State of Hawaii
Department of Human Services
MED-QUEST DIVISION

MEDICAID STATE PLAN
SPA MEMO NO.: 23-01
DATE: 05/05/2023
ORIGINATOR: POLICY AND PROGRAM DEVELOPMENT OFFICE

TO: Custodian of Med-QUEST Division Medicaid State Plan

FROM: Judy Mohr Peterson, PhD JMP
Med-QUEST Division Administrator

SUBJECT: APPROVAL OF AMENDMENT UNDER THE MEDICAID STATE PLAN

EXPLANATION:

The State of Hawaii received approval from the Centers for Medicare & Medicaid Services for State Plan Amendment Number 23-0001 "Yearly Optional State Supplementary Payment" for 2023.

Effective January 1, 2023, Supplemental Security Income beneficiaries received an 8.7% Cost of Living Adjustment increase from the Social Security Administration. Therefore, this amendment is required to increase the monthly income standards for Domiciliary Care Type I from $1,492.90 to $1,565.90 and for Domiciliary Care Type II from $1,600.90 to $1,673.90.

FILING INSTRUCTIONS:

Review and file the amended Medicaid State Plan pages in your Medicaid State Plan Manual as follows:

Supplement 6 to Attachment 2.6-A
Remove OLD Supplement 6 to Attachment 2.6-A page and replace with amended Supplement 6 to Attachment 2.6-A page.

The Med-QUEST Division amendment described above has been incorporated into the electronic version of the Medicaid State Plan located at the Department of Human Services website link for public transparency below:

http://humanservices.hawaii.gov/reports/hawaii-medicaid-state-plan/

Attachments

C: Attorney General's Office
Audit, Quality Control & Research Office/Quality Control Staff
Clinical Standards Office
Department of Health/Child & Adolescent Mental Health Division
Department of Health/State Planning Council Developmental Disabilities
Department of Health/Developmental Disabilities Division
Department of Human Services /Adult Protective and Community Services Branch
Department of Human Services/Policy and Program Development Office
Eligibility System Project (KOLEA)
Finance Office
Hawaii Document Center/HI State Library
Hawaii Legislative Reference Bureau Library
Health Care Services Branch
Legal Aid Society of Hawaii

Records / Submission Packages - Your State

HI - Submission Package - HI2023MS0001O - (HI-23-0001) - Eligibility

Summary Reviewable Units Approval Letter News Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	HI2023MS0001O	**Submission Type**	Official
Program Name	N/A	**State**	HI
SPA ID	HI-23-0001	**Region**	San Francisco, CA
Version Number	1	**Package Status**	Approved
Submitted By	Jodeen Wai	**Submission Date**	3/3/2023
Package Disposition		**Approval Date**	4/13/2023 11:40 AM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID HI2023MS0001O

SPA ID HI-23-0001

Submission Type Official

Initial Submission Date 3/3/2023

Approval Date 4/13/2023

Effective Date N/A

Superseded SPA ID N/A

State Information

State/Territory Name: Hawaii

Medicaid Agency Name: Med-QUEST Division (MQD)

Submission Component

- (•) State Plan Amendment
- (•) Medicaid
- ( ) CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID HI2023MS0001O

SPA ID HI-23-0001

Submission Type Official

Initial Submission Date 3/3/2023

Approval Date 4/13/2023

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID HI-23-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2023	HI-22-0001
Optional State Supplement Beneficiaries	1/1/2023	HI-22-0001

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID HI2023MS0001O

SPA ID HI-23-0001

Submission Type Official

Initial Submission Date 3/3/2023

Approval Date 4/13/2023

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives

We are submitting State Plan Amendment TN No. 23-0001 for your review and approval.

Effective January 1, 2023, Supplemental Security income (SSI) beneficiaries received an 8.7% Cost of Living Adjustment increase from the Social Security Administration. This amendment is required to increase the monthly income standards for Domiciliary Care Type I from $1,492.90 to $1,565.90 and for Domiciliary Care Type II from $1,600.90 to $1,673.90.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	$0
Second	2024	$0

Federal Statute / Regulation Citation

42 C.F.R. 435.234 and 42 C.F.R. 435.1006

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
23-0001 CMS 179je03.03.23 signed	3/3/2023 2:11 PM EST	
23-0001 Medicaid Funding Questionsenje02.01.23	3/3/2023 2:11 PM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID HI2023MS0001O

SPA ID HI-23-0001

Submission Type Official

Initial Submission Date 3/3/2023

Approval Date 4/13/2023

Effective Date N/A

Superseded SPA ID N/A

Governor's Office Review

- ○ No comment
- ○ Comments received
- ○ No response within 45 days
- ◉ Other

Describe Hawaii allows for Medicaid Director to review and authorize under current Governor.

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

CMS-10434 OMB 0938-1188

The submission includes the following:

- [ ] Administration
- [ ] Eligibility
  - [ ] Income/Resource Methodologies
  - [ ] Income/Resource Standards
  - [ ] Mandatory Eligibility Groups
  - [ ] Optional Eligibility Groups

Reviewable Unit Name	Included in Another Submission Package	Source Type
Optional Eligibility Groups		APPROVED

  - [ ] Non-Financial Eligibility
  - [ ] Eligibility and Enrollment Processes
- [ ] Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID	HI2023MS0001O	**SPA ID**	HI-23-0001
Submission Type	Official	**Initial Submission Date**	3/3/2023
Approval Date	4/13/2023	**Effective Date**	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- (●) Public notice was not federally required and comment was not solicited
- ( ) Public notice was not federally required, but comment was solicited
- ( ) Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID HI2023MS0001O

SPA ID HI-23-0001

Submission Type Official

Initial Submission Date 3/3/2023

Approval Date 4/13/2023

Effective Date N/A

Superseded SPA ID N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- (●) Yes
- ( ) No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- (●) Yes
- ( ) No

☐ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☐ All Indian Health Programs

☐ All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
2/10/2023	Signed letter for tribal consultation was sent via email on February 10, 2023.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☐ All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
SPA 23-0001 Tribal Consultationje02.09.23 - signed	3/3/2023 2:18 PM EST	

Indicate the key issues raised (optional)

☐ Access

☐ Quality

☐ Cost

☐ Payment methodology

☐ Eligibility

☐ Benefits

☐ Service delivery

☐ Other issue

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID HI2023MS0001O
SPA ID HI-23-0001
Submission Type Official
Initial Submission Date 3/3/2023
Approval Date 4/13/2023
Effective Date 1/1/2023
Superseded SPA ID HI-22-0001
User-Entered

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives					CONVERTED
Reasonable Classifications of Individuals under Age 21					NEW
Children with Non-IV-E Adoption Assistance					CONVERTED
Independent Foster Care Adolescents					NEW
Optional Targeted Low Income Children					CONVERTED
Individuals above 133% FPL under Age 65					NEW
Individuals Needing Treatment for Breast or Cervical Cancer					NEW
Individuals Eligible for Family Planning Services					NEW
Individuals with Tuberculosis					NEW
Individuals Electing COBRA Continuation Coverage					NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance					NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for Cash Except for Institutionalization					NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules					NEW
Optional State Supplement Beneficiaries					APPROVED
Individuals in Institutions Eligible under a Special Income Level					NEW
PACE Participants					NEW
Individuals Receiving Hospice					NEW
Children under Age 19 with a Disability					NEW
Age and Disability-Related Poverty Level					NEW
Work Incentives					NEW
Ticket to Work Basic					APPROVED
Ticket to Work Medical Improvements					NEW
Family Opportunity Act Children with a Disability					NEW
Individuals Receiving State Plan Home and Community-Based Services					NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers					NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID	HI2023MS0001O	**SPA ID**	HI-23-0001
Submission Type	Official	**Initial Submission Date**	3/3/2023
Approval Date	4/13/2023	**Effective Date**	1/1/2023
Superseded SPA ID	HI-22-0001		
	User-Entered		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

(•) Yes ( ) No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		☐	☐	○	NEW
Medically Needy Children under Age 18		☐	☐	○	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		☐	☐	○	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		☐	☐	○	NEW
Medically Needy Parents and Other Caretaker Relatives		☐	☐	○	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		☐	☐	○	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID	HI2023MS0001O	**SPA ID**	HI-23-0001
Submission Type	Official	**Initial Submission Date**	3/3/2023
Approval Date	4/13/2023	**Effective Date**	1/1/2023
Superseded SPA ID	HI-22-0001		
	User-Entered		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Individuals who receive an optional state supplementary payment.

Package Header

Package ID	HI2023MS0001O	**SPA ID**	HI-23-0001
Submission Type	Official	**Initial Submission Date**	3/3/2023
Approval Date	4/13/2023	**Effective Date**	1/1/2023
Superseded SPA ID	HI-22-0001		
	User-Entered		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.

2. Except for income, would be eligible for:

- ○ a. SSI
- ◉ b. The mandatory eligibility group for 209(b) states

3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID	HI2023MS0001O	**SPA ID**	HI-23-0001
Submission Type	Official	**Initial Submission Date**	3/3/2023
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Superseded SPA ID	HI-22-0001		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- ○ Yes
- ◉ No

2. The state covers the following classifications:

- ☐ a. All individuals age 65 or older.
- ☐ b. All individuals who have blindness.
- ☐ c. All individuals who have a disability.
- ☐ d. Individuals in domiciliary facilities or other group living arrangements who are age 65 or older.
- ☐ e. Individuals in domiciliary facilities or other group living arrangements who have blindness.
- ☐ f. Individuals in domiciliary facilities or other group living arrangements who have a disability.
- ☐ g. Individuals receiving a federally-administered optional state supplement that meets the conditions specified in sections C. and D.
- ☐ h. Individuals in additional classifications specified by the Secretary.
- ☐ i. Reasonable groups of individuals receiving a state-administered optional state supplement that meets the conditions specified in sections C. and D.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID	HI2023MS0001O	**SPA ID**	HI-23-0001
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C. Optional State Supplement Program

1. The optional state supplement program is administered:

- (●) a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- ( ) b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- ( ) c. Solely by the state.

2. Payments under the optional state supplement program are:

a. Based on need and paid in cash on a regular basis;

b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and

c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID	HI2023MS0001O	**SPA ID**	HI-23-0001
Submission Type	Official	**Initial Submission Date**	3/3/2023
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Superseded SPA ID	HI-22-0001		

User-Entered

D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- ○ Yes
- ◉ No

b. Varies by payment classification.

- ◉ Yes
- ○ No

The payment classifications used are:

- [ ] i. All individuals age 65 or older, regardless of living arrangement.
- [ ] ii. All individuals who have blindness, regardless of living arrangement.
- [ ] iii. All individuals who have a disability, regardless of living arrangement.
- [ ] iv. Independent living.
- [ ] v. Living in household of another.
- [ ] vi. Independent living and receiving non-medical care outside the home.
- [ ] vii. Living in household of another and receiving non-medical care outside the home.
- [ ] viii. Living in a domiciliary facility or other group living arrangement.

Income Standard

Individual	Couple
$1565.90	$1565.90

- [ ] ix. Other payment classification.

Name of Classification	Description:
DOMICILIARY CARE LEVEL I:	Maximum of five (5) residents A residential facility that provides twenty-four hour living accommodations including care and services for up to five residents. The care and services for Domiciliary Care Level I are the same Domiciliary Care level II.

Individual	Couple
$1565.90	$1565.90

Name of Classification	Description:
DOMICILIARY CARE LEVEL II:	Six (6) or more residents A residential facility that provides twenty-four hour living accommodations,

including care and services, for 6 or more residents. The care and services for Domiciliary Care Level II are the same Domiciliary Care level I.

Individual	Couple
$1673.90	$1673.90

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | HI2023MS0001O | HI-23-0001

Package Header

Package ID	HI2023MS0001O	**SPA ID**	HI-23-0001
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E. Additional Information (optional)

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.

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