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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 09-010

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

Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

AUG 23 2010

Lillian B. Koller, Esq.
Director, Department of Human Services
P.O. Box 339
Honolulu, HI 96809-0339

Dear Ms. Koller:

Enclosed is an approved copy of Hawaii State Plan (SPA) No. 09-010, which reduces the amount of medical and remedial expenses that may be deducted in the post-eligibility process to zero if they were incurred as the result of the imposition of a transfer of asset penalty period. This SPA is effective October 1, 2009.

If you have any questions regarding this SPA, please contact Brian Zolynas at (415) 744-3601 or by email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Gloria Nagle.

Gloria Nagle
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Cc: Kenneth Fink, Med-QUEST Administrator
Michele Bower, CMS CMCS (two copies)
Mary Rydell, Pacific Area Representative

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 09-010	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 October 1, 2009	
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)

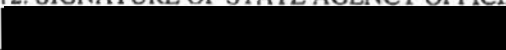
6. FEDERAL STATUTE/REGULATION CITATION: Deficit Reduction Act of 2005 under P.L. 109-171 Section 1902(r)(1)(A)(ii) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 0.00--\$236,640.96 b. FFY 2011 \$ 0.00--\$219,113.72
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 3 to Attachment 2.6-A, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 3 to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT:

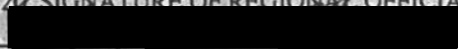
To disallow the deduction of medical and remedial expenses that were incurred as the result of the imposition of a transfer of assets penalty period.

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: 	16. RETURN TO:
13. TYPED NAME: LILLIAN B. KOLLER.	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED: DEC 28 2009	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: DEC 28 2009	18. DATE APPROVED: August 23, 2010
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen-and-ink changes to box 6 and 7 as requested in the RAI response dated 6/29/10.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State HAWAII

**REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID**

The deduction for medical and remedial care expenses that were incurred as the result of the imposition of a transfer of asset penalty period is limited to zero.

TN No. 09-010
Supersedes
TN No. 85-9

Approval Date: AUG 23 2010

Effective Date: 10/01/09