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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 10-002

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





Region IX

Division of Medicaid & Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

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

AUG 2 6 2010

Dear Ms. Koller:

Enclosed is an approved copy of Hawaii State Plan Amendment (SPA) No. 10-002, which prohibits the estate recovery of Medicare cost sharing benefits for dual eligible beneficiaries age 55 and over. This SPA is effective April 1, 2010.

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

Sincerely,

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

cc: Kenneth Fink, Med-QUEST Administrator Michele Bowser, CMS Center for Medicaid and State Operations (two copies) Mary Rydell, Pacific Area Representative

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: TN No. 10-002	2. STATE HAWAII		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE			
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2010 April 1	2010		
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	April 4	,		
3. I I PE OF PLAN MATERIAL (CRECK One):				
	CONSIDERED AS NEW PLAN	MAMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ch amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act 1917(b)(1)(B)(ii)	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 0.00 b. FFY 2011 \$ 0.00			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable			
General Program Administrative, page 53a-1 (new)	22			
General Program Administration, page 53a	General Program Adminis	" 5321		
General Program Administration, page 53b	General Program Adminis	tration, page 530		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		ECIFIED: ED BY GOVERNOR		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME:	16. RETURN TO:			
LILLIAN B. KOLLER 14. TITLE:	-			
DIRECTOR				
15. DATE SUBMITTED: JUN 0 1 2010				
17, DATE RECEIVED:	TRICE USE ONLY 18. DATE APPROVED AUG	2.6.200		
PLAN APPROVED - ON	VE COPY ATTACHED	国际人员		
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1,2010	20 SIGNATURE OF REGIONA W	A PERSONAL PROPERTY OF THE PRO		
21. TYPED NAME: Gloria Nagle	Associate Regional Ac	ministrator		
23. REMARKS:				
Pen-and-ink changes include:				
Box 4 deleted: January 1,2010 added: April	1,2010			
Box 8 added: General Program Administration	, page 53e and 53b	14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (
Box 9 added: General Program Administration	, page 53a and 53b 1' 53(a) I			

Revision: HCFA-PM-95-3 (MB) May 1995

	State/Territory:	HA	WAII
=	(b)	Adju	stments or Recoveries
			State complies with the requirements of section 1917(be Act and regulations at 42 CFR 433.36 (h)-(i).
			stments or recoveries for Medicaid claims correctly are as follows:
		(1)	For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.
			X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.
		(2)	The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917 (a) (1) (B) (even if it does not impose those liens).
		(3)	For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.
			X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State Plan as listed below:
	*		All services listed in State Plan Section 3, "Services General Provisions", Attachment 3.1-A ar Attachment 3.1-B, for applicable individuals age 55 and over, with the exception of Medicare cost sharin identified at 4.17(b)(3)(Continued).

TN No. Supersedes TN No.

10-002

96-007

Approval Date: _

AUG 2 6 2010

Effective Date: 04/01/2010

Revision: HCFA-PM-95-3 (MB)

May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	HAWAII	
3		

4.17(b)(3) (Continued)

1917(b)(1)(B)(ii) of the Act

Limitations on Estate Recovery - Medicare Cost Sharing:

- (i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1. 2010. The date of service for deductibles. coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.
- (ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, copayments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

TN No.: 10-002 AUG 2 6 2010
Supersedes Approval Date: _____ Effective Date: 04/01/2010

Supersedes
TN No.: New

REVISION:

HCFA-PM-95-3

May 1995

(MB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State/Territory:	па	WAII	
		(4)		The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy as provided for in Attachment 2.6 – A, Supplement 8b.
4			_X_	The State adjusts or recovers from the individual's estate on account of all medical assistance paid for nursing facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa and New York which provide long term care insurance policy-based asset or resource disregard must select this entry. These five States may either check this entry or one of the following entries.)
				The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.
			-	The State adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services

TN No.

10-002

Supersedes

TN No. 96-007

AUG 2 6 2010

Approval Date:

)

described below:

Effective Date: 04/01/2010

provided on behalf of the individual to the extent