

Table of Contents

State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 18-001

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
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

May 22, 2018

Dr. Judy Mohr Peterson
Med-QUEST Division Administrator
MQD/Admin
P.O. Box 700190
Kapolei, HI 96709-0190

Dear Dr. Peterson,

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) No. 18-0001, which was submitted to the Centers for Medicare and Medicaid Services on March 27, 2018. This SPA updates the income standard for Domiciliary Care Type I and Type II. The approval of this SPA is effective January 1, 2018.

Attached is a copy of the new State Plan page to be incorporated into Hawaii's approved State Plan at Supplement 6 to Attachment 2.6-A.

If you have any questions, please contact Ronna Bach at (415) 744-3677 or ronna.bach1@cms.hhs.gov.

Sincerely,

/s/

Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Tom Duran, CMS Pacific Area Representative
Edie Mayeshiro, Med-QUEST Program and Policy Development Office
Aileen Befitel, Med-QUEST Program and Policy Development Office
Jeri Kiddo, Executive Assistant

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1</u> <u>8</u> — <u>0001</u>	2. STATE Hawaii
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2018
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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 42 C.F.R. 435.234 and 42 C.F.R. 435.1006	7. FEDERAL BUDGET IMPACT a. FFY ²⁰¹⁸ _____ \$ <u>0.00</u> b. FFY ²⁰¹⁹ _____ \$ <u>0.00</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 6 to Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Supplement 6 to Attachment 2.6-A
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10. SUBJECT OF AMENDMENT

Standards for optional state supplementary payments.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO State of Hawaii Department of Human Services Office of the Director P.O. Box 339 Honolulu, Hawaii 96809-0339
13. TYPED NAME Judy Mohr Peterson, PhD	
14. TITLE Med-QUEST Administrator	
15. DATE SUBMITTED 03-27-18	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 27, 2018	18. DATE APPROVED May 22, 2018
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Hye Sun Lee	22. TITLE Acting Associate Regional Administrator

23. REMARKS

State: Hawaii

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	<u>Gross*</u>		<u>Net**</u>		
			1 person	Couple	1 person	Couple	
(1)	(2)	(3)		(4)		(5)	
A, B, D IN DOMICILIARY CARE:	X						
LEVEL I	\$750.00	\$651.90	\$2,250.00	N/A	\$1,401.90	N/A	
LEVEL II	\$750.00	\$759.90	\$2,250.00	N/A	\$1,509.90	N/A	

NOTE: *Gross income, before deductions allowed by SSI, cannot exceed 300% of the FBR.
 **Net income, after deductions allowed by SSI, cannot exceed the SSI/SSP payment limit.

TN No.	<u>18-0001</u>	Approval Date:	<u>May 22, 2018</u>	Effective Date:	<u>01/01/2018</u>
Supersedes					
TN No.	<u>17-0001</u>				