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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 20-0001

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages


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HI - Submission Package - HI2019MS0008O - (HI-20-0001) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID HI2019MS0008O
Program Name N/A
SPA ID HI-20-0001
Version Number 2
Submitted By Jonalyn Laguna
Package Disposition 
Priority Code P2

Submission Type Official
State HI
Region San Francisco, CA
Package Status Approved
Submission Date 1/22/2020
Approval Date 2/10/2020 9:19 PM EST

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 and Children's Health Operations

February 11, 2020

Dr. Judy Mohr Peterson
Administrator
Med-QUEST Division (MQD)
PO Box 700190
Kapolei, HI 96709-0190

Re: Approval of State Plan Amendment HI-20-0001

Dear Dr. Judy Mohr Peterson:

On January 22, 2020, the Centers for Medicare and Medicaid Services (CMS) received Hawaii State Plan Amendment (SPA) HI-20-0001 to increase the monthly income standards for domiciliary care.

We approve Hawaii State Plan Amendment (SPA) HI-20-0001 on February 11, 2020 with an effective date(s) of January 01, 2020.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Brian Zolynas at brian.zolynas@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Medicaid & CHIP Operations Group
Division of Medicaid and Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

Package Header

Package ID	HI2019MS00080	SPA ID	HI-20-0001
Submission Type	Official	Initial Submission Date	1/22/2020
Approval Date	2/11/2020	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Hawaii **Medicaid Agency Name:** Med-QUEST Division (MQD)

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

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Approval Date 2/11/2020	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID HI-20-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2020	HI-19-0001
Optional State Supplement Beneficiaries	1/1/2020	HI-19-0001

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

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Executive Summary

Summary Description Including Goals and Objectives We are transmitting State Plan Amendment TN No. 20-0001 for your review and approval.

Effective January 1, 2020, Supplemental Security Income beneficiaries received a 1.6% Cost of Living Adjustment increase from the Social Security Administration. Therefore, this amendment is required to increase the monthly income standards for Domiciliary Care Type I from \$1,422.90 to \$1,434.90 and for Domiciliary Care Type II from \$1,530.90 to \$1,542.90.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

42 C.F.R. 435.234 and 42 C.F.R. 435.1006

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

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Package ID HI2019MS00080
Submission Type Official
Approval Date 2/11/2020
Superseded SPA ID N/A

SPA ID HI-20-0001
Initial Submission Date 1/22/2020
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Hawaii allows for Medicaid Director to review and authorize under current Governor.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

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Superseded SPA ID N/A	

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
- All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
12/30/2019	A signed letter was sent via email on December 30, 2019

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created
Tribal Consultation-SPA 20-0001	12/31/2019 3:50 PM EST

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

Package Header

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	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No


The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

Individuals who receive an optional state supplementary payment.

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	System-Derived		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for:
 - a. SSI
 - b. The mandatory eligibility group for 209(b) states
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

2. The state covers the following classifications:

- a. All individuals age 65 or older.
- b. All individuals who have blindness.
- c. All individuals who have a disability.
- d. Individuals in domiciliary facilities or other group living arrangements who are age 65 or older.
- e. Individuals in domiciliary facilities or other group living arrangements who have blindness.
- f. Individuals in domiciliary facilities or other group living arrangements who have a disability.
- g. Individuals receiving a federally-administered optional state supplement that meets the conditions specified in sections C. and D.
- h. Individuals in additional classifications specified by the Secretary.
- i. Reasonable groups of individuals receiving a state-administered optional state supplement that meets the conditions specified in sections C. and D.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

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C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00080 | HI-20-0001

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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

- a. Varies by political subdivision.
 - Yes
 - No
- b. Varies by payment classification.
 - Yes
 - No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.
- v. Living in household of another.
- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.

Income Standard

Individual	Couple
\$1434.90	\$1434.90

- ix. Other payment classification.

Name of Classification
DOMICILIARY CARE LEVEL I:

Individual
\$1434.90

Name of Classification
DOMICILIARY CARE LEVEL II:

Individual
\$1542.90

Description:

Maximum of five (5) residents
A residential facility that provides twenty-four hour living accommodations including care and services for up to five residents. The care and services for Domiciliary Care Level I are the same Domiciliary Care level II.

Couple
\$1434.90

Description:

Six (6) or more residents
A residential facility that provides twenty-four hour living accommodations, including care and services, for 6 or more residents. The care and services for Domiciliary Care Level II are the same Domiciliary Care level I.

Couple
\$1542.90

Optional State Supplement Beneficiaries

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E. Additional Information (optional)

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 0938-1188. 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.

This view was generated on 2/11/2020 9:21 AM EST