

State of Hawaii  
Department of Human Services  
MED-QUEST DIVISION

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**MEDICAID STATE PLAN**

**SPA MEMO NO.:** 24-10


**DATE:** 09/13/24

**ORIGINATOR:** POLICY AND PROGRAM DEVELOPMENT OFFICE

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TO: Custodian of Med-QUEST Division Medicaid State Plan

FROM: Judy Mohr Peterson, PhD   
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 24-0010 “Advanced Practice Registered Nurse (APRN) Provider Services” on September 6, 2024, effective July 1, 2024.

This SPA approval adds the definition for “Advanced Practice Registered Nurse” and identifies specific types of Advanced Practice Registered Nurses such as Certified Registered Nurse Anesthetists (CRNA’s), Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs) and Certified Nurse-Midwives (CNMs). The definition is located on a new page under the “Service of Other Providers” section in Supplement to Attachment 3.1-A and 3.1-B pg. 2a.

**FILING INSTRUCTIONS:**

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

**Supplement to Attachment 3.1-A and 3.1-B pg. 2a.**

Add NEW, Supplement to Attachment 3.1-A and 3.1-B pg. 2a..

Please keep approved SPA 24-0010 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

## **Table of Contents**

**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 24-0010**

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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September 6, 2024

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) 24-0010

Dear Dr. Judy Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0010. This amendment proposes to identify the specific types of Advanced Practice Registered Nurses (APRNs) that can provide services under the State Plan.

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's Medicaid SPA TN 24-0010 was approved on September 6, 2024, with an effective date of July 1, 2024.

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,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by James G.  
Scott -S  
Date: 2024.09.06 16:23:05  
-05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Jodeen Enesa  
Eddie Mayeshiro

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 0

2. STATE

HI

3. 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

07/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

~~1902(a)(10)(A)~~ Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0  
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A and 3.1-B pg. 2a

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

New

9. SUBJECT OF AMENDMENT

Advance Practice Registered Nurse-To add a general definition for Advance Practice Registered Nurses in the state plan as identified in Medicare under Advance Practice Registered Nurses (APRNs).

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-QUEST Division Administrator

14. DATE SUBMITTED

06/27/24

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 27, 2024

17. DATE APPROVED

September 6, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL



Digitally signed by James G. Scott -S  
Date: 2024.09.09 12:21:54 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Boxes 5 and 8: State authorized pen and ink change on 09/05/2024.

3. **Advanced Practice Registered Nurse:**

Services provided by a licensed Advanced Practice Registered Nurse (APRN) within their scope of practice according to state law.

- This includes Certified Registered Nurse Anesthetists (CRNAs), Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Nurse-Midwives (CNMs).
- This section includes and does not limit services provided by licensed Certified Nurse Midwives, Pediatric Nurse Practitioners, Family Nurse Practitioners, or Advanced Practice Registered Nurse in behavioral health as addressed in other sections of the Medicaid State Plan.

TN No. 24-0010  
Supersedes  
TN No. NEW

Approval Date: 09/06/2024

Effective Date: 07/01/2024