

**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION**

PUBLIC NOTICE

Pursuant to 42 C.F.R. §447.205, the Department of Human Services (DHS), Med-QUEST Division (MQD) hereby notifies the public that the MQD intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS).

Under the provisions of federal law, the state is required to issue public notice of proposed changes to statewide methods and standards for setting Medicaid payment rates.

On June 26, 2019, Governor David Y. Ige signed Act 155, Session Laws of Hawaii (SLH) 2019, also known as “Kal’s Law”, into law. In response to Act 155, SPA 21-0004, “Implement Ticket to Work and Work Incentives Improvement Act (TWWIIA) Basic Eligibility Group” was developed to address the goal of Kal’s Law to encourage individuals with disabilities to work without fear of losing Medicaid coverage.

SPA 21-0004, Ticket to Work, was submitted by the Med-QUEST Division (MQD) to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2020, and approved on May 10, 2021, with an effective date of January 1, 2021. The SPA adds a MAGI-Excepted eligibility group to the State Plan under the authority of Section 201 of the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA: P.L. 106-170).

Hawaii is submitting SPA 25-0016 to update the “Ticket to Work Basic Reviewable Unit” currently approved in the Medicaid State Plan to remove the income and resource standards in Sections C and D of the reviewable unit. SPA 25-0016 is expected to have minimal impact on the annual aggregate expenditures for FFY 2026 and 2027.

The proposed changes will be submitted to the federal government for review as a Medicaid SPA.

A printed copy of the proposed changes and special accommodations (i.e., interpreter, large print, or taped materials) can be arranged if requested by contacting the Policy and Program Development Office at (808) 692-8058 no later than seven (7) working days before the comment period ends.

Comments should be received **within 30 days** of the time this notice is posted. Individuals may submit written comments using the following methods:

By email: PPDO@dhs.hawaii.gov (Please identify in the subject line: State Plan Amendment 25-0016)

By mail:

Department of Human Services
Med-QUEST Division
Attention: Policy and Program Development Office
P.O Box 700190
Kapolei, Hawaii 96709

DEPARTMENT OF HUMAN SERVICES, MED-QUEST DIVISION
JUDY MOHR PETERSON, PhD
MED-QUEST DIVISION ADMINISTRATOR

MacPro template SPA 25-0016 Draft 11.03.25

The screenshot displays a web browser window with three tabs: "IDM Self Service", "Medicaid and CHIP Program (MA)", and "Actions". The address bar shows the URL "https://macpro.cms.gov/suite/tempo/actions". The application interface has a dark blue header with navigation tabs: "News", "Tasks (2)", "Records", "Reports", and "Actions" (which is currently selected). The "Actions" tab contains a list of 15 items, each preceded by a yellow lightning bolt icon and followed by a star icon. The items are: "Create Adult Quality Measure Report", "Create a new Adult Quality Measure Report", "Create Health Homes Quality Measure Report", "Create a new Health Homes Quality Measure Report", "Create Maternal and Infant Health Quality Measure Report", "Create a new Maternal and Infant Health Quality Measure Report", "Create Medicaid and CHIP Child Quality Measure Report", "Create a new Medicaid and CHIP Child Quality Measure Report", "Create State Profile", "Create your state's profile", "Create Submission Package" (highlighted in yellow), "Create a new Submission Package", "Delete Annual Report", "Delete a Quality Measure Report", "Delete Submission Package", "Delete a Submission Package", "Generate MACPRO Reports", "Create reports and export data into excel", "Request System Help", "Request System Help", "Role Request Management", "View pending role requests and make a decision to approve/deny them", "Task Reassignment", "Reassign Tasks based on your Approver Role access", "Uncertify Annual Report", "Uncertify a report after it has been certified by the State Director", and "View Implementation Guide(s)", "View Implementation Guides for all MACPro Components". On the left side of the interface, there is a sidebar with the "MACPro" logo and a list of "APPLICATIONS" including "Implementation Guide (1)", "MACPRO Reports (1)", "Medicaid State Plan (3)", "Quality Measure (6)", "System Help (1)", "Task Reassignment (1)", and "User Management (1)". The bottom of the screen shows a Windows taskbar with a search bar, several application icons, and a system tray displaying the date and time as "11:00 AM 11/3/2025".

MACPro
Medicaid & CHIP Program System

All >
Starred

APPLICATIONS
Implementation Guide (1)
MACPRO Reports (1)
Medicaid State Plan (3)
Quality Measure (6)
System Help (1)
Task Reassignment (1)
User Management (1)

- Create Adult Quality Measure Report
- Create a new Adult Quality Measure Report
- Create Health Homes Quality Measure Report
- Create a new Health Homes Quality Measure Report
- Create Maternal and Infant Health Quality Measure Report
- Create a new Maternal and Infant Health Quality Measure Report
- Create Medicaid and CHIP Child Quality Measure Report
- Create a new Medicaid and CHIP Child Quality Measure Report
- Create State Profile
- Create your state's profile
- Create Submission Package
- Create a new Submission Package
- Delete Annual Report
- Delete a Quality Measure Report
- Delete Submission Package
- Delete a Submission Package
- Generate MACPRO Reports
- Create reports and export data into excel
- Request System Help
- Request System Help
- Role Request Management
- View pending role requests and make a decision to approve/deny them
- Task Reassignment
- Reassign Tasks based on your Approver Role access
- Uncertify Annual Report
- Uncertify a report after it has been certified by the State Director
- View Implementation Guide(s)
- View Implementation Guides for all MACPro Components

82°F
Partly sunny

Search

11:00 AM
11/3/2025

Eligibility Groups - Options for Coverage

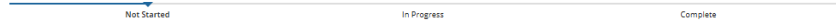
MEDICAID | Medicaid State Plan | Eligibility | HI202SM50003D

MEDICAID | Medicaid State Plan | Eligibility | HI202SM50003D

Individuals between ages 16 and 64 with a disability, who have earned income.

[Download Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188



Package ID	HI2025MS0003D
Submission Type	Draft
Approval Date	N/A
Superseded SPA ID	HI-21-0004
	System-Derived

SPA ID N/A

Initial Submission N/A

Date _____

Effective Date [N/A](#)

[View Implementation Guide](#)[VIEW ALL RESPONSES](#)

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

[Collapse](#)

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

[Collapse](#)

1. SSI methodologies are used in calculating household income and resources.

☒ Yes

☐ No

Please refer as necessary to Non-MAGI Methodologies, completed by the state.

[View approved version of Non-MAGI Methodologies](#)

2. Less restrictive methodologies are used in calculating countable income.

☐ Yes

☒ No

3. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

- ☒ The state uses a less restrictive methodology with respect to the treatment of motor vehicles.
- ☒ The value of a countable motor vehicle is totally disregarded, without limits or conditions.
- ☐ One motor vehicle
- ☐ More than one motor vehicle

ADD/MODIFY LESS RESTRICTIVE METHODOLOGIES

C. Income Standard Used

C. Income Standard Used

Collapse

The income standard for this group is:

1. No income standard

2. A percentage of the federal poverty level:

3. A percentage of the SSI Federal Benefit Rate:

4. A dollar amount

5. Other

D. Resource Standard Used

Collapse

The resource standard for this group is:

1. No resource standard

2. SSI resource standard

4. A dollar amount higher than the SSI resource standard

E. Premiums and Cost Sharing

Collapse

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

F. Additional Information (optional)

Collapse

The countable net income limit is at or below 138% of the FPL for a household of applicable size.

The resource standards for a single individual and couple identified in Section D. Resource Standard Used are the resource standards for the Medicare Part D full low-income subsidy (LIS) program for 2021. The resource standards for single individuals and couples for Hawaii's Ticket to Work – Basic eligibility group will adjust each subsequent year in accordance with adjustments to the full LIS resource standards, so that the resource standards for the Ticket to Work – Basic eligibility group will match the full LIS resource standards.

Character count: 640/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

1. Yes

2. No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

Select Reviewable Unit

Not Started

In Progress

Complete

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with 42 U.S.C. 1396a and 42 CFR 430.12, which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1138. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Current Additional Information language listed in template.

~~The countable net income limit is at or below 138% of the FPL for a household of applicable size~~

~~The resource standards for a single individual and couple identified in Section D. Resource Standard Used are the resource standards for the Medicare Part D full low-income subsidy (LIS) program for 2021. The resource standards for single individuals and couples for Hawaii's Ticket to Work – Basic eligibility group will adjust each subsequent year in accordance with adjustments to the full LIS resource standards, so that the resource standards for the Ticket to Work – Basic eligibility group will match the full LIS resource standards.~~

C. Income Standard Used

The income standard for this group is:

- ☒ 1. No income standard
- ☐ 2. A percentage of the federal poverty level:
- ☐ 3. A percentage of the SSI Federal Benefit Rate:
- ☐ 4. A dollar amount:
- ☐ 5. Other:

D. Resource Standard Used

The resource standard for this group is:

- ☒ 1. No resource standard
- ☐ 2. SSI resource standard
- ☐ 4. A dollar amount higher than the SSI resource standard

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

F. Additional Information (optional)

Character count: 1/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☒ Yes ☐ No

Note: If validation fails, errors will appear in red above.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12), which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT



Search

11:17 AM
11/3/2025

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

F. Additional Information (optional)

Collapse

Character count: 1/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☒ Yes ☐ No

Note: If validation fails, errors will appear in red above.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

-- Select Reviewable Unit --

Submission - Summary

Submission - Medicaid State Plan

Submission - Public Comment

Submission - Tribal Input

Optional Eligibility Groups

Ticket to Work Basic

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT