SUPERSEDING PA STATE PLAN MA	•
TRANSMITTAL NUMBER:	STATE:
13-0007-MM1	Hawaii

Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, S54, S55 and S14 and related pages or sections of pages being deleted as obsolete

		David David David
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 1 Page 3 Page 3a Page 4 Page 4a Page 12 Page 13 Page 13a Page 14 Page 14a Page 21 Page 23	Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 9c, B.1 remove "Caretaker relatives" and "Pregnant women" Page 20, B.14 Page 23c, B.19 Page 23c, B.22 Page 25, C.4
Supplement 1 to Attachment 2.2-A	Page 23b Page 1	
Attachment 2.6-A	Page 3b Page 11a Page 16 Page 19 Page 19a Page 19b Page 21	Page 1, A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a(1) and (2) Page 12, 5.e(2) and (3) Page 18, 5.e Page 25, 11.a(3)
Supplement 1 to Attachment 2.6-A	Pages 1-4	
Supplement 2 to Attachment 2.6-A	Pages 1-5	

Supplement 5a to Attachment 2.6-A		Page 1, "Pregnant women and children - no limit on resources"
Supplement 8a to Attachment 2.6-A		Page 1, #1 Page 1, #2 delete citations for AFDC- related groups Page 2, delete citations for AFDC- related groups
Supplement 14 to Attachment 2.6-A	Page 1	
Supplement 15 to Attachment 2.6-A	Pages 1-3	

HI: converted thresholds date: 09-APR-2013

pulation/type	applicant type	citiation	unit size	original standard	converted standar
mily - 1988	applicant	AFDC 5/1/1988	1	\$327	\$493
			2	\$430	\$653
			3	\$515	\$795
			4	\$601	\$938
			5	\$689	\$1,083
			6	\$780	\$1,232
			7	\$882	\$1,391
					\$1,508
			8		
and the second second second	•	titel a second to the second	9	\$1,000	\$1,623
			10	\$1,059	\$1,739
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11	\$1,119	\$1,857
	4.		12	\$1,179	\$1,974
	7		13	\$1,239	\$2,091
			14	\$1,299	\$2,208
,			15	\$1,359	\$2,325
and the second second second second					\$110
11 12 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		addon	\$60	
	ben 4 months	AFDC 5/1/1988	1	\$327	\$397
#11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second second		2	\$430	\$524
			3	\$515	\$633
			4	\$601	\$744
			5	\$689	\$856
			6	\$780	\$971
			7	\$862	\$1,097
* 11 to 11 t					
	*		8	\$942	\$1,181
			9	\$1,000	\$1,263
			10	\$1,059	\$1,347
			11	\$1,119	\$1,431
	::::::::		12	\$1,179	\$1,515
i			13	\$1,239	\$1,599
The state of the s	<u> </u>		14	\$1,299	\$1,683
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	-	1 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15	\$1,359	\$1,767
			addon	\$60	\$81
	ben 8 months	AFDC 5/1/1988	1	\$327	\$388
			2	\$430	\$512
		: :	3	\$515	\$618
	<u></u>		4	\$601	\$725
			5	\$689	\$834
				\$780	\$947
			6		
			7	\$882	\$1,070
·			8	\$942	\$1,151
	13		9	\$1,000	\$1,230
		The state of the s	10	\$1,059	\$1,310
			11	\$1,119	\$1,391
			12	\$1,179	\$1,472
			13	\$1,239	\$1,553
			14	\$1,299	\$1,634
			15	\$1,359	\$1,715
			addon	\$60	· \$78
unily - 1996	applicant	AFDC 7/16/1996	1	\$418	\$630
MLLY - 2330	- Indiana		2	\$565	\$851
			3	\$712	\$1,071
* * * * * * * * * * * * * * * * * * * *				\$859	\$1,291
	The state of the s	3	4		
			5	\$1,006	\$1,511
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			6	\$1,153	
			6 7	\$1,153 \$1,300	\$1,952
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			6 7 8 9 10	\$1,153 \$1,300 \$1,446 \$1,593 \$1,740	\$1,952 \$2,171 \$2,392 \$2,612
			6 7 8 9 10 11	\$1,153 \$1,300 \$1,446 \$1,593 \$1,740 \$1,887	\$1,952 \$2,171 \$2,392 \$2,612 \$2,832
			6 7 8 9 10 11	\$1,153 \$1,300 \$1,446 \$1,593 \$1,740 \$1,887 \$2,034	\$1,952 \$2,171 \$2,392 \$2,612 \$2,832 \$3,052
			6 7 8 9 10 11 12	\$1,153 \$1,300 \$1,446 \$1,593 \$1,740 \$1,887 \$2,034 \$2,181	\$1,952 \$2,171 \$2,392 \$2,612 \$2,832 \$3,052 \$3,273
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S 1,006 61,153 51,319 7 81,300 51,487 8 \$1,446 \$1,654 9 \$1,753 \$1,623 10 \$1,740 \$1,931 11 \$1,887 \$2,159 12 \$2,034 \$2,327 13 \$2,181 \$2,495 14 \$2,328 \$2,663 15 \$2,475 \$3,931 16 \$4,660 \$1,644 17 \$4,660 \$1,123 18 \$1,466 \$1,644 19 \$1,129 19 \$1,129 19 \$1,129 19 \$1,129 19 \$1,129 19 \$1,129 19 \$1,129 19 \$1,129 19 \$1,130 \$1,458 19 \$1,130 \$1,458 19 \$1,130 \$1,458 19 \$1,130 \$1,458 10 \$1,740 \$3,951 11 \$1,467 \$2,116 12 \$2,034 \$2,281 13 \$2,181 \$2,445 14 \$2,328 \$2,610 19 \$2,475 \$2,775 10 \$1,740 \$2,321 12 \$2,034 \$2,281 13 \$2,281 \$2,245 14 \$2,328 \$2,510 1902 (a) (10) (A) (i) (IV) mandatory poverty-level related pregnant women covered for pregnancy-related gregorant women covered for pregnancy-related mandatory poverty-level related dinfan 1902 (a) (10) (A) (i) (IV) mandatory poverty-level related dinfan 1902 (a) (10) (A) (i) (IV) mandatory poverty-level related dinfan 1902 (a) (10) (A) (i) (IV) mandatory poverty-level related dinfan 1902 (a) (10) (A) (i) (IV) mandatory poverty-level related dinfan 1902 (a) (10) (A) (i) (IV) mandatory poverty-level related dinfan 1902 (a) (10) (A) (i) (IV) mandatory poverty-level related dinfan 1902 (a) (10) (A) (i) (IV) mandatory poverty-level related dinfan 1903 (a) (10) (A) (I) (IV) mandatory poverty-level related dinfan 1903 (a) (10) (A) (I) (IV) mandatory poverty-level related dinfan 1904 (a) (10) (A) (I) (IV) mandatory poverty-level related dinfan				7	\$859	\$983
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I) mandatory poverty- level related	Child 1-5) mandatory poverty- level related		133% FPL	139% FPL
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			TU1	1		

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

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Lifett As of May 1, 1988

The standard is as follows:

Standard varies by region

Standard varies by living arrangement

Standard varies in some other way

Effective sucception in the standard in the standard in the standard varies in some other way

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S14-1



			A 111/2 12
	Household size	Standard (\$)	Additional incremental amount O Yes O No
	1	493	Increment amount \$ 110
	2	653	
	3	795	
	4	938	
73, 15	5	1,083	
	6	1,232	
	7	1,391	
1	8	1,508	
	9	1,623	
	10	1,739	
	11	1,857	
	12	1,974	
	13	2,091	
	14	2,208	
	15	2,325	

The dollar amounts increase automatically each year

O Yes

No

i Strifts				មេខ(១)ភាពក្រុ	J.Va
he stand	lard is as follows:				
Sta	atewide standard				
O Sta	andard varies by reg	gion			
O Sta	andard varies by liv	ing arrangement			

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Hawaii

Approval Date: 09/13/2013

S14-2



O Standard varies in some other way Additional incremental amount Household size Standard (\$) O No Yes 418 Increment amount \$ |146 565 712 859 1,006 1,153 1,300 1,446 1,593 10 1,740 1,887 11 2,034 12 13 2,181 14 2,328 15 2,475

thenme Standard Harry Hollar Amount - Automatic Herease Option S133

The standard is as follows:

O Statewide standard

TN No: 13-0007-MM1

Hawaii

O Yes

No

Approval Date: 09/13/2013

The dollar amounts increase automatically each year

S14-3



Standard varies by region Standard varies by living arrangement				1
O Standard varies in some other way				
The dollar amounts increase automatically each year	ar			
O Yes O No		,		
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	Attomatic Indre	see Orition		Star
The standard is as follows:				
O Statewide standard				1
O Standard varies by region				
O Standard varies by living arrangement				
O Standard varies in some other way				
The dollar amounts increase automatically each ye	ar			Marine
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The dollar amounts increase automatically each ye O Yes O No DE Payment Standard in Littee Ac of July	ssalbersamberd nappabares (C)	(AU) sinal si		
The dollar amounts increase automatically each ye O Yes O No DE Payment Standard in Effect AS of Appyrease in the Consumer Price India, for a ba	ssalbersamberd nappabares (C)	(AU) sinal si		
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The dollar amounts increase automatically each year Yes No DE Payment Standard in Effect Acofunts rease in the Consumer Frice Index for under Income Standard Entry Dollar Amount The standard is as follows: Statewide standard Standard varies by region Standard varies by living arrangement	ic. 1996 increase n. sons unerg CF Automatic Incre	(AU) sinal si		

TN No: 13-0007-MM1

Approval Date: 09/13/2013

percentage marcase in the Consumer lattice lander for although consumers (CPL-U) since

Hawaii S14-4



	Income Standard Entry's Flother Amounts-Automatic Increase Ontion (\$15a)	
	The standard is as follows:	
	O Statewide standard	
	O Standard varies by region	
	O Standard varies by living arrangement	
	O Standard varies in some other way	
	The dollar amounts increase automatically each year	
	O Yes O No	
		_
	ORGANICH BERKERT ET TREET DE LE	
	Inviging School and Empres College Academy Seattomatic Arcrease Option (1982) 1982	
	The standard is as follows:	
	○ Statewide standard	
	O Standard varies by region	
	Standard varies by living arrangement	
	O Standard varies in some other way	
	The dollar amounts increase automatically each year	
	O Yes O No	l
1077000		
	income Standa a Tritey : Dollac Ammert Antoniatic increase Option	
	The standard is as follows:	
	O Statewide standard	
	O Standard varies by region	
	O Standard varies by living arrangement	
	Standard varies in some other way	
	The dollar amounts increase automatically each year	
	○ Yes ○ No	
Щ.		

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			nups : Marotistocko (nadrsoc) 1
190	CFR 435. 2(a)(10)(1(b) and	A)(i)	(I)
	Parents below a	and stand	Other Caretaker Relatives - Parents and other caretaker relatives of dependent children with household income at or lard established by the state.
	✓ The	state	attests that it operates this eligibility group in accordance with the following provisions:
		Indi	viduals qualifying under this eligibility group must meet the following criteria:
			Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.
			The state elects the following options:
			This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
			Options relating to the definition of caretaker relative (select any that apply):
			The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.
			Definition of domestic partner:
			The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.
			Description of other relatives:
			The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.
			Options relating to the definition of dependent child (select the one that applies):
			The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.
			The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

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■ Hav	re household income at or below the standard established by the state.
MAGI-b Based In	pased income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI- acome Methodologies, completed by the state.
Income	standard used for this group
■ Mir	nimum income standard
The	minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, verted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.
Ø	The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.
	Ailstinchment is submitted.
■ Ma	ximum income standard
Z	The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.
	* *** attachment is submitted.
The	state's maximum income standard for this eligibility group is:
0	The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
•	The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
. 0	The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
0	The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
Ent	er the amount of the maximum income standard:

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A percentage of the federal poverty level: 100 %
The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
Other dollar amount
■ Income standard chosen:
Indicate the state's income standard used for this eligibility group:
O The minimum income standard
The maximum income standard
The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.
Another income standard in-between the minimum and maximum standards allowed
There is no resource test for this eligibility group.
Presumptive Eligibility
The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.
○ Yes

PRA Disclosure Statement

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	SZ8
90 90	CFR 435.116 2(a)(10)(A)(i)(III) and (IV) 2(a)(10)(A)(ii)(I), (IV) and (IX) 1(b) and (d)
	Pregnant Women - Women who are pregnant or post-partum, with household income at or below a standard established by the state.
	✓ The state attests that it operates this eligibility group in accordance with the following provisions:
	Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
	Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.
	O Yes No
	MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
	■ Income standard used for this group
	Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)
	The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.
	● Yes ○ No
	Enter the amount of the minimum income standard (no higher than 185% FPL): 185 % FPL
	Maximum income standard
	The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.
	An attachment is submitted.
	The state's maximum income standard for this eligibility group is:
	The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a

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MAGI-equivalent percent of FPL.

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		, ,
	•	The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	0	The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	0	The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
-	0	185% FPL
		The amount of the maximum income standard is: 191 % FPL
	Inc	ome standard chosen
	Inc	licate the state's income standard used for this eligibility group:
	C	The minimum income standard
,	•	The maximum income standard
	С	Another income standard in-between the minimum and maximum standards allowed.
	There is	no resource test for this eligibility group.
	Benefit	s for individuals in this eligibility group consist of the following:
	All	pregnant women eligible under this group receive full Medicaid coverage under this state plan.
÷	O Pre	gnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive y pregnancy-related services.
	Presum	ptive Eligibility
		ate covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a ed entity.
	O Ye	s 💿 No

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			pupa (Nanalagury Corgrage) and a graph of the state of th
902 902		A)(i) A)(ii	(III), (IV), (VI) and (VII))(IV) and (IX)
i ti	nfants : ne state	and (Children under Age 19 - Infants and children under age 19 with household income at or below standards established by d on age group.
١	✓ The	state	attests that it operates this eligibility group in accordance with the following provisions:
		Chi	ldren qualifying under this eligibility group must meet the following criteria:
			Are under age 19
			Have household income at or below the standard established by the state.
		MA Bas	GI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI- red Income Methodologies, completed by the state.
		Inc	ome standard used for infants under age one
			Minimum income standard
			The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.
			• Yes O No
			Enter the amount of the minimum income standard (no higher than 185% FPL): 185 % FPL
			Maximum income standard
			The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.
			An attachment is submitted.
			The state's maximum income standard for this age group is:
			The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-

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equivalent percent of FPL.

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	· .
•	The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
C	The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
C	The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
) 185% FPL
E	Inter the amount of the maximum income standard: 191 % FPL
I I	ncome standard chosen
Т	he state's income standard used for infants under age one is:
(The maximum income standard
(If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
(If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
(If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
(If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
(Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
Incor	ne standard for children age one through age five, inclusive

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Minimum income standard

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Maximum income standard

age one throu	fies that it has submitted and received approval for its converted income standard(s) for children the to MAGI-equivalent standards and the determination of the maximum income standard to be age one through five.
	Apartachuiche is submitted.

The state's maximum income standard for children age one through five is:

The minimum income standard used for this age group is 133% FPL.

- The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- C The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard: 139 % FPL

Income standard chosen

The state's income standard used for children age one through five is:

- The maximum income standard
 - If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),
- 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)

1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)
(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

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		$oldsymbol{\epsilon}$. The first of the second contract of the second contract $oldsymbol{\epsilon}$, which is the second contract of the second c
	0	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	0	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	0	Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
Inco	ome	standard for children age six through age eighteen, inclusive
	Mi	nimum income standard
	Th	e minimum income standard used for this age group is 133% FPL.
	Ma	eximum income standard
	V	The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.
		An attachment is submitted.
	Th	e state's maximum income standard for children age six through eighteen is:
	0	The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	0	The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	0	The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	O	The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	•	133% FPL
	In	come standard chosen

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The state's income standard used for children age six through eighteen is:



 •	The maximum income standard
O	If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
0	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
0	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
0	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
0	Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
There i	is no resource test for this eligibility group.
Presum	ptive Eligibility
The sta	te covers children when determined presumptively eligible by a qualified entity.
O Ye	s 📵 No

PRA Disclosure Statement

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After Garage Control of the Control
1902(a)(10)(A)(i)(VIII) 42 CFR 435.119
The state covers the Adult Group as described at 42 CFR 435.119.
● Yes ○ No
Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.
The state attests that it operates this eligibility group in accordance with the following provisions:
Individuals qualifying under this eligibility group must meet the following criteria:
Have attained age 19 but not age 65.
Are not pregnant.
Are not entitled to or enrolled for Part A or B Medicare benefits.
Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.
Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.
Have household income at or below 133% FPL.
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
■ There is no resource test for this eligibility group.
Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.
OUnder age 19, or
● A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:
OUnder age 20
● Under age 21
Presumptive Eligibility
The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.
O Yes ● No

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2000	andrius Groups: Mandagory se rve par 19 19 19 19 19 19 19 19 19 19 19 19 19 19				
1	42 CFR 435.150 1902(a)(10)(A)(i)(IX)				
	Former Foster Care Children - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.				
	☑ The state attests that it operates this eligibility group under the following provisions:				
	Individuals qualifying under this eligibility group must meet the following criteria:				
	Are under age 26.				
	Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.				
	Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.				
	The state elects to cover children who were in foster care and on Medicaid in <u>any</u> state at the time they turned 18 or aged out of the foster care system.				
	○Yes No				
	The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.				
	OYes ♠No				

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.

TN No: 13-0007-MM1

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Approval Date: 09/13/2013

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1902(a)(10)(A)(ii)(XX) 1902(hh) 42 CFR 435.218

Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

O Yes

No

PRA Disclosure Statement

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S50-1



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

	OMB Expiration date: 10/31/2014
ione and two constraints. And the state of the	7S51
42 CFR 435.220 1902(a)(10)(A)(ii)(I)	
Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cove caretaker relatives who are not mandatorily eligible and who have income at or below a state accordance with provisions described at 42 CFR 435.220. Yes No	
▼ The state attests that it operates this eligibility group in accordance with the follow	ing provisions:
Individuals qualifying under this eligibility group must meet the following crit	teria:
Would be eligible under the state plan for the mandatory eligibility group except for income.	, Parents and Other Caretaker Relatives,
■ Have household income at or below the standard established by the state.	
MAGI-based income methodologies are used in calculating household income Based Income Methodologies, completed by the state.	e. Please refer as necessary to S10 MAGI-
■ Income standard used for this group	
The state covered this optional eligibility group under its state plan as of Mar Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.	ch 23, 2010, December 31, 2013, or under a
● Yes ○ No	
Minimum income standard	
The income standard used for this eligibility group must exceed the Parents and Other Caretaker Relatives eligibility group (42 CFR 435 and Other Caretaker Relatives for the income standard chosen for the	5.110). Please refer as necessary to S25 Parents
■ Maximum income standard	
The state certifies that it has submitted and received approval for optionally eligible parents and other caretaker relatives to MAG the maximum income standard to be used for parents and other of	I-equivalent standards and the determination of
'An attachment is subm	
The state's maximum income standard for this eligibility group is:	
The state's effective income level for optionally eligible parents a state plan as of March 23, 2010, converted to a MAGI-equivalent	
The state's effective income level for optionally eligible parents a State plan as of December 31, 2013, converted to a MAGI-equiva size.	

TN No: 13-0007-MM1 Approval Date: 09/13/2013 Effective Date: 1/01/2014

Hawaii

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The state's effective income level for any population of parents/caretaker relatives under a demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or as size.	Medicaid 1115 mounts by household
The state's effective income level for any population of parents/caretaker relatives under a demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL of household size.	Medicaid 1115 or amounts by
Enter the amount of the maximum income standard:	
A percentage of the federal poverty level: 200 %	
The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-eq ostandard. If this standard has not been completed in S14 AFDC Income Standards, comple with this eligibility group. If it has already been completed, refer to it as necessary.	uivalent te and submit it
The state's TANF payment standard, converted to a MAGI-equivalent standard. If this star O been completed in S14 AFDC Income Standards, complete and submit it with this eligibility has already been completed, refer to it as necessary.	idard has not ity group. If it
Other dollar amount	
Income standard chosen	
Indicate the state's income standard used for this eligibility group:	
O The maximum income standard	
Another income standard in-between the minimum and maximum standards allowed.	
The state's AFDC payment standard in effect as of July 16, 1996, not converted to a N Standard. If this standard has not been completed in S14 AFDC Income Standards, cowith this eligibility group. If it has already been completed, refer to it as necessary.	AAGI-equivalent mplete and submit it
The state's TANF payment standard, not converted to a MAGI-equivalent standard. If the been completed in S14 AFDC Income Standards, complete and submit it with this elignates already been completed, refer to it as necessary.	this standard has not gibility group. If it
If not chosen as the maximum income standard, the state's AFDC payment standard in 1996, converted to a MAGI-equivalent standard. If this standard has not been complete Income Standards, complete and submit it with this eligibility group. If it has already to it as necessary.	ted in S14 AFDC
If not chosen as the maximum income standard, the state's TANF payment standard, of equivalent standard. If this standard has not been completed in S14 AFDC Income Standard it with this eligibility group. If it has already been completed, refer to it as necessarily the standard in the	andards, complete and
Other income standard in-between the minimum and the maximum standards allowed	L .
The amount of the income standard for this eligibility group is:	
A percentage of the federal poverty level: 105 %	
Other dollar amount	
There is no resource test for this eligibility group.	

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Hawaii

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PRA Disclosure Statement

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ac. 10/31/2014

42 CFR 435.222 1902(a)(10)(A)(ii)(I) 1902(a)(10)(A)(ii)(IV)

Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

O Yes

No

PRA Disclosure Statement

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S52-1



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

Effective Date: 1/01/2014

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42 CFR 435.227 1902(a)(10)(A)(ii)(VIII)
Children with Non IV-E Adoption Assistance - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227. Yes No
▼ The state attests that it operates this eligibility group in accordance with the following provisions:
Individuals qualifying under this eligibility group must meet the following criteria:
The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;
Are under the following age (see the Guidance for restrictions on the selection of an age):
• Under age 21
O Under age 20
O Under age 19
O Under age 18
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
• Yes O No
The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010. • Yes O No
Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.
The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
O Yes No
There is no resource test for this eligibility group.

PRA Disclosure Statement

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002(a)(10)(A)(ii)(XIV) 2 CFR 435.229 and 435.4 005(u)(2)(B)
optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted ow income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.
Yes O No
The state attests that it operates this eligibility group in accordance with the following provisions:
Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group.
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
• Yes O No
The state also covered this eligibility group in the state plan as of March 23, 2010.
● Yes ○ No
Until October 1, 2019, states must include at least those individuals covered as of March 23, 2010, but may cover additional individuals. Effective October 1, 2019, states may reduce or eliminate coverage for this group.
■ Individuals are covered under this eligibility group, as follows:
All children under age 18 or 19 are covered:
• Under age 19
O Under age 18
O The reasonable classification of children covered is:
■ Income standard used for this classification
Minimum income standard
The income standard for this classification of children must exceed the lowest income standard chosen for children in the age group selected above, under the mandatory Infants and Children under Age 19 eligibility group.
Maximum income standard

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	The state certifies that it has submitted and received approval for its converted income standard(s) for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.
	Amatischnenbissübmitted.
	The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:
•	C The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	The state's effective income level for this classification of children under the Medicaid State Plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	O The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	C The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	O 200% FPL.
	C A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
	The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:
	308 % FPL
	Income standard chosen, which must exceed the minimum income standard
	Individuals qualify under the following income standard:
	• The maximum income standard.
	The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	O If higher than the effective income level used under the state plan as of March 23, 2010, 200% FPL.

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If higher than the effective income level used under the state plan as of March 23, 2010, a percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010.
The income standard for this eligibility group is: 308 % FPL
■ There is no resource test for this eligibility group.
 Presumptive Eligibility
Presumptive eligibility for this group depends upon the selection of presumptive eligibility for the Infants and Children under Age 19 eligibility group. If presumptive eligibility is done for that group, it is done for this group under the same provisions.

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TN No: 13-0007-MM1 Hawaii



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

1902(a)(10)(A)(ii)(XII) 1902(z)

Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

O Yes 💿 No

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OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

42 CFR 435.226 1902(a)(10)(A)(ii)(XVII)

Independent Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

🔿 Yes 🏽 🗿 No

PRA Disclosure Statement

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S57-1



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

1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

O Yes (

No

PRA Disclosure Statement

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Hawaii

TN No: 13-0007-MM1

Que, Rene R. (CMS/CMCHO)

From:

sea@cms.hhs.gov

Sent:

Friday, September 13, 2013 3:04 PM

To:

CMS SPA_Waivers_SanFrancisco_R09; Corddry, Mary C. (CMS/CMCS); Dillon, Kristin C. (CMS/CMCHO); Bonstelle, Christy A. (CMS/CMCHO); Billy, Indy A. (CMS/CMCS); Lloyd,

Beth E. (CMS/CMCS); cynthia.hentz@cms.hhs.gov

Subject:

State Plan / Waiver HI-13-0007MM1 has been approved

Dear RO Administrator,

This e-mail is to inform you that the State Plan/Waiver HI-13-0007MM1 from State HI and Action Due Date 10/7/2013 has been Approved.

Thank you,

SEA Admin

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