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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 23-0009

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

July 27, 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) 23-0009

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0009. This amendment proposes to waive the provider application fee.

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 23-0009 was approved on July 27, 2023 with an effective date of May 18, 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 box redacts the signature of James G. Scott. There are some faint blue and red scribbles around the box.

Digitally signed by James G. Scott -S
Date: 2023.07.27 15:48:39 -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 9

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
05/18/2023 ~~07/01/2023~~

5. FEDERAL STATUTE/REGULATION CITATION
~~42 CFR 455.466, 42 CFR 455.420~~ 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
Section 4.46.pg 79z5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Section 4.46.pg 79z5

9. SUBJECT OF AMENDMENT
Waiver of Provider Application Fee

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. NAME OF STATE AGENCY OFFICIAL

12. TYPED NAME
Judy Mohr Peterson, PhD
13. TITLE
Med-QUEST Administrator
14. DATE SUBMITTED
06/23/2023

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 23, 2023

17. DATE APPROVED
July 27, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 18, 2023

19. SIGNING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2023.07.27 15:49:17 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS
Box 4: State authorized pen and ink change on 7/10/2023.
Boxes 5 and 9: State authorized pen and ink change on 7/11/2023.

STATE OF PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

42 CFR 455.460

APPLICATION FEE

- Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.

Section 1866(j)(2)(c)(ii) of the Act permits the Secretary to waive the application fee under the subparagraph for providers enrolled in a State Medicaid program for whom the State demonstrates that imposition of the fee would impede beneficiary access to care. Hawaii is choosing to waive the application fee for institutional providers and will continue to meet the federal regulatory requirements under 42 CFR 455.420 and 455.460.

42 CFR 455.470

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

- Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

TN No.	<u>23-0009</u>	Approval Date:	<u>07/27/2023</u>	Effective Date:	<u>05/18/2023</u>
Supersedes					
TN No.	<u>12-008</u>				