

State of Hawaii
Department of Human Services
MED-QUEST DIVISION

MEDICAID STATE PLAN

SPA MEMO NO.: 20-01

DATE: February 19, 2020

ORIGINATOR: POLICY AND PROGRAM DEVELOPMENT OFFICE

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 20-0001.

SPA 20-0001 updates the standards for optional state supplementary payments. The monthly income standard for Domiciliary Care Type I has been increased from \$1,422.90 to \$1,434.90 and for Domiciliary Care Type II from \$1,530.90 to \$1,542.90.

FILING INSTRUCTIONS:

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

Supplement 6 to Attachment 2.6-A	Remove Supplement 6 to Attachment 2.6-A and replace with the new Supplement 6 to Attachment 2.6-A, (TN No. 20-0001).
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The Med-QUEST Division amendments described above have been incorporated into the electronic version of the Medicaid State Plan located at the Department of Human Services (DHS) 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 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

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	\$783.00	\$651.90	\$2,349.00	N/A	\$1,434.90	N/A	
LEVEL II	\$783.00	\$759.90	\$2,349.00	N/A	\$1,542.90	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>20-0001</u>	Approval Date:	_____	Effective Date:	<u>01/01/2020</u>
Supersedes	_____				
TN No.	<u>19-0001</u>				