

Table of Contents

State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 21-0016

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

January 27, 2022

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) 21-0016

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0016. This amendment attests to the state's compliance with the transportation requirements outlined in sections 1902(a)(87) of the Social Security Act.

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 21-0016 was approved on January 26, 2022, with an effective date of December 27, 2021.

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 box redacting the signature of James G. Scott.

Digitally signed by James
G. Scott -S
Date: 2022.01.27 18:14:07
-06'00'

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 <u>2 1 — 0 0 1 6</u>	2. STATE <u>HI</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION 1902(a)(87) of the Act		4. PROPOSED EFFECTIVE DATE <p style="text-align: center; color: blue;">December 27, 2021</p>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.19-D pg. 2		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
9. SUBJECT OF AMENDMENT Non-emergency Medical Transportation (NEMT)-Amended to include attestation that ensures any provider (including a transportation network company) or individual driver of non-emergency transportation to medically necessary services receiving payments under such plan (but excluding any public transit authority) meets specified minimum requirements.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 45%;"> <input checked="" type="radio"/> OTHER, AS SPECIFIED: </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO State of Hawaii Department of Human Service: Office of the Director P.O. Box 339 Honolulu, Hawaii 96809-0339		
12. TYPED NAME Judy Mohr Peterson, PhD	13. TITLE Med-QUEST Division Administrator		
14. DATE SUBMITTED 12/23/21	16. DATE RECEIVED December 23, 2021		
FOR CMS USE ONLY			
17. DATE APPROVED January 26, 2022		18. EFFECTIVE DATE OF APPROVED MATERIAL December 27, 2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. SIGNATURE OF APPROVING OFFICIAL 	Digitally signed by James G. Scott -S Date: 2022.01.27 18:15:33 -06'00'		
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations		
22. REMARKS			

The state Medicaid agency attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.

TN No. 21-0016
Supersedes Approval Date: 01/26/2022 Effective Date 12/27/2021
TN No. NEW 2