State of Hawaii
Department of Human Services
MED-QUEST DIVISION

MEDICAID STATE PLAN
SPA MEMO NO.: 24-14
DATE: 01/13/25
ORIGINATOR: POLICY AND PROGRAM DEVELOPMENT OFFICE

TO: Custodian of Med-QUEST Division Medicaid State Plan

FROM: Judy Mohr Peterson, PhD JMP
Med-QUEST Division Administrator

SUBJECT: APPROVAL OF AMENDMENT UNDER THE MEDICAID STATE PLAN

EXPLANATION:

The State of Hawaii received approval from the Centers for Medicare & Medicaid Services (CMS) for State Plan Amendment (SPA) Number 24-0014 "Core Set Final Rule" on January 7, 2025, effective December 31, 2024.

On April 19, 2024, CMS released a new Annual Reporting on the Child and Adult Core Set Reviewable Unit (RU) in the Medicaid & CHIP Program (MACPro) system for states and territories to attest to mandatory annual state reporting of the Child Core Set and behavioral health measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10-437.15.

FILING INSTRUCTIONS:

Review and file the new Medicaid State Plan page in your Medicaid State Plan Manual as follows:

Administration-Reporting Reviewable Unit

Add NEW, Administration Reporting Reviewable Unit.

Please keep approved SPA 24-0014 package and supporting documentation for your records.

The Med-QUEST Division amendment described above has been incorporated into the electronic version of the Medicaid State Plan located at the Department of Human Services website link for public transparency below:

http://humanservices.hawaii.gov/reports/hawaii-medicaid-state-plan/

Attachments

C: Attorney General's Office
Audit, Quality Control & Research Office/Quality Control Staff
Clinical Standards Office
Department of Health/Child & Adolescent Mental Health Division
Department of Health/State Planning Council Developmental Disabilities
Department of Health/Developmental Disabilities Division
Department of Human Services /Adult Protective and Community Services Branch
Department of Human Services/Policy and Program Development Office
Eligibility System Project (KOLEA)
Finance Office
Hawaii Document Center/HI State Library
Hawaii Legislative Reference Bureau Library
Health Care Services Branch
Legal Aid Society of Hawaii

Records / Submission Packages - Your State

HI - Submission Package - HI2024MS0002O - (HI-24-0014) - Administration

Summary Reviewable Units Approval Letter News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St. Room 355
Kansas City, MO 64106

Center for Medicaid & CHIP Services

January 07, 2025

Judy Mohr Peterson
Director
Med-QUEST Division (MQD)
Office of the Director, Department of Human Services
PO Box 339
Honolulu, HI 96809-0339

Re: Approval of State Plan Amendment HI-24-0014

Dear Dr. Mohr Peterson,

On December 27, 2024, the Centers for Medicare & Medicaid Services (CMS) received Hawaii State Plan Amendment (SPA) HI-24-0014 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Hawaii State Plan Amendment (SPA) HI-24-0014 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact Brian Zolynas at brian.zolynas@cms.hhs.gov.

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

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News | Tasks (2) | Records | Reports | Actions

Records > Submission Packages - Your State

HI - Submission Package - HI2024MS0002O - (HI-24-0014) - Administration

Summary | Reviewable Units | Approval Letter | News | Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	HI2024MS0002O	Submission Type	Official
Program Name	N/A	State	HI
SPA ID	HI-24-0014	Region	San Francisco, CA
Version Number	1	Package Status	Approved
Submitted By	Jodeen Wai	Submission Date	12/27/2024
Package Disposition		Approval Date	1/7/2025 4:17 PM EST

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | HI2024MS0002O | HI-24-0014

Package Header

Package ID	HI2024MS0002O	SPA ID	HI-24-0014
Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	01/07/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Hawaii	Medicaid Agency Name:	Med-QUEST Division (MQD)

Submission Component

State Plan Amendment

Medicaid
CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | HI2024MS0002O | HI-24-0014

Package Header

Package ID	HI2024MS0002O	SPA ID	HI-24-0014
Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	01/07/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID HI-24-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/31/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | HI2024MS0002O | HI-24-0014

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Medicaid State Plan Print View

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News | Tasks (2) | Records | Reports | Actions

SPA ID HI-24-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/31/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | HI2024MS0002O | HI-24-0014

Package Header

Package ID	HI2024MS0002O	SPA ID	HI-24-0014
Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	01/07/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives: Required to meet mandatory annual state reporting of the Child Core Set and behavioral health measures on the Adult Core Set by December 31, 2024.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	$0
Second	2025	$0

Federal Statute / Regulation Citation
Statute: 1902(b), 1915(f), 1116 of the Social Security Act
Regulation: 42 CFR 430.12; 430.20; 447.256

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
24-0014 CMS 179 - signed	12/27/2024 1:14 PM EST
24-0014 Medicaid Funding Questionsja11.07.24	12/27/2024 1:15 PM EST
2303136-1Signed Memo to Gov related to CMS 179	12/27/2024 1:22 PM EST
RE_ Tribal Consultation Requirements under CMS- Follow up to Ke Ola Mamo contract with Indian Health Services	12/27/2024 1:22 PM EST

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | HI2024MS0002O | HI-24-0014

Package Header

Package ID	HI2024MS0002O	SPA ID	HI-24-0014
Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	01/07/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

No comment
Comments received

Describe: Hawaii allows for Medicaid Director to review and authorize under current Governor.

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Medicaid State Plan Print View

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News | Tasks (2) | Records | Reports | Actions

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MEDICAID | Medicaid State Plan | Administration | HI2024MS0002O | HI-24-0014

Package Header

Package ID HI2024MS0002O
SPA ID HI-24-0014
Submission Type Official
Initial Submission Date 12/27/2024
Approval Date 01/07/2025
Effective Date N/A
Superseded SPA ID N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Hawaii allows for Medicaid Director to review and authorize under current Governor.

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | HI2024MS0002O | HI-24-0014

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
  - Organization
  - General Administration
- Reporting

Reviewable Unit Name	Included in Another Submission Package	Source Type
Reporting	○	APPROVED

- Eligibility
- Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | HI2024MS0002O | HI-24-0014

Package Header

Package ID HI2024MS0002O
SPA ID HI-24-0014
Submission Type Official
Initial Submission Date 12/27/2024
Approval Date 01/07/2025
Effective Date N/A
Superseded SPA ID N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | HI2024MS0002O | HI-24-0014

Package Header

Package ID HI2024MS0002O
SPA ID HI-24-0014
Submission Type Official
Initial Submission 12/27/2024

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Medicaid State Plan Print View

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News | Tasks (2) | Records | Reports | Actions

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | HI2024MS0002O | HI-24-0014

Package Header

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Effective Date N/A
Superseded SPA ID N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Administration

General Administration

Reporting

Package Header

Package ID HI2024MS0002O
SPA ID HI-24-0014
Submission Type Official
Initial Submission Date 12/27/2024
Approval Date 01/07/2025
Effective Date 12/31/2024
Superseded SPA ID NEW
User-Entered

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- 1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- 1. The agency assures that all requirements of 42 CFR 437.10 through 437.16 are met.
- 2. The agency reports annually, by December 31, on:
  - a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
  - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with 42 U.S.C. 1396a) and 42 CFR 430.12), which sets forth the authority for the submittal and collection of state plans and plan amendments information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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