

State of Hawaii
Department of Human Services
MED-QUEST DIVISION


MEDICAID STATE PLAN

SPA MEMO NO.: 22-01

DATE: 05/11/22

ORIGINATOR: POLICY AND PROGRAM DEVELOPMENT OFFICE

TO: Custodian of Med-QUEST Division Medicaid State Plan

FROM: for 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 22-0001.

Effective January 1, 2022, Supplemental Security Income beneficiaries received a 5.9% 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 \$1,445.90 to \$1,492.90 and for Domiciliary Care Type II from \$1,553.90 to \$1,600.90.

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 (DHS) website link for public transparency below:

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

Attachment

- 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

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	\$841.00	\$651.90	\$2,523.00	N/A	\$1,492.90	N/A	
LEVEL II	\$841.00	\$759.90	\$2,523.00	N/A	\$1,600.90	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>22-0001</u>	Approval Date:	<u>04/29/22</u>	Effective Date:	<u>01/01/2022</u>
Supersedes	<u>21-0001</u>				
TN No.	<u>21-0001</u>				