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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 19-001

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



Regional Operations Group

May 29, 2019

Dr. Judy Mohr Peterson
Med-Quest Division Administrator
P.O. Box 700190
Kapolei, HI 96709-0190

Dear Dr. Peterson:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number No. 19-0001, which was submitted to CMS on March 04, 2019. This SPA updates the income standard for Domiciliary Care Type I and Type II.

This SPA is approved with an effective date of January 1, 2019. Enclosed is a copy of the approved pages to be incorporated into the Hawaii State Plan.

If you have any questions, please contact Shante Shaw at (206) 615-2346 or shante.shaw@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Richard C. Allen
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

cc:

Tom Duran, CMS Pacific Area Representative
Edie Mayeshiro, Med-QUEST Program and Policy Development Office
Aileen Befitel, Med-QUEST Program and Policy Development Office
Jeri Kiddo, Executive Assistant

CMS-10434 OMB 0938-1188

Package Information

Package ID HI2019MS00040
Program Name N/A
SPA ID HI-19-0001
Version Number 4
Submitted By Jodeen Wai
Package Disposition 
Priority Code P2

Submission Type Official
State HI
Region San Francisco, CA
Package Status Approved
Submission Date 3/4/2019
Approval Date 5/29/2019 12:53 PM EDT

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Division of Medicaid and Children's Health Operations

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Pankaj Bhanot
Director
Med-QUEST Division (MQD)
601 Kamokila Blvd., Suite 518
Kapolei, HI 96707

Re: Approval of State Plan Amendment HI-19-0001

Dear Pankaj Bhanot:

On March 04, 2019, the Centers for Medicare and Medicaid Services (CMS) received Hawaii State Plan Amendment (SPA) HI-19-0001 to Increase the Domiciliary Income Standards based on SSI COL increase..

We approve Hawaii State Plan Amendment (SPA) HI-19-0001 on May 29, 2019 with an effective date(s) of January 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Shante Shaw at 2533654604 or shante.shaw@cms.hhs.gov.

Sincerely,
Richard C. Allen
Director, Western Regional Operations Group
Center for Medicaid & CHIP Services
Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00040 | HI-19-0001

Package Header

Package ID HI2019MS00040
Submission Type Official
Approval Date 5/29/2019
Superseded SPA ID N/A

SPA ID HI-19-0001
Initial Submission Date 3/4/2019
Effective Date 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 | HI2019MS00040 | HI-19-0001

Package Header

Package ID HI2019MS00040
Submission Type Official
Approval Date 5/29/2019
Superseded SPA ID N/A

SPA ID HI-19-0001
Initial Submission Date 3/4/2019
Effective Date N/A

SPA ID and Effective Date

SPA ID HI-19-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2019	HI-18-0001
Non-MAGI Methodologies	1/1/2019	HI-18-0001
More Restrictive Requirements than SSI under 1902(f) - (209(b) States)	1/1/2019	HI-18-0001
Handling of Excess Income (Spendedown)	1/1/2019	HI-18-0001
Mandatory Eligibility Groups	1/1/2019	HI-18-0001
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability	1/1/2019	HI-18-0001
Optional Eligibility Groups	1/1/2019	HI-18-0001
Optional State Supplement Beneficiaries	1/1/2019	HI-18-0001

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00040 | HI-19-0001

Package Header

Package ID HI2019MS00040	SPA ID HI-19-0001
Submission Type Official	Initial Submission Date 3/4/2019
Approval Date 5/29/2019	Effective Date N/A
Superseded SPA ID N/A	

Executive Summary

Summary Description Including Goals and Objectives We are transmitting State Plan Amendment TN No. 19-0001 for your review and approval.

Effective January 1, 2019, Supplemental Security Income beneficiaries received a 2.8% 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 \$1,401.90 to \$1,422.90 and for Domiciliary Care Type II from \$1,509.90 to \$1,530.90.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 C.F.R. 435.234 and 42 C.F.R. 435.1006

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
- All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
1/10/2019	A signed letter was sent via email on January 10, 2019.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created
Tribal Consultation - SPA 19-0001	3/13/2019 4:43 PM EDT

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00040 | HI-19-0001

Package Header

Package ID	HI2019MS00040	SPA ID	HI-19-0001
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Superseded SPA ID	HI-18-0001		
	User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

- 1. SSA Eligibility Determination State (1634 State)
The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- 2. State Eligibility Determination (SSI Criteria State)
The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- 3. State Eligibility Determination (209(b) State)
The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00040 | HI-19-0001

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The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive and More Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).
 Yes
 No
2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.
3. The state applies more restrictive financial eligibility requirements to individuals who are age 65 or older or who have blindness or disability. The more restrictive requirements are no more restrictive than those requirements contained in the state's Medicaid plan in effect on January 1, 1972.
4. The more restrictive requirements are described in More Restrictive Methodologies Under 1902(f).

Non-MAGI Methodologies

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.
 - a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:
 - i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:
 - (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
 - (2) Considers these couples as living separately for the purpose of counting income and resources.
 - ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.
 - b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.
2. In determining financial eligibility for individuals who are age 65 or older or who have blindness or a disability, the state may apply more restrictive requirements for relative responsibility than specified in B.1., but no more restrictive than the requirements under the Medicaid plan in effect on January 1, 1972. These methodologies are described in More Restrictive Methodologies under 1902(f).

Non-MAGI Methodologies

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D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:
 - a. The individual applying, or
 - b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
 - c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).
2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).
3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.
 - Yes
 - No
 - a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
 - b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
 - c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
 - d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
 - e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
 - f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
 - g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
 - h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)
4. The state uses the same definition of family size for the selected FPL eligibility groups.
 - Yes
 - No
5. For the selected FPL eligibility groups, family size is defined as follows:
 - a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.

Optional description:

 - b. The state uses another definition of family.

Non-MAGI Methodologies

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

Non-MAGI Methodologies

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F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that are no more restrictive than those used under the Medicaid plan on January 1, 1972, and no more liberal than those used in determining eligibility under SSI or an optional state supplement, and
2. Amounts that are at least the same as those that would be deducted in determining eligibility under the eligibility group for individuals in 209(b) states who are age 65 or older or who have blindness or a disability (described in 42 CFR 435.121).

Non-MAGI Methodologies

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G. Additional Information (optional)

For section D., 1.A and 1.B responses are correct, but 1.C should be worded as follows, "If the individual lives together with his or her parent(s) and the individual is age 18 or younger, or has blindness or disability and is in receipt of SSI and/or Medicare, the individual applying and the parent(s)."

Medicaid State Plan Eligibility

Income/Resource Methodologies

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00040 | HI-19-0001

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The state applies more restrictive requirements than SSI under the authority of section 1902(f) of the Act, and consistent with 42 CFR 435.121.

A. Use of More Restrictive Requirements

The state applies more restrictive eligibility requirements to individuals who are age 65 or older or who have blindness or disability. The more restrictive requirements are no more restrictive than those requirements contained in the state's Medicaid plan in effect on January 1, 1972. The state does not apply more restrictive requirements if:

1. The requirement conflicts with the requirements of section 1924 of the Act, which governs the eligibility and post-eligibility treatment of income and resources of institutionalized individuals with community spouses;
2. The requirement conflicts with a more liberal requirement which the agency has elected to use under 42 CFR 435.601; or
3. The more restrictive requirement conflicts with a more liberal requirement the state has elected to use under §435.234(c) in determining eligibility for State supplementary payments.

B. Populations with More Restrictive Requirements

The state applies more restrictive requirements for the following populations:

- 1. Individuals age 65 or older
- 2. Individuals who have blindness
- 3. Individuals who have a disability

C. Types of More Restrictive Requirements Used

The state applies more restrictive requirements for the following populations:

- 1. The state uses more restrictive requirements with respect to income.
- 2. The state uses more restrictive requirements with respect to resources.
- 3. The state uses more restrictive requirements with respect to the definition of disability.
- 4. The state uses more restrictive requirements with respect to the definition of blindness.
- 5. The state uses more restrictive requirements with respect to financial responsibility of relatives.
- 6. The state uses other more restrictive requirements.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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D. More Restrictive Requirements with Respect to Income

The following more restrictive requirements are used with respect to income:

- 1. The state uses a lower income standard than the SSI or the Optional State Supplement standard for eligibility groups under Mandatory Coverage and Options for Coverage.
2. The state uses more restrictive income disregards or exclusions.
a. The state uses more restrictive disregards or exclusions with respect to VA Benefits.
b. The state uses more restrictive disregards or exclusions with respect to child support.
c. The state uses other more restrictive disregards or exclusions:

Description:
VA aid and attendance payments are not disregarded.

Description:
Child support payments are counted as unearned income.

Table with 2 columns: Name of disregard or exclusion, Description. Row: Loans, Money received as repayment on loans is not disregarded.

- 3. The state uses more restrictive requirements with respect to income from self employment.
4. The state uses more restrictive requirements with respect to irregular/infrequent income.
5. The state uses other more restrictive requirements with respect to income:

Description:
\$10.00 exclusion for infrequent or irregular earned income is not allowed.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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E. More Restrictive Requirements with Respect to Resources

The following more restrictive requirements are used with respect to resources:

- 1. The state uses a lower resource standard than the SSI or the Optional State Supplement standard for eligibility groups under Mandatory Coverage and Options for Coverage.
2. The state uses more restrictive requirements with respect to the treatment of real property.
a. The state uses a more restrictive requirement with respect to the treatment of home property.
b. The state uses other more restrictive requirements related to real property.

Table with 2 columns: Name of requirement, Description. Row: Property, The value of property other than home property including business property is counted.

- 3. The state uses more restrictive requirements with respect to the treatment of lump sums.
4. The state uses more restrictive requirements with respect to the treatment of personal property.
5. The state uses other more restrictive requirements with respect to resources:

Table with 2 columns: Name of requirement, Description. Rows: Life insurance, Income tax refund.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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J. Income Deductions

When applying more restrictive requirements, the state deducts SSI payments received by the individual and state supplement payments that meet the conditions specified in 42 CFR 435.232 and 435.234. The state also allows the following individuals to deduct incurred medical and remedial expenses (spend down) to become categorically eligible under the group for individuals in 209(b) states who are age 65 or over or who have blindness or a disability:

- 1. SSI beneficiaries and eligible spouses of SSI beneficiaries
2. State supplement recipients or individuals who are eligible for but not receiving a state supplementary payment.
3. Individuals who would be eligible for SSI/SSP but for OASDI COLA increases since April, 1977 (42 CFR 435.135)
4. Disabled widows and widowers ineligible for SSI due to increase in OASDI (42 CFR 435.137)
5. Disabled widows and widowers ineligible for SSI due to early receipt of social security (42 CFR 435.138)
6. Adult children with disabilities (1939(a)(2)(D) and 1634(c) of the Act)

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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K. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | HI2019MS00040 | HI-19-0001

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If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

a. One budget period of:

- i. 6 months
- ii. 5 months
- iii. 4 months
- iv. 3 months
- v. 2 months
- vi. 1 month

b. More than one budget period, as described below:

Handling of Excess Income (Spendedown)

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B. Types of Eligible Expenses

- In determining incurred expenses to be deducted from income, the state includes:
 - Medicare, Medicaid, and other health insurance premiums and enrollment fees.
 - Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
 - Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
 - Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.
- The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.
 - Yes
 - No
- Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spendedown)

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C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. Incurred medical and remedial expenses without regard to the age of the expenses.
2. Payments made during the budget period on eligible expenses incurred at any time, if not previously deducted in establishing eligibility.
3. Unpaid eligible expenses incurred at any time prior to the budget period, which have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spendedown)

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D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spenddown)

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E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

Handling of Excess Income (Spendedown)

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F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

Handling of Excess Income (Spenddown)

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" 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 in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

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B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

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 - Mandatory Coverage

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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In 209(b) states, individuals who are 65 or older or who have blindness or a disability, who meet more restrictive criteria than used in SSI

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The state covers the mandatory eligibility group for individuals in 209(b) states who are age 65 or older or who have blindness or a disability in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Be age 65 or older or have blindness or a disability;
2. Meet more restrictive requirements than SSI, as defined by the state in section B;
3. Have income and resources at or below the standard for this group.

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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B. Financial Methodologies

1. The more restrictive requirements used are described in the More Restrictive Requirements than SSI under 1902(f) RU.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

One motor vehicle

More than one motor vehicle

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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C. Income Standard Used

The income standard for this group is:

- 1. A percentage of the federal poverty level: 100.00%
- 2. A dollar amount
- 3. Another standard

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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D. Resource Standard Used

The resource standard for this group is:

Individual: \$2000.00
Couple: \$3000.00

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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="checkbox"/>	NEW

Optional Eligibility Groups

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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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

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Individuals who receive an optional state supplementary payment.

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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

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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

- 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.
- Payments under the optional state supplement program are:
 - Based on need and paid in cash on a regular basis;
 - Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
 - 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
\$1422.90	\$1422.90

- ix. Other payment classification.

Name of Classification

DOMICILIARY CARE LEVEL I:

Individual
\$1422.90

Name of Classification

DOMICILIARY CARE LEVEL II:

Individual
\$1530.90

Description:

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.

Couple
\$1422.90

Description:

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.

Couple
\$1530.90

Optional State Supplement Beneficiaries

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