State of Hawaii
Department of Human Services
MED-QUEST DIVISION

MEDICAID STATE PLAN
SPA MEMO NO.: 22-08
DATE: 08/26/2022
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 22-0008.

Hawaii submitted SPA 22-0008 to implement Section 9812 of the American Rescue Plan Act of 2021. This SPA extends postpartum medical coverage from a period of 60 days to 12 months. CMS has approved the Hawaii SPA with an effective date of April 1, 2022.

FILING INSTRUCTIONS:

The approved state plan pages are formatted for submission via MacPro to CMS and may look different from previous SPA approved pages. Therefore, a new state plan section labeled MacPro Approvals, has been created, using the format below. Please review and file the NEW Medicaid State Plan pages in your Medicaid State Plan Manual in the new MacPro Approvals section.

SPA ID	Reviewable Unit	Effective Date	Superseded SPA ID
HI-22-0008	Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	04/01/2022	NEW

The Med-QUEST Division amendment described above will be added to the link below for public transparency:

https://medquest.hawaii.gov/en/about/state-plan-1115.html

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

Table of Contents

State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 22-0008

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS Form 179
3) Approved SPA Pages

HI - Submission Package - HI2022MS0002O - (HI-22-0008) - Eligibility

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

August 16, 2022

Dr. Judy Mohr Peterson
Division Administrator
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-22-0008

Dear Dr. Judy Mohr Peterson,

On June 29, 2022, the Centers for Medicare and Medicaid Services (CMS) received Hawaii State Plan Amendment (SPA) HI-22-0008 to implement Section 9812 of the American Rescue Plan Act of 2021 (PL 117-2), expanding the postpartum care coverage period from 60 days to 12 months.

We approve Hawaii State Plan Amendment (SPA) HI-22-0008 with an effective date(s) of April 01, 2022.

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

HI - Submission Package - HI2022MS0002O - (HI-22-0008) - Eligibility

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0002O | HI-22-0008

CMS-10434 OMB 0938-1188

Package Header

Package ID	HI2022MS0002O	**SPA ID**	HI-22-0008
Submission Type	Official	**Initial Submission Date**	6/29/2022
Approval Date	8/16/2022	**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 | Eligibility | HI2022MS0002O | HI-22-0008

Package Header

Package ID HI2022MS0002O

SPA ID HI-22-0008

Submission Type Official

Initial Submission Date 6/29/2022

Approval Date 8/16/2022

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID HI-22-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	4/1/2022	NEW

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0002O | HI-22-0008

Package Header

Package ID HI2022MS0002O

SPA ID HI-22-0008

Submission Type Official

Initial Submission Date 6/29/2022

Approval Date 8/16/2022

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives Hawaii is electing to provide continuous eligibility for an individual's 12-month postpartum period under provisions of the American Rescue Plan Act of 2021.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	$1724233
Second	2023	$3448465

Federal Statute / Regulation Citation

American Rescue Plan Act Section 9812

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
CMS 179 SPA 22-0008.signedje06.29.22	6/28/2022 8:58 PM EDT	
SPA 22-0008 Medicaid-Funding-Questionsenje05.18.22	6/28/2022 8:58 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0002O | HI-22-0008

Package Header

Package ID	HI2022MS0002O	**SPA ID**	HI-22-0008
Submission Type	Official	**Initial Submission Date**	6/29/2022
Approval Date	8/16/2022	**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.

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 amendment 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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HI - Submission Package - HI2022MS0002O - (HI-22-0008) - Eligibility

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | HI2022MS0002O | HI-22-0008

CMS-10434 OMB 0938-1188

Package Header

Package ID	HI2022MS0002O	**SPA ID**	HI-22-0008
Submission Type	Official	**Initial Submission Date**	6/29/2022
Approval Date	8/16/2022	**Effective Date**	4/1/2022
Superseded SPA ID	NEW		
	User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- (•) Yes
- ( ) No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:

   a. The individual requests voluntary termination of eligibility;

   b. The individual ceases to be a resident of the state;

   c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or

   d. The individual dies.

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 amendment 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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