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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 24-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

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

September 6, 2024

Dr. Judy Mohr Peterson
State of Hawaii Department of Human Services
Office of the Director
PO Box 339
Honolulu, HI 96809-0339

Re: Hawaii State Plan Amendment (SPA) 24-0010

Dear Dr. Judy Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0010. This amendment proposes to identify the specific types of Advanced Practice Registered Nurses (APRNs) that can provide services under the State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Hawaii's Medicaid SPA TN 24-0010 was approved on September 6, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Hawaii State Plan.

If you have any questions, please contact Brian Zolynas at (206) 615-2742 or via email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Jodeen Enesa
Edie Mayeshiro

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

1. TRANSMITTAL NUMBER 2 4 — 0 0 1 0 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
07/01/2024

5. FEDERAL STATUTE/REGULATION CITATION
4902(a)(10)(A) Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

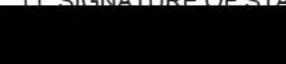
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement to Attachment 3.1-A and 3.1-B pg. 2a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

New


9. SUBJECT OF AMENDMENT
Advance Practice Registered Nurse-To add a general definition for Advance Practice Registered Nurses in the state plan as identified in Medicare under Advance Practice Registered Nurses (APRNs).

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Judy Mohr Peterson, PhD
13. TITLE
Med-QUEST Division Administrator
14. DATE SUBMITTED
06/27/24

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 27, 2024** 17. DATE APPROVED **September 6, 2024**

PLAN APPROVED - ONE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL **July 1, 2024** 19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL **James G. Scott** 21. TITLE OF APPROVING OFFICIAL **Director, Division of Program Operations**

22. REMARKS
Boxes 5 and 8: State authorized pen and ink change on 09/05/2024.

3. **Advanced Practice Registered Nurse:**

Services provided by a licensed Advanced Practice Registered Nurse (APRN) within their scope of practice according to state law.

- This includes Certified Registered Nurse Anesthetists (CRNAs), Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Nurse-Midwives (CNMs).
- This section includes and does not limit services provided by licensed Certified Nurse Midwives, Pediatric Nurse Practitioners, Family Nurse Practitioners, or Advanced Practice Registered Nurse in behavioral health as addressed in other sections of the Medicaid State Plan.

TN No. 24-0010
Supersedes
TN No. NEW

Approval Date: 09/06/2024

Effective Date: 07/01/2024