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# **Table of Contents**

State/Territory Name: Hawaii

State Plan Amendment (SPA) #: HI-14-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Hawaii consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <a href="http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html">http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html</a>

## DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



### **Children and Adults Health Programs Group**

# APR 1 1 2014

Kenneth Fink, MD Department of Human Services Med-Quest Division, Administration Office P.O. Box 700190 Kapolei, HI 96709-0190

Dear Dr. Fink:

I am pleased to inform you that your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number HI 14-0004 submitted on March 19, 2014, and related Modified Adjusted Gross Income (MAGI) Eligibility has been approved with an effective date of January 1, 2014.

The SPA number HI 14-0004 describes the state's plan to maintain Medicaid eligibility for children who would otherwise be subject to Section 2101(f) of the Affordable Care Act, as specified in the state's submission of CS14: Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards. A copy of the approved CS14 is attached, and should be incorporated within a separate subsection under Section 4.1 of Hawaii's approved CHIP state plan.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning these amendments and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 786-3413

Facsimile: (410) 786-5882

E-mail: Joyce.Jordan@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Jordan and to Ms. Gloria Nagle, Associate Regional Administrator (ARA) in our San Francisco Regional Office. Ms. Nagle's address is:

Centers for Medicare & Medicaid Services 90 7th Street, Suite 5-300 (5W) San Francisco, California 94103-6706

# Page 2 – Dr. Kenneth Fink

Congratulations on the approval. If you have additional questions, please contact Ms. Barbara K. Richards, Acting Director, Division of State Coverage Programs at (410) 786-5920.

We look forward to continuing to work with you and your staff.

Sincerely,

Eliot Fishman
Director

Enclosure

cc:

Ms. Gloria Nagle, ARA, CMS Region VIIII, San Francisco

logged in as TONIABROWN(CMS CO Staff) read only mode application rev p01 Children's Health Insurance **Program Eligibility** Home Finder Save Print Help HI.0816.R00.00 - Jan 01, 2014 Logout **Control Panel** Children's Health Insurance Program Eligibility: Summary **General Information** Page **File Management** State/Territory name: Hawaii **Transmittal Number: Tribal Input** Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four Summary digit number with leading zeros. The dashes must also be entered. HI 14-0004 Type of SPA: MAGI Eligibility & Methods XXI Medicaid Expansion ■ Establish 2101(f) Group ☐ Eligibility Processing Non-Financial Eligibility **Proposed Effective Date** 01/01/2014 (mm/dd/yyyy) Federal Statute/Regulation Citation Section 2101(f) of the ACA **Federal Budget Impact** ■This SPA has a budget impact. Total budget impact: State Funds: Federal Funds: **Subject of Amendment** Please provide a brief summary of SPA changes. Character Count:402 To ensure continuity of coverage for children, section 2101(f) of the ACA requires that the state treat any children determined Ξ ineligible under the State Children's Health Insurance Program State Plan, as a result of the elimination of the application of income disregards under section 1902(e)(14) of the Social Security **Signature of State Agency Official** Submitted By: Aileen Befitel Apr 2, 2014 Last Revision Date: Submit Date: Mar 19, 2014



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# **CHIP Eligibility**

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Child Health Insurance Program

Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards

**CS14** 

Section 2101(f) of the ACA and 42 CFR 457.310(d)

Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards

The CHIP agency provides coverage for this group of children as follows:

The state has received approval from CMS to maintain Medicaid eligibility for children who would otherwise be subject to Section 2101(f) such that no child in the state will be subject to this provision.

The state assures that separate CHIP coverage will be provided for children ineligible for Medicaid due to the elimination of income disregards in accordance with 42 CFR 457.310(d). Coverage for this population will cease when the last child protected from loss of Medicaid coverage as a result of the elimination of income disregards has been afforded 12 months of coverage in a separate CHIP (expected to be no later than April 1, 2016).

#### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.

V.20130917

Approval Date: APR 1 1 2014