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State/Territory Name: Hawaii

State Plan Amendment (SPA)#: HI-26-0009

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Medical Benefits Health Programs Group

September 19, 2026

Meredith Nichols, Acting Medicaid Director
State of Hawaii Department of Human Services
Office of the Director
PO Box 339
Honolulu, HI 96809-0339

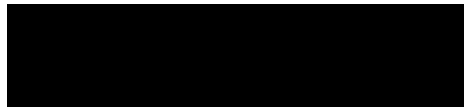
Dear Acting Director Nichols,

The CMS Division of Pharmacy team has reviewed Hawaii's State Plan Amendment (SPA) 26-0009 received in the CMS Medicaid Services OneMAC application on July 27, 2026. This SPA proposes to allow the state to enter into Supplemental Rebate Agreements between the state and drug manufacturers for drugs provided to Medicaid beneficiaries

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that the SPA is approved with an effective date of July 31, 2026. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the revised, signed CMS-179 form, as well as the page approved for incorporation into Hawaii's state plan. If you have any questions regarding this amendment, please contact Porscha Brink at (202) 260-4025 or Porscha.brink@cms.hhs.gov.

Sincerely,



Mickey Morgan
Director
Division of Pharmacy

cc: Jodeen Enesa, Program Specialist, State of Hawaii Department of Human Services
Sasha Zolynas, State Lead, Medicaid and CHIP Operations Group, CMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 9

2. STATE

HI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT

☒ XIX☐ XXI

4. PROPOSED EFFECTIVE DATE

07/31/26

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

Section 1115A of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0

b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A and 3.1-B pg. 3.2c

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

9. SUBJECT OF AMENDMENT

GENEROUS MODEL Participation**CMS has authorized a Supplemental Rebate Agreement between the State and the drug manufacturer for drugs provided to Medicaid Beneficiaries**

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

Meredith Nichols

13. TITLE

Med-QUEST Division Administrator

14. DATE SUBMITTED

07/27/2026

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

07/27/2026

17. DATE APPROVED

09/16/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/31/2026

19.

20. TYPED NAME OF APPROVING OFFICIAL

Mickey Morgan

21. TITLE OF APPROVING OFFICIAL

Director of Pharmacy

22. REMARKS

***09/09/2026 - The state authorized a Pen & Ink change to Box 9 to update the subject of amendment.**

CMS has authorized a Supplemental Rebate Agreement between the State and the drug manufacturer for drugs provided to Medicaid Beneficiaries effective 07/31/2026.

TN No.	<u>26-0009</u>	Approval Date:	<u>09/16/2026</u>	Effective Date:	<u>07/31/2026</u>
Supersedes					
TN No.	<u>NEW</u>		<u>3.2c</u>		