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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 14-007

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
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Patricia McManaman
Director, Department of Human Services
P.O. Box 339
Honolulu, HI 96809-0339

JUN 16 2014

Dear Ms. McManaman:

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) No. 14-007, which was submitted to my office on May 28, 2014. This SPA aligns coverage of preventive services under the Medicaid State Plan with preventive services in Hawaii's approved Alternative Benefit Plan, and allows for coverage of these services without cost sharing. The approval of this SPA is effective April 1, 2014.

Attached are copies of the new State Plan pages to be incorporated into Hawaii's approved State Plan:

- Supplement to Attachment 3.1-A and 3.1-B, page 4

If you have any questions, please contact Christy Bonstelle at (415) 744-3522, or christy.bonstelle@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covering the signature area of the letter.

for Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operation

cc: Kenny Fink, Med-QUEST Administrator
Tom Duran, CMS Pacific Area Representative

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER: 14-007</p>	<p>2. STATE HAWAII</p>
<p>TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</p>	
<p>4. PROPOSED EFFECTIVE DATE April 1, 2014</p>		

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

<p>6. FEDERAL STATUTE/REGULATION CITATION:</p> <p>1905(a)(13) of the Social Security Act</p>	<p>7. FEDERAL BUDGET IMPACT:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">FFY 2014 (3rd and 4th quarter)</td> <td style="width:40%; text-align: right;">\$28,518</td> </tr> <tr> <td>FFY 2015</td> <td style="text-align: right;">\$57,453</td> </tr> </table>	FFY 2014 (3 rd and 4 th quarter)	\$28,518	FFY 2015	\$57,453
FFY 2014 (3 rd and 4 th quarter)	\$28,518				
FFY 2015	\$57,453				
<p>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</p> <p>Supplement to Attachment 3.1-A and 3.1-B, page 4</p>	<p>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):</p> <p>Supplement to Attachment 3.1-A and 3.1-B, page 4</p>				

10. SUBJECT OF AMENDMENT:

The amendment aligns coverage of preventive services under the Medicaid State Plan with preventive services in the Alternative Benefit Plan and covers these services without cost sharing.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 AS APPROVED BY DIRECTOR
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<p>12. SIGNATURE OF STATE AGENCY OFFICIAL:</p> <p></p>	<p>16. RETURN TO:</p> <p>STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES OFFICE OF THE DIRECTOR P.O. Box 339 HONOLULU, HAWAII 96809-0339</p>
<p>13. TYPED NAME: PATRICIA MCMANAMAN</p>	
<p>14. TITLE: DIRECTOR OF HUMAN SERVICES</p>	
<p>15. DATE SUBMITTED: MAY 28 2014</p>	

FOR REGIONAL OFFICE USE ONLY

<p>17. DATE RECEIVED: May 28, 2014</p>	<p>18. DATE APPROVED: JUN 16 2014</p>
<p>PLAN APPROVED - ONE COPY ATTACHED</p>	
<p>19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2014</p>	<p>20. SIGNATURE OF REGIONAL OFFICIAL: </p>
<p>21. TYPED NAME: Gloria Nagle</p>	<p>22. TITLE: for Associate Regional Administrator</p>

23. REMARKS:

12d. Same as 6b.

13a. The diagnostic procedures or out of state procedures requiring prior authorization are:

- Psychological testing
- Neuropsychological testing
- Standardized cognitive testing

13c. Preventive services assigned a grade A or B recommendation by the United States Preventive Services Task Force (USPSTF), approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP), preventive care and screening of infants, children and adolescents recommended by HRSA's Bright Futures program and additional preventive services for women recommended by the Institute of Medicine (IOM) will be covered without cost-sharing in accordance with section 2713 of the Public Health Service Act, which is in alignment with the Alternative Benefit Plan.

The state will maintain documentation supporting expenditures claimed for and ensure that coverage and billing codes comply with USPSTF or ACIP recommendations, in accordance with section 4106 of the Affordable Care Act.

Preventive services are covered under the rural health clinic, federally qualified health center, EPSDT, family planning services and supplies for individuals of child-bearing age, physician, other licensed practitioner, clinic, preventive, nurse midwife and nurse practitioner service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B for such services.

13d. Rehabilitative services are subject to the limitations specified on these supplement pages for particular services, i.e., physical therapy, speech therapy, etc.

Community Mental Health Rehabilitative Services:

The covered Community Mental Health Rehabilitative Services will be available to all Medicaid eligibles who are medically determined to need mental health and/or drug abuse/alcohol services. These services must be recommended by a physician or other licensed practitioner to promote the maximum reduction and/or restoration of a recipient to his/her best possible functional level relevant to their diagnosis of mental illness and/or abuse of drugs/alcohol.

These services are to be provided by the following qualified mental health professionals: licensed psychiatrist, licensed psychologist, licensed clinical social worker (CSW) with experience in behavioral health, licensed advance practical nurse (APRN) in behavioral health, or a licensed Marriage and Family Therapist (LMFT) with experience in behavioral health. Additionally, provider qualification must be in

TN No. 14-007
Supersedes
TN No. 13-009

Approval Date: **JUN 16 2014** Effective Date: 04/01/14