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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 24-0013

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 - HI2024MS00030 - (HI-24-0013) - Eligibility

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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

November 15, 2024

Judy Mohr Peterson
Director
Med-QUEST Division (MQD)
Office of the Director, Department of Human Services
PO Box 339
Honolulu, HI 96809-0339

Re: Approval of State Plan Amendment HI-24-0013

Dear Dr. Mohr Peterson,

On September 25, 2024, the Centers for Medicare & Medicaid Services (CMS) received Hawaii State Plan Amendment (SPA) HI-24-0013, in which the state proposed to memorialize its new state supplement eligibility standards.

We approve Hawaii State Plan Amendment (SPA) HI-24-0013 with an effective date(s) of October 01, 2024.

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

HI - Submission Package - HI2024MS0003O - (HI-24-0013) - Eligibility

CMS-10434 OMB 0938-1188

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2024MS0003O | HI-24-0013

Package Header

Package ID	HI2024MS0003O	SPA ID	HI-24-0013
Submission Type	Official	Initial Submission Date	9/25/2024
Approval Date	11/15/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

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

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2024MS0003O | HI-24-0013

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SPA ID and Effective Date

SPA ID HI-24-0013

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	10/1/2024	HI-24-0001
Optional State Supplement Beneficiaries	10/1/2024	HI-24-0001

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2024MS0003O | HI-24-0013

Package Header

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Increases the state supplemental payment ceilings for type I adult residential care homes, licensed developmental disabilities domiciliary homes, community case foster family homes, certified adult foster homes, and type II adult residential care homes. Effective 10/01/24.

Federal Budget Impact and Statute/Regulation Citation





Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$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	
SPA 24-0013 Medicaid Funding Questions - signed	9/25/2024 2:50 PM EDT	
SPA 24-0013 CMS 179 - signed	9/25/2024 2:50 PM EDT	
2303136-1Signed Memo to Gov related to CMS 179	9/25/2024 2:50 PM EDT	
SPA 24-0013 Letter to CMS - signed	9/25/2024 2:51 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2024MS00030 | HI-24-0013

Package Header

Package ID HI2024MS00030
Submission Type Official
Approval Date 11/15/2024
Superseded SPA ID N/A

SPA ID HI-24-0013
Initial Submission Date 9/25/2024
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.

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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HI - Submission Package - HI2024MS0003O - (HI-24-0013) - Eligibility



CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2024MS0003O | HI-24-0013

Package Header

Package ID	HI2024MS0003O	SPA ID	HI-24-0013
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Superseded SPA ID	HI-24-0001		
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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input 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 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 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"/>	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 | HI2024MS00030 | HI-24-0013

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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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<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 ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2024MS0003O | HI-24-0013

Package Header

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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 | HI2024MS0003O | HI-24-0013

Individuals who receive an optional state supplementary payment.

Package Header

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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 | HI2024MS0003O | HI-24-0013

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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

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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 | HI2024MS00030 | HI-24-0013

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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
\$17	\$17
27.0	27.0
0	0

- ☐ 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
\$1727.00	\$1727.00
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
\$1835.00

Couple
\$1835.00

Optional State Supplement Beneficiaries

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