

Table of Contents

State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 21-0004

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

HI - Submission Package - HI2020MS00030 - (HI-21-0004) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Compare Doc Change Report
- Analyst Notes
- Review Assessment Report
- Approval Letter
- Transaction Logs
- News
- Related Actions**

CMS-10434 OMB 0938-1188

Package Information

Package ID	HI2020MS00030	Submission Type	Official
Program Name	N/A	State	HI
SPA ID	HI-21-0004	Region	San Francisco, CA
Version Number	4	Package Status	Approved
Submitted By	Jodeen Wai	Submission Date	2/10/2021
Package Disposition		Approval Date	5/10/2021 4:31 PM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 10, 2021

Dr. Judy Mohr Peterson
Med-QUEST Division Administrator
Office of the Director, Department of Human Services
PO Box 339
Honolulu, HI 96809-0339

Re: Approval of State Plan Amendment HI-21-0004

Dear Dr. Judy Mohr Peterson,

On February 10, 2021, the Centers for Medicare and Medicaid Services (CMS) received Hawaii State Plan Amendment (SPA) HI-21-0004 to implement the Ticket to Work and Work Incentives Improvement Act (TWWIIA) Basic eligibility group.

We approve Hawaii State Plan Amendment (SPA) HI-21-0004 with an effective date(s) of January 01, 2021.

CMS appreciated the opportunity to discuss with Hawaii our informal questions relating to Hawaii's programmatic readiness to begin its coverage of the TWWIIA eligibility group. CMS plans to maintain regular communications and a collaborative partnership with the state, including the provision of program integrity-related technical assistance and guidance throughout the TWWIIA Group implementation process as needed.

As part of this partnership, CMS will continue to work with the state to ensure that it demonstrates and provides evidence of its systems performance. The state has agreed to provide to CMS a systems testing strategy as the system is upgraded to complete the TWWIIA Basic group determinations without a manual workaround.

CMS will also continue to work with the state on the program integrity plan for the TWWIIA Basic group. CMS looks forward to working with the state to further clarify how the MEQC plan will be used in off years or on an ad-hoc basis to monitor the new eligibility group.

Further, CMS looks forward to receiving the program integrity provisions in the managed care contracts. The state has indicated that these will be submitted to CMS by May 30, 2021.

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
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	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 | HI2020MS0003O | HI-21-0004

Package Header

Package ID	HI2020MS0003O	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID HI-21-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2021	HI-20-0001
Ticket to Work Basic	1/1/2021	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives We are submitting State Plan Amendment TN: No 21-0004 for your review and approval.

The proposed amendment to the Medicaid State Plan creates a new eligibility group. This group, also identified under the "Ticket to Work and Work Incentives Improvement Act" authority, allows individuals with a disability at least 19 years of age but less than 65 years of age whose income is below 138% of the Federal Poverty Level and applicable Household size a resource standard equal to three (3) times the SSI resource limit adjusted annually by the increase in the consumer price index to qualify and or keep their Medicaid coverage.

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$237200
Second	2022	\$320700

Federal Statute / Regulation Citation

1902(a)(10)(A)(ii)(XV) of the Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
21-0004 CMS 179- signed	2/16/2021 4:05 PM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2020MS00030 | HI-21-0004

Package Header

Package ID HI2020MS00030
Submission Type Official
Approval Date 5/10/2021
Superseded SPA ID N/A

SPA ID HI-21-0004
Initial Submission Date 2/10/2021
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 | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	N/A
Superseded SPA ID	N/A		

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

Indicate how public comment was solicited:

- Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Honolulu Star-Advertiser	12/30/2020	Oahu
Hawaii Tribune Herald	12/30/2020	East side of Hawaii Island
The Garden Island	12/30/2020	Kauai
The Maui News	12/30/2020	Maui, Molokai, Lanai
West Hawaii Today	12/30/2020	West side of Hawaii Island

- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice
- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
21-0004 Public Notice posted 12.30.20 Eff. 12.31.20	2/10/2021 8:08 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

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

Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	N/A
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




Date of solicitation/consultation:	Method of solicitation/consultation:
12/9/2020	via email

- All Urban Indian Organizations

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	
20-0006 Tribal Letter emeje12.08.20(2) (part 1) - signed	2/10/2021 8:34 PM EST	
20-0006 Tribal Letter emeje12.08.20(2) (part 2) - signed	2/10/2021 8:34 PM EST	
State Plan Amendment updates to KeOlaMamo (IHS)12.24.20	2/10/2021 8:39 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 | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	1/1/2021
Superseded SPA ID	HI-20-0001		
	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

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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
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 | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	1/1/2021
Superseded SPA ID	HI-20-0001		
	System-Derived		

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 | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	1/1/2021
Superseded SPA ID	HI-20-0001		
	System-Derived		

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

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | HI2020MS00030 | HI-21-0004

Individuals between ages 16 and 64 with a disability, who have earned income.

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	1/1/2021
Superseded SPA ID	NEW		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	1/1/2021
Superseded SPA ID	NEW		
	User-Entered		

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | HI2020MS0003O | HI-21-0004

Package Header

Package ID	HI2020MS0003O	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	1/1/2021
Superseded SPA ID	NEW		
	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources.

- Yes
 No

Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
 More than one motor vehicle

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	1/1/2021
Superseded SPA ID	NEW		
	User-Entered		

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

FPL 138.00%

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	1/1/2021
Superseded SPA ID	NEW		
	User-Entered		

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$7970.00

Couple \$11960.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	1/1/2021
Superseded SPA ID	NEW		
	User-Entered		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | HI2020MS00030 | HI-21-0004

Package Header

Package ID	HI2020MS00030	SPA ID	HI-21-0004
Submission Type	Official	Initial Submission Date	2/10/2021
Approval Date	5/10/2021	Effective Date	1/1/2021
Superseded SPA ID	NEW		
	User-Entered		

F. Additional Information (optional)

The countable net income limit is at or below 138% of the FPL for a household of applicable size.

The resource standards for a single individual and couple identified in Section D. Resource Standard Used are the resource standards for the Medicare Part D full low-income subsidy (LIS) program for 2021. The resource standards for single individuals and couples for Hawaii's Ticket to Work - Basic eligibility group will adjust each subsequent year in accordance with adjustments to the full LIS resource standards, so that the resource standards for the Ticket to Work - Basic eligibility group will match the full LIS resource standards.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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 5/24/2021 12:50 PM EDT