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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 13-0007-MM3

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) 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

SEP 06 2013

Patricia McManaman
Director, Department of Human Services
P.O. Box 339
Honolulu, HI 96809-0339

Dear Ms. McManaman:

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) 13-0007-MM3, which was submitted to CMS on July 9, 2013. SPA 13-0007-MM3 incorporates the MAGI-Based Income Methodologies into Hawaii's Medicaid State Plan in accordance with the Affordable Care Act. The effective date of the SPA is January 1, 2014.

Enclosed is a copy of the new State Plan pages to be incorporated within a separate section at the back of Hawaii's approved State plan:

- S10, Pages S10-1 and S10-2

In addition, enclosed is a summary of State Plan pages which are superseded by SPA-13-0007-MM3, which should also be incorporated into a separate section in the front of the State Plan:

- Superseding Pages of State Plan Material, 13-0007-MM3

Notwithstanding any other provisions of the Hawaii Medicaid State Plan, the financial eligibility methodologies described in SPA HI-13-0007-MM3 will apply to all MAGI-based eligibility groups covered under Hawaii's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR §435.603 apply to everyone except those individuals described at 42 CFR §435.603(j) for whom MAGI-based methods do not apply. This SPA supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.

Congratulations to you and your staff for your hard work and strong collaboration. This is the first MAGI SPA approved in the country and is a real accomplishment.

If you have any questions, please contact Christy Bonstelle at (415)744-3522, or christy.bonstelle@cms.hhs.gov.

Sincerely,

/s/

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Kenny Fink, Med-QUEST Administrator
Tom Durran, CMS Pacific Area Representative

Medicaid State Plan Eligibility

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Hawaii

Transmittal Number:

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 digit number with leading zeros. The dashes must also be entered.

HI-13-0007-MM3

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 C.F.R. 435.4, 435.110, 435.116, 435.118, 435.119, 435.150, 435.218, 435.220, 435.214, 435.226, 435.227, 435.235

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$85992536.00
Second Year	2015	\$119936664.00

Subject of Amendment

The proposed amendments to the State Plan would implement provisions of the Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010. The proposed amendments implements the following: 1) New Medicaid eligibility groups; 2) Establishes financial methodologies for determining Medicaid eligibility based on modified adjust gross income (MAGI); 3) Establish simplified and date-driven renewal policies for individuals who eligibility is based on MAGI; 4) Simplifies residency, citizenship and immigration status; and 5) Allows presumptive eligibility conducted by hospitals for certain Medicaid eligibility groups.

Note on the federal budget impact: The budget impact included on this form is the combined impact for 13-0007MM1 - 13-0007MM7.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

As approved by the Governor


Signature of State Agency Official

Submitted By:

Aileen Befitel

Date Submitted:

Aug 28, 2013

DATE RECEIVED: 7/09/2013	DATE APPROVED: 09/06/2013
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2014	SIGNATURE OF REGIONAL OFFICIAL: 
TYPED NAME Gloria Nagle	TITLE Associate Regional Administrator

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

13-0007-MM3

STATE:

Hawaii

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

S10 - MAGI Income Methodology

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):**

Notwithstanding any other provisions of the Hawaii Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment HI-13-0007-MM3 will apply to all MAGI-based eligibility groups covered under Hawaii's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR §435.603 apply to everyone except those individuals described at 42 CFR §435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

MAGI-Based Income Methodologies S10

1902(e)(14)
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- Yes No



Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

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 40 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.