

State of Hawaii  
Department of Human Services  
MED-QUEST DIVISION

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**MEDICAID STATE PLAN**

**SPA MEMO NO.:** 25-12      *NAJ*  
**DATE:** 05/07/26  
**ORIGINATOR:** POLICY AND PROGRAM DEVELOPMENT OFFICE

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**TO:** Custodian of Med-QUEST Division Medicaid State Plan

**FROM:** Meredith Nichols  
Med-QUEST Division Administrator

**SUBJECT:** APPROVAL OF AMENDMENT UNDER THE MEDICAID STATE PLAN

**EXPLANATION:**

On November 27, 2024, the Centers for Medicare and Medicaid Services (CMS) published the Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule which amended the Medicaid clinic services benefit at 42 CFR 440.90. CMS developed a new Clinic Services state plan amendment (SPA) template to implement this coverage and to serve as a standardized format for the Medicaid Clinic Services benefit state plan pages.

Hawaii has responded to the following sections in the template to comply with the new regulation:

1. General Assurances - in accordance with 42 CFR 440.90.
2. Descriptions of Types of Clinics and Services provided.
3. "Four Walls" exception option which we have selected to the Medicaid Clinic Services benefit that services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 CFR 440.90(b) may be provided.
4. State also selects to cover services outside of the clinic that are primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42.C.F.R. 4490.90(d).

**FILING INSTRUCTIONS:**

Review Supplement to Attachment 3.1-A and 3.1-B pg. 2.2-2.2f. and file in your Medicaid State Plan Manual as follows:

**Supplement to Attachment 3.1-A and 3.1-B pg. 2.2-2.2f.**

Replaces Supplement to Attachment 3.1-A and 3.1-B, page 2.1 Item 9.

Add AMENDED **Supplement to Attachment 3.1-A and 3.1-B pg. 2.2-2.2f** after Supplement to Attachment 3.1-A and 3.1-B, page 2.1.

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) #: 25-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**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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April 30, 2026

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

Re: Hawaii State Plan Amendment (SPA) – 25-0012

Dear Acting Director Nichols:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0012. This amendment proposes to update the clinic services benefit to comply with the revised regulations at 42 CFR 440.90.

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 25-0012 was approved on April 29, 2026, with an effective date of October 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 Sasha Zolynas at (206) 615-2742 or via email at [Sasha.Zolynas@cms.hhs.gov](mailto:Sasha.Zolynas@cms.hhs.gov).

Sincerely,

**Nicole M.**  
**Mcknight -S**  
Nicole McKnight  
Acting Director, Division of Program Operations

Digitally signed by Nicole M.  
Mcknight -S  
Date: 2026.04.30 11:49:42 -04'00'

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 5 — 0 0 1 2

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

10/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440.90

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY ~~2025~~ **2026** \$ 0

b. FFY ~~2026~~ **2027** \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 3.1-A and 3.1-B pg. 2.2-2.2e~~

**Supplement to Attachment 3.1-A and 3.1-B, pg. 2.2-2.2f**

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

~~Attachment 3.1-A and 3.1-B pg. 2.2~~

Supplement to Attachment 3.1-A and 3.1-B, page 2.1 Item 9.

9. SUBJECT OF AMENDMENT

Clinic Services-On November 27, 2024, CMS published the Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule which amended the Medicaid clinic services benefit at 42 CFR § 440.90.

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

11/25/25

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

November 25, 2025

17. DATE APPROVED

April 29, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

Nicole M. Mcknight -S Digitally signed by Nicole M. Mcknight -S  
Date: 2026.04.30 11:50:16 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

**State authorized pen and ink changes to Boxes 6, 7, and 8 on 4/27/26.**

**State Plan under Title XIX of the Social Security Act**

State/Territory: HAWAII

**Section 1905(a)(9) Clinic Services**

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

**General Assurances****[Select all three checkboxes below.]**

- The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

**Types of Clinic Services and Limitations in Amount, Duration, or Scope****[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- Limitations apply to all services within the benefit category.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**State Plan under Title XIX of the Social Security Act**

**State/Territory:** HAWAII

**Section 1905(a)(9) Clinic Services**

Types of Clinics and Services:

**[Select all that apply and describe below as applicable]**



**Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]:**

Outpatient therapy for individuals seeking support for mental health concerns who do not require round-the-clock treatment, support, or safety monitoring. There are several types of behavioral health clinics including:

- Psychotherapy and psychiatry clinics;
- Applied Behavior Analysis (ABA) clinics;
- Outpatient substance use disorder (SUD) treatment clinics, including Methadone Clinics and other Medication-Assisted Treatment (MAT) clinics;
- Sexual abuse treatment centers; and
- Day treatment and intensive outpatient programs.



Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

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**State Plan under Title XIX of the Social Security Act**

State/Territory: HAWAII

**Section 1905(a)(9) Clinic Services** IHS and Tribal Clinics **[Select below if applicable.]:** Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].** Renal Dialysis Clinics **[Select below if applicable.]:** Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]** Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]:**

Primary Care Clinics, Urgent Care Clinics, Palliative Care Clinics  
Specialty Care Clinics, School-Based Health Clinics, Imaging/Radiology  
Centers, Large Medical Group Clinics, Rehabilitation Services Clinics and  
Ambulatory Surgical Centers

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**State Plan under Title XIX of the Social Security Act**

**State/Territory:** HAWAII

**Section 1905(a)(9) Clinic Services**

Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

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**State Plan under Title XIX of the Social Security Act**

State/Territory: HAWAII

**Section 1905(a)(9) Clinic Services****Four Walls Exceptions**

The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**

- Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
- Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

- Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**

The following types of behavioral health clinics may have mobile units that provide services outside the four walls:

- Psychotherapy and psychiatry clinics;
- Outpatient substance use disorder (SUD) treatment clinics, including

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**State Plan under Title XIX of the Social Security Act**

**State/Territory:** HAWAII

**Section 1905(a)(9) Clinic Services**

Methadone Clinics and other Medication-Assisted Treatment (MAT) clinics



Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:



A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:



A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

Under the Hawaii State Department of Health Office of Primary Care and Rural Health, the state's rural areas are defined in Hawaii's Revised Statutes §1B-1.

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**State Plan under Title XIX of the Social Security Act**

State/Territory: HAWAII

**Section 1905(a)(9) Clinic Services**

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

- The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
  - The population experiences issues accessing services due to lack of transportation;
  - The population experiences a historical mistrust of the health care system; and
  - The population experiences high rates of poor health outcomes and mortality.

**Additional Benefit Description (Optional)**

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**

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