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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 22-0001

This file contains the following documents in the order listed:

HI - Submission Package - HI2022MS0001O - (HI-22-0001) - Eligibility

CMS-10434 OMB 0938-1188

Package Information

Package ID	HI2022MS0001O	**Submission Type**	Official
Program Name	N/A	**State**	HI
SPA ID	HI-22-0001	**Region**	San Francisco, CA
Version Number	2	**Package Status**	Approved
Submitted By	Jodeen Wai	**Submission Date**	3/30/2022
Package Disposition		**Approval Date**	4/29/2022 3:27 PM EDT
Priority Code	P2		
Lead Division	DMEP		

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

Center for Medicaid & CHIP Services

April 29, 2022

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-22-0001

Dear Dr. Judy Mohr Peterson,

On March 30, 2022, the Centers for Medicare and Medicaid Services (CMS) received Hawaii State Plan Amendment (SPA) HI-22-0001, which proposed to increase the monthly income eligibility standards for Hawaii's optional state supplement program.

We approve Hawaii State Plan Amendment (SPA) HI-22-0001 with an effective date(s) of January 01, 2022.

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

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program Operations

Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0001O | HI-22-0001

Package Header

Package ID HI2022MS0001O
SPA ID HI-22-0001
Submission Type Official
Initial Submission Date 3/30/2022
Approval Date 4/29/2022
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Superseded SPA ID N/A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 | HI2022MS0001O | HI-22-0001

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Package ID HI2022MS0001O

SPA ID HI-22-0001

Submission Type Official

Initial Submission Date 3/30/2022

Approval Date 4/29/2022

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID HI-22-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2022	HI-21-0004
Optional State Supplement Beneficiaries	1/1/2022	HI-21-0001

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0001O | HI-22-0001

Package Header

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SPA ID HI-22-0001

Submission Type Official

Initial Submission Date 3/30/2022

Approval Date 4/29/2022

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. 22-0001 for your review and approval.

Effective January 1, 2022, Supplemental Security income beneficiaries received a 5.9% 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 $1,445.90 to $1,492.90 and for Domiciliary Care Type II from $1,553.90 to $1,600.90.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	$0
Second	2023	$0

Federal Statute / Regulation Citation

42 CFR 435.234 and 42 CFR 435.1006

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0001O | HI-22-0001

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Effective Date N/A

Superseded SPA ID 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.

Medicaid State Plan Eligibility

Optional Eligibility Groups

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Superseded SPA ID HI-21-0004
User-Entered

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		☐	☐	○	CONVERTED
Reasonable Classifications of Individuals under Age 21		☐	☐	○	NEW
Children with Non-IV-E Adoption Assistance		☐	☐	○	CONVERTED
Independent Foster Care Adolescents		☐	☐	○	NEW
Optional Targeted Low Income Children		☐	☐	○	CONVERTED
Individuals above 133% FPL under Age 65		☐	☐	○	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		☐	☐	○	NEW
Individuals Eligible for Family Planning Services		☐	☐	○	NEW
Individuals with Tuberculosis		☐	☐	○	NEW
Individuals Electing COBRA Continuation Coverage		☐	☐	○	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		☐	☐	○	NEW
Individuals Eligible for Cash Except for Institutionalization		☐	☐	○	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		☐	☐	○	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional State Supplement Beneficiaries					APPROVED
Individuals in Institutions Eligible under a Special Income Level					NEW
PACE Participants					NEW
Individuals Receiving Hospice					NEW
Children under Age 19 with a Disability					NEW
Age and Disability-Related Poverty Level					NEW
Work Incentives					NEW
Ticket to Work Basic					APPROVED
Ticket to Work Medical Improvements					NEW
Family Opportunity Act Children with a Disability					NEW
Individuals Receiving State Plan Home and Community-Based Services					NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers					NEW

Optional Eligibility Groups

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User-Entered

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		☐	☐	○	NEW
Medically Needy Children under Age 18		☐	☐	○	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		☐	☐	○	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		☐	☐	○	NEW
Medically Needy Parents and Other Caretaker Relatives		☐	☐	○	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		☐	☐	○	NEW

Package Header

Package ID	HI2022MS0001O	**SPA ID**	HI-22-0001
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Superseded SPA ID	HI-21-0004		
	User-Entered		

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 | HI2022MS0001O | HI-22-0001

Individuals who receive an optional state supplementary payment.

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Superseded SPA ID	HI-21-0001		
	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

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Superseded SPA ID HI-21-0001

System-Derived

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

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	System-Derived		

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

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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
$1492.90	$1492.90

- ☐ ix. Other payment classification.

Name of Classification	Description:
DOMICILIARY CARE LEVEL I:	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.

Individual	Couple
$1492.90	$1492.90

Name of Classification	Description:
DOMICILIARY CARE LEVEL II:	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.

Individual	Couple
$1600.90	$1600.90

Optional State Supplement Beneficiaries

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SPA ID HI-22-0001

Initial Submission Date 3/30/2022

Effective Date 1/1/2022

E. Additional Information (optional)

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.

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