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State/Territory Name Hawaii

State Plan Amendment (SPA) #: 25-0006

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

August 7, 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) – 25-0006

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0006. This amendment proposes to revise the language concerning nursing facility services to comport with the requirement that nursing facility services are ordered by and provided under the direction of a physician.

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 25-0006 was approved on August 7, 2025, with an effective date of May 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.

Sincerely,

Shantrina Roberts, Acting 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 5 — 0 0 0 6

2. STATE

HI3. 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

05/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

~~4905~~ Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A and 3.1-B pg. 58. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Supplement to Attachment 3.1-A and 3.1-B pg. 5

9. SUBJECT OF AMENDMENT

SPA 25-0006 Nursing Facility age 21 and over edits

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:

F. AGENCY OFFICIAL

12. TYPED NAME

Judy Mohr Peterson, PhD

13. TITLE

Med-QUEST Division Administrator

14. DATE SUBMITTED

06/06/25

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

June 6, 2025

17. DATE APPROVED

August 7, 2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

May 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APF

Acting Director, Division of Program Operations

22. REMARKS

State authorized pen and ink change to Box 5 on 8/5/2025.

SUPPLEMENT to ATTACHMENT 3.1-A and 3.1-B

18. Authorization by the Department's medical consultant is required for services during a transitional period.
- 20.a.& b. Extended services to pregnant women includes all major categories of services provided for the categorically needy recipients, as long as the services are determined to be medically necessary and related to the pregnancy.
22. Prior authorization is required by the medical consultant for the provision of respiratory care services for ventilator-dependent individuals.
23. Nurse practitioner services shall be limited to the scope of practice a nurse practitioner is legally authorized to perform under State law.
- 24a. Transportation:
- Emergency Medical Transportation Services
- a. Ground or air ambulance service is provided in emergencies or when a beneficiary, as determined by medical necessity criteria, is unable to travel by other non-emergency medical transportation mode.
- b. Out of state travel is covered consistent with 42 CFR 431.52
- Non-Emergency Medical Transportation Services
- a. Non-emergency medical transportation modes, which includes taxi, wheelchair van, stretcher car, transportation network company and commercial carrier transportation, is provided for beneficiaries residing in areas not served by a bus or public transportation system, or when travel by bus or public transportation would be either hazardous or cause extreme hardship to a beneficiary based on state medical necessity criteria.
- b. Air transportation is provided when required specialized medical services are not available on the island of beneficiary's residence.
- c. Out of state travel is covered consistent with 42 CFR 431.52.
- d. The state covers related travel expenses when necessary for accessing covered services.
- e. Except for emergencies, prior authorization is required for air transportation and other non-emergency transportation modes.
- 24d. Authorization by the Department's medical consultant is required for level of care and admission to a Nursing Facility (NF). The state comports with the requirement that the care is ordered by and provided under the direction of a physician. Preadmission screening and resident review is required for admission and continued stay in a NF. (All limitations described herein refer to nursing facility services as found at TN #91-23, Attachment 3.1-A, page 9 at Item 24.d and TN #90-5, Attachment 3.1-B, page 8 at Item 23.d.)

TN No. HI-25-0006
Supersedes
TN No. HI-24-0003

Approval Date: August 7, 2025

Effective Date: May 1, 2025