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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 24-0012

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 28, 2024

Dr. Judy Mohr Peterson
State of Hawaii Department of Human Services
Office of the Director
PO Box 339
Honolulu, HI 96809-0339

Re: Hawaii State Plan Amendment (SPA) 24-0012

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0012. This amendment proposes to increase the monthly needs allowance for individuals living in certain long-term care facilities from \$50 to \$75 for individuals and \$100 to \$150 for couples.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Hawaii's Medicaid SPA TN 24-0012 was approved on October 28, 2024 with an effective date of October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Hawaii State Plan.

If you have any questions, please contact Brian Zolynas at (206) 615-2742 or via email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. There are some faint blue ink marks above the box.

James G. Scott, Director
Division of Program Operations

Digitally signed by James
G. Scott -S
Date: 2024.10.28 11:23:07
-05'00'

Enclosures

cc: Jodeen Enesa
Edie Mayeshiro

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 2

2. STATE

HI3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 01, 2024

5. FEDERAL STATUTE/REGULATION CITATION

~~Title 19~~ Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6-A pg. 4a.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 2.6-A pg. 4a.

9. SUBJECT OF AMENDMENT

Personal Needs Allowance Increase-HB1974 was signed into law (Act 18) 5/13/2024 increases the monthly needs allowance for individuals living in certain long-term care facilities from \$50 to \$75 for individuals and \$100 to \$150 for couples.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Judy Mohr Peterson, PhD

13. TITLE

Med-QUEST Division Administrator

14. DATE SUBMITTED

09/25/24

15. RETURN TO

State of Hawaii
Department of Human Services
Office of the Director
P.O Box 339
Honolulu, Hawaii 96809-0339

FOR CMS USE ONLY

16. DATE RECEIVED

September 25, 2024

17. DATE APPROVED

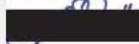
October 28, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.10.28 11:23:37 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Boxes 5 and 10: State authorized pen and ink change on 10/16/2024.

State:

HAWAII

Citation

Condition for Requirement

1924 of the
Act
435.725
435.733
435.832

HRS Section
346-53

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$75.00 for individuals and \$150.00 for Couples for all Institutionalized Persons.

a. Aged, blind, disabled:

Individuals \$75.00
Couples \$150.00

For the following persons with greater need:

Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis for formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:

Children \$75.00
Adults \$75.00

For the following persons with greater need:

Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis for formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individuals under age 21 covered in the plan as specified in item B.7. of Attachment 2.2-A.

\$ N/A

TN No. 24-0012
Supersedes
TN No. 07-006

Approval Date: 10/28/2024

Effective Date: 10/01/2024