

## **Table of Contents**

**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 13-011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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 & CHILDREN'S HEALTH OPERATIONS**

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Patricia McManaman  
Director, Department of Human Services  
P.O. Box 339  
Honolulu, HI 96809-0339

**MAR 13 2014**

Dear Ms. McManaman:

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) 13-011, which was submitted to CMS on December 31, 2013. Hawaii SPA 13-011 expands eligibility for children under the age of 19 years who would otherwise lose eligibility due to the elimination of income disregards under modified adjusted gross income based methodologies. This SPA is effective December 31, 2013.

Please note that in order for this new reasonable classification of children to be covered under the Medicaid state plan as of January 1, 2014, the State will need to submit a SPA to update page S52-1 in the approved Hawaii Medicaid State Plan by March 31, 2014.

Enclosed is a copy of the new State Plan pages to be incorporated into Hawaii's approved State plan:

- Supplement 1 to Attachment 2.2-A, page 2
- Supplement 8a to Attachment 2.6-A, page 4

If you have any questions, please contact Christy Bonstelle at 415-744-3522 or [christy.bonstelle@cms.hhs.gov](mailto:christy.bonstelle@cms.hhs.gov).

Sincerely,

/s/

Gloria Nagle, Ph.D., MPA  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Kenny Fink, Med-QUEST Administrator  
Tom Duran, CMS Pacific Area Representative

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 13-011	2. STATE HAWAII
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE December 31, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

**COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)**

6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 435.234	7. FEDERAL BUDGET IMPACT: a. FFY 2014: <del>To be determined</del> \$0.00 **** b. FFY 2015: <del>To be determined</del> \$0.00 ****
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  SUPPLEMENT 1 TO ATTACHMENT 2.2-A, page 2 (new) <del>SUPPLEMENT 8 TO ATTACHMENT 2.6-A, page 3</del> Supplement 8a to Attachment 2.6-A, page 4 (new) **	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <del>SUPPLEMENT 8 TO ATTACHMENT 2.6-A, page 3</del> **
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10. SUBJECT OF AMENDMENT:  
Adds children under the age of 19 years, who lose Medicaid eligibility due to the elimination of income disregards on the initial redetermination under the new "modified adjusted gross income" (MAGI) based methodologies as an optional reasonable classification group and eliminates the income test for that group.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      AS APPROVED BY GOVERNOR  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME: <i>/s/</i> PATRICIA MCMANAMAN 14. TITLE: DIRECTOR OF HUMAN SERVICES 15. DATE SUBMITTED: DEC 31 2013	16. RETURN TO:  DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION POLICY AND PROGRAM DEVELOPMENT OFFICE P.O. BOX 700190 KAPOLEI, HI 96709-0190
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<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED: 12/31/2013	18. DATE APPROVED: <b>MAR 13 2014</b>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/31/2014	20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>
21. TYPED NAME: Gloria Nagle	22. TITLE: Assistant Regional Administrator

23. REMARKS:

\*\*Pen and ink changes in Box 8 and Box 9 requested by Aileen Befitel per email 2/5/14  
\*\*\*\*Pen and ink changes in Box 7 requested by Aileen Befitel per email 3/6/14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Hawaii

REASONABLE CLASSIFICATION OF INDIVIDUALS UNDER THE AGE OF 21, 20, 19 AND 18

Other classification of financially eligible children: (continue)

- e. 2101(f)-Like Children: Children under age 19 years who were enrolled in Medicaid on December 31, 2013 and would otherwise become ineligible for Medicaid at their first determination using Modified Adjusted Gross Income (MAGI) based methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies. (42 C.F.R. 435.222)

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TN No. 13-011  
Supersedes  
TN No. NEW

Approval Date: **MAR 13 2014**

Effective Date: 12/31/2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Hawaii

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

4. Disregard all income for 2101(f)-like reasonable classification of children described in Supplement 1 to Attachment 2.2-A, page 2.

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TN No. 13-011  
Supersedes  
TN No. NEW

Approval Date:

**MAR 13 2014**

Effective Date: 12/31/2013