

State of Hawaii
Department of Human Services
MED-QUEST DIVISION

MEDICAID STATE PLAN

SPA MEMO NO.: 25-05

DATE: 04/07/25

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 25-0005 “Nondiscrimination Language updates” on April 2, 2025, effective January 1, 2025.

Section 7.2 “Nondiscrimination” is outdated and has been updated to remove the term “handicap” and replaced with “disability”. “Age” and “Sex” have also been added to Section 7.2 in alignment with Section 1557 of the Affordable Care Act.

FILING INSTRUCTIONS:

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

Section 7.2 “Nondiscrimination”

Remove OLD, Section 7.2 pg. 87 “Nondiscrimination”.

Replace with NEW, Section 7.2 pg. 87 “Nondiscrimination”.

Please keep approved SPA 25-0005 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) #: 25-0005

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

April 2, 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) – 25-0005

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0005. This amendment proposes to update the language concerning non-discrimination.

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 25-0005 was approved on April 2, 2025, effective January 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,

Ruth
Hughes -S

Digitally signed by Ruth Hughes -S
Date: 2025.04.02 11:56:15 -05'00'

Ruth A. Hughes
On Behalf of Courtney Miller, MCOG Director

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 5

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
01/01/2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Parts 80 and 84, Section 1557 of the Affordable Care Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 7.2 pg. 87

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Section 7.2 pg. 87

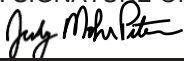
9. SUBJECT OF AMENDMENT
Non-Discrimination Language- has been updated in alignment with Section 1557 of the Affordable Care Act.

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
03/21/25

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
March 21, 2025

17. DATE APPROVED
April 2, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL
Ruth Hughes -S Digitally signed by Ruth Hughes -S
Date: 2025.04.02 11:56:44 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
On Behalf of Courtney Miller, MCOG Director

22. REMARKS

State/Territory: HAWAII

Citation 7.2 Nondiscrimination

45 CFR Parts
80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the regulations at 45 CFR Parts 80 and 84, the Medicaid Agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, sex, age or disability.

Section 1557 of the
Affordable Care Act

The Medicaid agency has methods of administration to assure that each program or activity for which it received Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in Attachment 7.2-A.

TN No. 25-0005
Supersedes
TN No. 91-20

Approval Date 04/02/2025

Effective Date 01/01/2025