# Table of Contents

**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 16-003**

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 23, 2016

Dr. Judy Mohr Peterson
Med-QUEST Division Administrator
MQD/Admin
P.O. Box 700190
Kapolei, HI 96709-0190

Dear Dr. Peterson,

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) No. 16-0003, which was submitted to my office on May 24, 2016. This SPA implements the provision of Section 1905(a)(28) of the Social Security Act regarding coverage and payment related to freestanding birth centers by indicating that there are no licensed or state approved freestanding birth centers in the state. The approval of this SPA is effective April 1, 2016.

Attached are copies of the new State Plan pages to be incorporated into Hawaii's approved State Plan:

- Attachment 3.1-A, Page 12
- Attachment 3.1-B, Page 11

If you have any questions, please contact Christy Bonstelle at (415) 744-3522 or christy.bonstelle@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Cc: Tom Duran, CMS Pacific Area Representative
Evelyn Yamamoto, Med-QUEST Program and Policy Development Office
Aileen Befitel, Med-QUEST Program and Policy Development Office
Jeri Kiddo, Secretary
Carla Turla, Secretary
Tammy Motoda, Office Assistant

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: 16 — 0003

2. STATE: HAWAII

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: April 01, 2016

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ■ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a)(28) of the Social Security Act

7. FEDERAL BUDGET IMPACT
a. FFY 2016 $ 0,00
b. FFY 2017 $ 0,00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Page 12 (new)
Attachment 3.1-B, Page 11 (new)

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

10. SUBJECT OF AMENDMENT
Implements the provision of Section 1905(a)(28) of the Social Security Act for licensed or otherwise State-approved freestanding birth centers to administer prenatal labor and delivery or postpartum care.

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 SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

13. TYPED NAME
Judy Mohr Peterson, PhD

14. TITLE
Med-QUEST Division, Administrator

15. DATE SUBMITTED
May 24, 2016

16. RETURN TO
State of Hawaii
Department of Human Services
Med-QUEST Division
P.O. Box 700190
Kapolei, Hawaii 96709-0190

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED
May 24, 2016

18. DATE APPROVED
6/23/2016

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL
[redacted]

21. TYPED NAME
Henrietta Sam-Louie

22. TITLE
Associate Regional Administrator

23. REMARKS
Box 15 - Pen and Ink change to add date submitted requested by Evelyn Yamamoto on 5/26/16 (CB)



***Instructions on Back***

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

**28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided: ☐ No limitations ☐ With limitations ☒ None licensed or approved

Please describe any limitations: N/A

**28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided: ☐ No limitations ☐ With limitations (please describe below)

☒ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations: N/A

Please check all that apply:

☐ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

☐ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

☐ (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: N/A

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 MEDICALLY NEEDY

**28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided: ☐ No limitations ☐ With limitations ☒ None licensed or approved

Please describe any limitations: N/A

**28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided: ☐ No limitations ☐ With limitations (please describe below)

☒ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations: N/A

Please check all that apply:

☐ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

☐ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

☐ (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: N/A