

Sincerely,

/s/

Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operation

cc: Leslie Tawata, Med-QUEST Administrator
Tom Duran, CMS Pacific Area Representative

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center;">1 5 — 0 0 1</div>	2. STATE <div style="text-align: center; font-size: 1.2em;">Hawaii</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>) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>		4. PROPOSED EFFECTIVE DATE <div style="text-align: center; font-size: 1.2em;">January 1, 2015</div>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. 435.234 42 C.F.R. 435.234 and 42 C.F.R. 435.1006		7. FEDERAL BUDGET IMPACT a. FFY 2015 \$ 0.00 b. FFY 2016 \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div style="margin-top: 10px;">Supplement 6 to Attachment 2.6-A</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) <div style="margin-top: 10px;">Supplement 6 to Attachment 2.6-A</div>	
10. SUBJECT OF AMENDMENT <div style="margin-top: 10px;">Standards for optional state supplementary payments.</div>			
11. GOVERNOR'S REVIEW (<i>Check One</i>) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <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 </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL <div style="background-color: black; width: 200px; height: 30px; margin-top: 5px;"></div>		16. RETURN TO State of Hawaii Department of Human Services Office of the Director P.O. Box 339 Honolulu, Hawaii 96809-0339	
13. TYPED NAME Rachel Wong, DrPH		14. TITLE Director	
15. DATE SUBMITTED <div style="text-align: center; font-weight: bold;">JAN 26 2015</div>		17. DATE RECEIVED <div style="text-align: center;">January 26, 2015</div>	
FOR REGIONAL OFFICE USE ONLY			
18. DATE APPROVED <div style="text-align: center;">March 12, 2015</div>		19. EFFECTIVE DATE OF APPROVED MATERIAL <div style="text-align: center;">January 1, 2015</div>	
PLAN APPROVED - ONE COPY ATTACHED			
20. SIGNATURE OF REGIONAL OFFICIAL <div style="text-align: center;">/s/</div>		21. TYPED NAME <div style="font-size: 1.2em;">Hye Sun Lee</div>	
22. TITLE <div style="text-align: center;">Acting Area Regional Administrator, Region IX</div>		23. REMARKS <div style="margin-top: 10px;">Box 6: Pen and Ink changes per request by email from Aileen Befitel on 3/11/2015</div>	

State: Hawaii

Standards for Optional State Supplementary Payments

Payment Category	Administered by		Income Level				Income Disregards Employed
(Reasonable Classification)	Federal	State	<u>Gross*</u>		<u>Net**</u>		
			1 person	Couple	1 person	Couple	
(1)	(2)		(3)		(4)		(5)
A, B, D IN DOMICILIARY CARE:	X						
LEVEL I	\$733.00	\$651.90	\$2,199.00	N/A	\$1,384.90	N/A	
LEVEL II	\$733.00	\$759.90	\$2,199.00	N/A	\$1,492.90	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.	<u>15-001</u>	Approval Date:	<u>03/12/2015</u>	Effective Date:	<u>01/01/2015</u>
Supersedes					
TN No.	<u>14-001</u>				