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**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 25-0005**

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

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April 2, 2025

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) – 25-0005

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0005. This amendment proposes to update the language concerning non-discrimination.

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 Medicaid SPA TN 25-0005 was approved on April 2, 2025, effective January 1, 2025.

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](mailto:Brian.Zolynas@cms.hhs.gov).

Sincerely,

Ruth A. Hughes  
On Behalf of Courtney Miller, MCOG Director

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 5 — 0 0 0 5 2. STATE HI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT   XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
01/01/2025

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR Parts 80 and 84, Section 1557 of the Affordable Care Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2025 \$ 0  
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Section 7.2 pg. 87

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Section 7.2 pg. 87

9. SUBJECT OF AMENDMENT  
Non-Discrimination Language- has been updated in alignment with Section 1557 of the Affordable Care Act.

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-QJEST Division Administrator  
14. DATE SUBMITTED  
03/21/25

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  
March 21, 2025

17. DATE APPROVED  
April 2, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL  
[Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL  
On Behalf of Courtney Miller, MCOG Director

22. REMARKS

State/Territory: HAWAII

Citation 7.2 Nondiscrimination

45 CFR Parts  
80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the regulations at 45 CFR Parts 80 and 84, the Medicaid Agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, sex, age or disability.

Section 1557 of the  
Affordable Care Act

The Medicaid agency has methods of administration to assure that each program or activity for which it received Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in Attachment 7.2-A.

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TN No. 25-0005  
Supersedes  
TN No. 91-20

Approval Date 04/02/2025

Effective Date 01/01/2025