

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: 13-004 *b* **CB**

2. STATE: HAWAII

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE: ~~October 1, 2013~~ January 1, 2014 **CB**

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
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) **CB**

6. FEDERAL STATUTE/REGULATION CITATION:
42 C.F.R. 433.145, 435.310, ~~440.40, 440.60, and 440.150~~ **CB**
Section 1902

7. FEDERAL BUDGET IMPACT: **CB**

FFY 2014	Under 1 million dollars	\$999,999
FFY 2015	Under 1 million dollars	\$999,999

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
~~Section 3.1-A~~
Attachment 2.2-A, page 26
Attachment 2.6-A, page 3a
~~Supplement 4 to Attachment 2.6-A, page 1~~
Supplement 5 to Attachment 2.6-A, page 1
Supplement 8b to Attachment 2.6-A, page 1
~~Supplement to Attachment 3.1-A and 3.1-B, pages 2 and 3.2.b, 4 and 4.4~~
~~Attachment 4.1-B, pages 1-1.1~~

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): **CB**

Attachment 2.2-A, Page 26
Attachment 2.6-A, page 3a
Attachment 5 to Attachment 2.6-A, page 1 and
Supplement 8b to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT:
The amendments to the State Plan pages relate to changes under the medically needy group, assignment of rights, methods for determining income and resources, ~~updates drug coverage, expands the standard benefits packages related to other practitioners services and rehabilitative services, and establishes payment rates for new types of providers and services.~~ **CB**

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

OTHER, AS SPECIFIED:
AS APPROVED BY GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: PATRICIA MCMANAMAN

14. TITLE: DIRECTOR OF HUMAN SERVICES

15. DATE SUBMITTED: July 12, 2013 **CB**

16. RETURN TO:

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
OFFICE OF THE DIRECTOR
P.O. Box 339
HONOLULU, HAWAII 96809-0339

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: July 12, 2013

18. DATE APPROVED: September 30, 2013

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Gloria Nagle

22. TITLE: Associate Regional Administrator

23. REMARKS: Pen and ink changes made per emails from Aileen Befitel on 9/13/13 and 9/24/13 **CB**