

State of Hawaii  
Department of Human Services  
MED-QUEST DIVISION

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**MEDICAID STATE PLAN**

**SPA MEMO NO.: 23-04**


**DATE: 03/06/2024**

**ORIGINATOR: POLICY AND PROGRAM DEVELOPMENT OFFICE**

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TO: Custodian of Med-QUEST Division Medicaid State Plan

FROM: Judy Mohr Peterson, PhD   
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 (SPA) Number 23-0004 "Former Foster Care Medicaid Out of State" on March 1, 2024.

Historically, under section 1902(a)(10)(A)(i)(IX) of the Social Security Act, youth formerly receiving foster care in a state other than Hawaii, would not have met eligibility requirements for the Former Foster Care Children (FFCC) group in Hawaii. New requirements under Section 1002(a) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act mandates individuals to be eligible in the FFCC group if they were receiving Medicaid while in foster care in any state (and meet all other eligibility criteria) effective January 1, 2023. Hawaii submitted SPA 23-0004 to meet these new requirements.

**FILING INSTRUCTIONS:**

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

**S33-1 "Former Foster Care Children" and Reviewable Unit "Former Foster Care Children"**

Remove OLD S33-1 "Former Foster Care Children" and replace with amended Reviewable Unit "Former Foster Care Children".

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 - HI2022MS0003O - (HI-23-0004) - Eligibility

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

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	HI2022MS0003O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	HI
<b>SPA ID</b>	HI-23-0004	<b>Region</b>	San Francisco, CA
<b>Version Number</b>	3	<b>Package Status</b>	Approved
<b>Submitted By</b>	Jodeen Wai	<b>Submission Date</b>	3/14/2023
<b>Package Disposition</b>		<b>Approval Date</b>	3/1/2024 1:36 PM EST

**RAI**

CMS is issuing this Request for Additional Information (RAI) pursuant to Section 1915(f) of the Social Security Act (added by P.L. 97-35). This request has the effect of stopping the 90-day time period for CMS to act on the material. A new 90 day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action.

In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

**Submission Package** HI2022MS0003O

**Agency Name** Med-QUEST Division (MQD)

**Authority** Eligibility

**Submission Date** Mar 14, 2023

**State** HI

**All Questions**

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
1	Former Foster Care Children	Please confirm that the state is implementing the requirements of section 1002(a) of the SUPPORT Act to 1) eliminate the requirement that an individual not be eligible for another mandatory eligibility group (other than the adult group) to be eligible for the former foster care children (FFCC) eligibility group; 2) cover under the FFCC eligibility group individuals who aged out of foster care in a state other than the state where they currently live and are seeking Medicaid coverage, as long as they otherwise meet the eligibility requirements for this group; and 3) apply the above FFCC eligibility group policy changes exclusively to individuals who turned age 18 on or after January 1, 2023.	Section 1002(a) of the SUPPORT Act; section 1902(a)(10)(A)(i)(IX) of the Social Security Act	The changes that Hawaii made are on the Medicaid Application (DHS 1100). In the online application, for the question related to receiving foster care, we removed "in Hawaii" from the question. Applicants can select this status regardless of the state they were in foster care and aged out. We made the same change to the paper application.  Hawaii provided a training to all MQD staff members on 09/25/23 for them to complete. We provided a copy of the training separately to CMS.
2	Former Foster Care Children	Please describe any changes to state IT systems and eligibility and enrollment processes the state is making to implement the SUPPORT Act eligibility requirements described in the FFCC eligibility group SPA. What is the status of the changes? What training is the state providing to Medicaid agency personnel on the FFCC eligibility group changes?	Section 1002(a) of the SUPPORT Act; section 1902(a)(10)(A)(i)(IX) of the Social Security Act	Please see Hawaii Response to Question ID 1.
3	Former Foster Care Children	Please describe how the changes to systems and to the state's processes will ensure that the required policy changes for the FFCC group will apply only to individuals who turned age 18 on or after January 1, 2023.	Section 1002(a) of the SUPPORT Act; section 1902(a)(10)(A)(i)(IX) of the Social Security Act	Hawaii received approval of a section 1902(e)(14)(A) waiver authority on December 20, 2023, to enable the state to extend eligibility in the FFCC group to youth formerly in foster care from any state, without regard to when the individual turned age 18. This means that a person

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
				<p>who aged out of foster care in another state and who turned age 18 before January 1, 2023, can be eligible for the FFCC group. This 1902(e)(14)(A) authority covers initial eligibility determinations and renewals conducted in the period from January 1, 2023, until Hawaii has approval of a section 1115 demonstration for youth formerly in foster care from another state, which is expected on August 1, 2024.</p> <p>Once the 1115 demonstration is in place, the state will have more permanent authority to cover out-of-state youth formerly in foster care who are not eligible for the state plan because they turned age 18 before January 1, 2023. The result will be that any person in our state under age 26 who aged out of foster care in any state will be considered for FFCC coverage in Hawaii. We will be able to determine whether applicants and beneficiaries are eligible in the state plan or in the demonstration by looking at their birthday to determine when they turned age 18.</p>
4	Former Foster Care Children	What communication or outreach activities does the state have planned to inform beneficiaries and youth formerly in foster care generally of the changes to the FFCC group and the importance of maintaining Medicaid eligibility?	Section 1002(a) of the SUPPORT Act; section 1902(a)(10)(A)(i)(IX) of the Social Security Act	Hawaii will continue to work with Outreach Branch Staff and Community Stake holders of these changes as well as add this information to our Medicaid website to inform community of this change.
5	Former Foster Care Children	As we discussed on our March 23 call, the optional check boxes at sections B.2. and C.2. in the Former Foster Care Children RU are completely at state option, depending on state policy preference. The state has selected options only in section C. We believe it may be operationally simpler for the state to select the same options in sections B. and C. Please review your selections and make any needed updates. We can discuss the details of the optional policies with you if helpful.	Section 1002(a) of the SUPPORT Act; section 1902(a)(10)(A)(i)(IX) of the Social Security Act	Hawaii will make changes to reviewable unit. Thank you CMS for additional clarification. Hawaii will remove initial selection of C.2.a. and C.2.c.
1 - 5 of 5				

Submission Package was updated by the State in accordance with the response above

☒ Yes

☐ No

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0003O | HI-23-0004

## Package Header

<b>Package ID</b>	HI2022MS0003O	<b>SPA ID</b>	HI-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/14/2023
<b>Approval Date</b>	03/01/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

<b>State/Territory Name:</b>	Hawaii	<b>Medicaid Agency Name:</b>	Med-QUEST Division (MQD)
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## Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0003O | HI-23-0004

Package Header

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Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID HI-23-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2023	HI-19-0001
Former Foster Care Children	1/1/2023	HI-13-0007-MM1

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0003O | HI-23-0004

Package Header

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Superseded SPA ID	N/A		

Executive Summary

**Summary Description Including Goals and Objectives** The Centers for Medicare & Medicaid Services (CMS) alerted states of changes to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (the "SUPPORT Act"), enacted on October 24, 2018. Section 1002(a) requires states to cover individuals eligible under the Former Foster Care Children (FFCC) group who aged out of foster care from another state other than the state they currently live, effective January 1, 2023. Hawaii is submitted this state plan amendment to come into compliance with this regulation

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

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

Federal Statute / Regulation Citation

Section 10002(a) of the SUPPORT Act, 1902(a)(10)(A)(i)(IX)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">SPA 23-0004 CMS 179 - signed</a>	3/14/2023 2:29 PM EDT	
<a href="#">SPA 23-0004 medicaid-funding-questionsenje</a>	3/14/2023 2:29 PM EDT	
<a href="#">SPA 23-0004 Letter to CMS - signed</a>	3/14/2023 2:29 PM EDT	

Submission - Summary

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Superseded SPA ID	N/A		

Governor's Office Review

<div><div><input type="radio"/> No comment</div><div><input type="radio"/> Comments received</div><div><input type="radio"/> No response within 45 days</div><div><input checked="" type="radio"/> Other</div></div>	<div><div>Describe</div><div>Hawaii allows for Medicaid Director to review and authorize under current Governor.</div></div>
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# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0003O | HI-23-0004

CMS-10434 OMB 0938-1188

The submission includes the following:


☐ Administration

☒ Eligibility

☐ Income/Resource Methodologies

☐ Income/Resource Standards

☒ Mandatory Eligibility Groups

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

☐ Optional Eligibility Groups

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

☐ Benefits and Payments

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0003O | HI-23-0004

### Package Header

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<b>Superseded SPA ID</b>	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 | HI2022MS0003O | HI-23-0004

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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:
2/22/2023	A signed letter was sent via email February 22, 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	
<a href="#">SPA 23-0004 Tribal Consultationje02.21.23 - signed</a>	3/14/2023 2:15 PM EDT	

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS00030 | HI-23-0004









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<b>Approval Date</b>	03/01/2024	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	HI-19-0001		
	System-Derived		






### Mandatory Coverage




A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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 in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input 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 ?
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0003O | HI-23-0004




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Superseded SPA ID	HI-19-0001		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group			<input type="checkbox"/>		CONVERTED

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 - Mandatory Coverage

### Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0003O | HI-23-0004

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

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Superseded SPA ID	HI-13-0007-MM1		
	User-Entered		

The state covers the mandatory former foster care children group in accordance with the following provisions:

### A. Characteristics

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

1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

### B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. 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.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:
- ☐ a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
  - ☐ b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
  - ☐ c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

### C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:
- ☐ a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
  - ☐ b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
  - ☐ c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.



Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0003O | HI-23-0004

Package Header

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Superseded SPA ID	HI-13-0007-MM1		
	User-Entered		

D. 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 3/4/2024 1:18 PM EST*