

## **Table of Contents**

**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 15-001**

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  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

---

March 12, 2015

Rachel Wong, DrPH  
Director, Department of Human Services  
P.O. Box 339  
Honolulu, HI 96809-0339

Dear Dr. Wong:

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) No. 15-001, which was submitted to my office on January 26, 2015. This SPA increases the monthly income standards for Domiciliary Care to reflect the 1.7% SSI Cost of Living Adjustment increase from the Social Security Administration. The approval of this SPA is effective January 1, 2015.

Attached is a copy of the new State Plan page to be incorporated into Hawaii's approved State Plan:

- Supplement 6 to Attachment 2.6-A

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/

Hye Sun Lee  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operation

cc: Leslie Tawata, Med-QUEST Administrator  
Tom Duran, CMS Pacific Area Representative

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1</u> <u>5</u> — <u>0</u> <u>0</u> <u>1</u>	2. STATE <b>Hawaii</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2015</b>
---	--

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 <del>42 C.F.R. 435.237</del> 42 C.F.R. 435.234 and 42 C.F.R. 435.1006	7. FEDERAL BUDGET IMPACT a. FFY 2015 \$ 0.00 b. FFY 2016 \$ 0.00
---	--

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement 6 to Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Supplement 6 to Attachment 2.6-A
--	--

10. SUBJECT OF AMENDMENT

Standards for optional state supplementary payments.

11. GOVERNOR'S REVIEW (*Check One*)

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

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO State of Hawaii Department of Human Services Office of the Director P.O. Box 339 Honolulu, Hawaii 96809-0339
13. TYPED NAME Rachel Wong, DrPH	
14. TITLE Director	
15. DATE SUBMITTED <b>JAN 26 2015</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED January 26, 2015	18. DATE APPROVED March 12, 2015
---------------------------------------	-------------------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL  /s/
21. TYPED NAME <b>Hye Sun Lee</b>	22. TITLE Acting Area Regional Administrator, Region IX

23. REMARKS

Box 6: Pen and Ink changes per request by email from Aileen Befitel on 3/11/2015

State: Hawaii

Standards for Optional State Supplementary Payments

Payment Category  (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	<u>Gross*</u>		<u>Net**</u>		
			1 person	Couple	1 person	Couple	
(1)	(2)		(3)		(4)		(5)
A, B, D IN DOMICILIARY CARE:	X						
LEVEL I	\$733.00	\$651.90	\$2,199.00	N/A	\$1,384.90	N/A	
LEVEL II	\$733.00	\$759.90	\$2,199.00	N/A	\$1,492.90	N/A	

NOTE: \*Gross income, before deductions allowed by SSI, cannot exceed 300% of the FBR.

\*\*Net income, after deductions allowed by SSI, cannot exceed the SSI/SSP payment limit

TN No.	<u>15-001</u>	Approval Date:	<u>03/12/2015</u>	Effective Date:	<u>01/01/2015</u>
Supersedes	<u>14-001</u>				
TN No.	<u>14-001</u>				