

State of Hawaii  
Department of Human Services  
MED-QUEST DIVISION

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**MEDICAID STATE PLAN**

**SPA MEMO NO.:** 26-01

**DATE:** 05/12/26

**ORIGINATOR:** POLICY AND PROGRAM DEVELOPMENT OFFICE

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TO: Custodian of Med-QUEST Division Medicaid State Plan

FROM: Meredith Nichols  
Med-QUEST Division Administrator *ms*

SUBJECT: APPROVAL OF AMENDMENT UNDER THE MEDICAID STATE PLAN

**EXPLANATION:**

The State of Hawaii received approval from the Centers for Medicare & Medicaid Services (CMS) for State Plan Amendment (SPA) Number 26-0001 “Yearly Optional State Supplementary Payment” approved on May 5, 2026, effective January 1, 2026.

Effective January 1, 2026, Supplemental Security Income (SSI) beneficiaries received a 2.8% Cost of Living Adjustment (COLA) increase from the Social Security Administration (SSA). Therefore, this amendment is required to increase the monthly income standards for Domiciliary Care Type I from \$1,796.00 to \$1,823.00 and for Domiciliary Care Type II from \$1,904.00 to \$1,931.00.

**FILING INSTRUCTIONS:**

Review and file the new Medicaid State Plan page in your Medicaid State Plan Manual as follows:

**Optional State Supplement Beneficiaries Reviewable Unit**

Remove OLD, Optional State Supplement Beneficiaries Reviewable Unit.

Replace with NEW, Optional State Supplement Beneficiaries Reviewable Unit.

Please keep approved SPA 26-0001 package and supporting documentation for your records.

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

# HI - Submission Package - HI2026MS0001O - (HI-26-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [News](#) [Related Actions](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St. Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

May 05, 2026

Meredith Nichols  
Administrator  
Med-QUEST Division (MQD)  
Office of the Director, Department of Human Services  
PO Box 339  
Honolulu, HI 96809-0339

Re: Approval of State Plan Amendment HI-26-0001

Dear Administrator Nichols,

On March 30, 2026, the Centers for Medicare & Medicaid Services (CMS) received Hawaii State Plan Amendment (SPA) HI-26-0001, in which the state proposed to update the income standards that are used to determine eligibility for Hawaii's optional state supplement program, the beneficiaries of which are eligible for Medicaid under the state plan.

We approve Hawaii State Plan Amendment (SPA) HI-26-0001 with an effective date of January 01, 2026.

If you have any questions regarding this amendment, please contact Sasha Zolynas at [sasha.zolynas@cms.hhs.gov](mailto:sasha.zolynas@cms.hhs.gov).

Sincerely,

Nicole McKnight

Acting Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

# HI - Submission Package - HI2026MS0001O - (HI-26-0001) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	HI2026MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	HI
<b>SPA ID</b>	HI-26-0001	<b>Region</b>	San Francisco, CA
<b>Version Number</b>	2	<b>Package Status</b>	Approved
<b>Submitted By</b>	Jodeen Wai	<b>Submission Date</b>	3/30/2026
<b>Package Disposition</b>		<b>Approval Date</b>	5/5/2026 9:06 AM EDT

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2026MS0001O | HI-26-0001

### Package Header

<b>Package ID</b>	HI2026MS0001O	<b>SPA ID</b>	HI-26-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2026
<b>Approval Date</b>	05/05/2026	<b>Effective Date</b>	1/1/2026
<b>Superseded SPA ID</b>	HI-25-0016		
	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2026MS0001O | HI-26-0001

## Package Header

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<b>Superseded SPA ID</b>	HI-25-0016		
	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2026MS0001O | HI-26-0001

### Package Header

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<b>Superseded SPA ID</b>	HI-25-0016		
	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 | HI2026MS0001O | HI-26-0001

Individuals who receive an optional state supplementary payment.

#### Package Header

<b>Package ID</b>	HI2026MS0001O	<b>SPA ID</b>	HI-26-0001
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<b>Superseded SPA ID</b>	HI-25-0013		
	System-Derived		

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 | HI2026MS0001O | HI-26-0001

## Package Header

<b>Package ID</b>	HI2026MS0001O	<b>SPA ID</b>	HI-26-0001
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<b>Superseded SPA ID</b>	HI-25-0013		
	System-Derived		

## 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 | HI2026MS0001O | HI-26-0001

## Package Header

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	System-Derived		

## 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 | HI2026MS00010 | HI-26-0001

## Package Header

<b>Package ID</b>	HI2026MS00010	<b>SPA ID</b>	HI-26-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/30/2026
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	System-Derived		

## 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
\$18,230	\$18,230
0	0

ix. Other payment classification.

#### Name of Classification

DOMICILIARY CARE LEVEL I:

#### Description:

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

\$1823.00

#### Couple

\$1823.00

#### Name of Classification

DOMICILIARY CARE LEVEL II:

#### Description:

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**

\$1931.00

**Couple**

\$1931.00

# Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | HI2026MS0001O | HI-26-0001

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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.

*This view was generated on 5/5/2026 3:35 PM EDT*

**Signature:** 

**Email:** mnichols@dhs.hawaii.gov