

Region IX

Division of Medicaid & Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

'JUN 2 8 2011

Patricia McManaman Director, Department of Human Services P.O. Box 339 Honolulu, HI 96809-0339

Dear Ms. McManaman:

Enclosed is an approved copy of Hawaii State Plan Amendment (SPA) 11-004. This SPA was submitted to my office on June 16, 2011 requesting to add a new section 4.44 to indicate that the State will comply with the restrictions on payments to entities located outside the United States, as required by section 1902(a)(80) of the Social Security Act.

This SPA is effective June 1, 2011.

Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

• Section 4.44, page 79z1

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

Sincerely,

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Kenneth Fink, Med-QUEST Administrator
Ellen Ambrosini, CMS Center for Medicaid, CHIP and Survey & Certification
Mary Rydell, Pacific Area Representative

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-004	2. STATE HAWAII
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE June 1, 2011	***************************************
5. TYPE OF PLAN MATERIAL (Check One):		<u> </u>
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	ONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		h amendment)
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(80) of the Social Security Act	7. FEDERAL BUDGET IMPACT: FFY 2011: \$0.00 FFY 2012: \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
Page 79z1.	None	
10. SUBJECT OF AMENDMENT: To comply with the provisions of Section 1902(a)(80) of the Social Secur services provided under the state plan or under a waiver to any financial in	rity Act prohibiting states from providing	gany payments for items or
	institution of entity located outside of the	United States.
11. 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 SPE AS APPROVED	CIFIED: BY GOVERNOR
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
PATRICIA MCMANAMAN	Med-QUEST Division Program & Policy Development Offi P. O. Box 700190	ice
14. TITLE: DIRECTOR	Kapolei, Hawaii 96709-0190	
15. DATE SURM THED:		
FORREGIONALOR		
17. DATE RECEIVED: June 16: 2011 PLAN APPROVED - ONI	(18 DATE APPROVED.	The second second
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1 2014	MACINAL PREDIRECTORY OF	BOWN CONTRACTOR
21. TYPED NAME: Soria Nagle	22.	
23. REMARKS:	THE 1th Openations	ald & Children's

79z1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	/Territory: _	HAWAII	
Section 4 – General Program Administration			
Citation: 1902(a)(80)of the Act,	4.44	Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States	
P.L 111-148		The State shall not provide any payments for items or	

The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.

TN No. 11-004

Supersedes TN No. <u>New</u>

(section 6505)

Approval Date: JUN 2 8 2011

Effective Date: <u>06/01/2011</u>