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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 23-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 11, 2023

Judy Mohr Peterson, PhD
Med-QUEST Division Administrator
Office of the Director
Department of Human Services
PO Box 339
Honolulu, HI 96809-0339

Re: Hawaii State Plan Amendment (SPA) 23-0006

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0006. This amendment proposes to update the coverage provisions concerning extended services for pregnant women to align with the expansion of post-partum coverage approved in SPA 22-0008.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Hawaii Medicaid SPA 23-0006 was approved on August 11, 2023 with an effective date of July 1, 2023.

If you have any questions, please contact Brian Zolynas at 415-744-3601 or via email at Brian.Zolynas@cms.hhs.gov

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue circular mark is visible to the left of the redaction.

Digitally signed by
James G. Scott -S
Date: 2023.08.11
16:48:00 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Jodeen Enesa, Med-QUEST
Cori Kekina, Med-QUEST
Edie Mayeshiro, Med-QUEST

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 6

2. STATE

HI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

07/01/2023

5. FEDERAL STATUTE/REGULATION CITATION

American Rescue Plan Act of 2021 Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2023 \$ 0
b FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A pg. 8
Attachment 3.1-B pg. 9-7
Supplement to Attachment 3.1 A and 3.1 B pg. 5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A pg. 8
Attachment 3.1-B pg. 9-7
Supplement to Attachment 3.1 A and 3.1 B pg. 5

9. SUBJECT OF AMENDMENT

Extended Services for Pregnant Women (60 days to 12 months)

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

NAME OF STATE AGENCY OFFICIAL

12. TYPED NAME

Judy Mohr Peterson, PhD

13. TITLE

Med-QUEST Administrator

14. DATE SUBMITTED

06/27/2023

15. RETURN TO

State of Hawaii
Department of Human Services
Office of the Director
P.O. Box 339
Honolulu, Hawaii 96809-0339

FOR CMS USE ONLY

16. DATE RECEIVED

June 28, 2023

17. DATE APPROVED

August 11, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2023.08.11 16:48:39 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Boxes 5, 7, and 8: State authorized pen and ink changes on 8/9/2023.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Hawaii

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services
a. Case management services as defined in, and to the group specific in, Supplement 1 to ATTACHMENT 3.1-a (in accordance with section 1905(a)(190 or section 1915(g) of the Act).

Provided: With limitations*
 Not provided.

- b. Special tuberculosis (TS) related services under section 1902(x)(2)(F) of the Act.

Provided: With limitations*
 Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for 12 months after the pregnancy ends.

Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

Additional coverage ++

++ Attached is a description of increases in covered services beyond limitation for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment

TN No. 23-0006
Supersedes
TN No. 94-012

Approval Date: 08/11/2023

Effective Date: 07/01/2023

State: Hawaii

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY GROUP(S):

19. Case management services and Tuberculosis related services
a. Case management services as defined in, and to the group specific in, Supplement 1 to ATTACHMENT 3.1-a (in accordance with section 1905(a)(190 or section 1915(g) of the Act).
 Provided: With limitations*
 Not provided.
- b. Special tuberculosis (TS) related services under section 1902(x)(2)(F) of the Act.
 Provided: With limitations*
 Not provided.
20. Extended services for pregnant women
a. Pregnancy-related and postpartum services for 12 months after the pregnancy ends.
 Provided +: Additional coverage ++
- b. Services for any other medical conditions that may complicate pregnancy.
 Provided +: Additional coverage ++ Not provided.
21. Certified pediatric or family nurse practitioners' services.
 Provided +: No limitations With limitations*
 Not provided.

+Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

Refer to Supplement to Attachment 3.1-A and 3.1-B

++ Attached is a description of increases in covered services beyond limitation for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment