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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 16-0004

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

March 15, 2017

Dr. Judy Mohr Peterson
Med-QUEST Division Administrator
MQD/Admin
P.O. Box 700190
Kapolei, HI 96709-0190

Dear Dr. Peterson,

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) No. 16-0004, which was submitted to the Centers for Medicare and Medicaid Services on December 23, 2016. This SPA eliminates restrictions to telehealth services that were previously included in Hawaii's approved Medicaid State Plan. The approval of this SPA is effective January 1, 2017.

Attached is a copy of the new State Plan page to be incorporated into Hawaii's approved State Plan:

- Supplement to Attachment 3.1-A and 3.1-B, page 1.5

If you have any questions, please contact Carolyn Kenline at (415) 744-3591 or carolyn.kenline@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Cc: Tom Duran, CMS Pacific Area Representative
Evelyn Yamamoto, Med-QUEST Program and Policy Development Office
Aileen Befitel, Med-QUEST Program and Policy Development Office
Jeri Kiddo, Secretary
Carla Turla, Secretary
Emelina Mauricio, Office Assistant

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

1. TRANSMITTAL NUMBER

1 6 — 0004

2. STATE

HAWAII

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2017

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)

6. FEDERAL STATUTE/REGULATION CITATION

~~XXXXXX~~ 42 C.F.R. 440.40
~~42 C.F.R. 440.50~~

7. FEDERAL BUDGET IMPACT

a. FFY 2017 \$ 0.00
b. FFY 2018 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A and 3.1-B, pages 1.5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement to Attachment 3.1-A and 3.1-B, pages 1.5-1.7

10. SUBJECT OF AMENDMENT

To enhance access to care via telehealth, the proposed amendments to the Medicaid State Plan shall eliminate the limitation and expand telehealth services in accordance with Session Laws of Hawaii 2016, Act 226, §346.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Judy Mohr Peterson, PhD

14. TITLE

Med-QUEST Administrator

15. DATE SUBMITTED

DEC 23 2016

16. RETURN TO

State of Hawaii
Department of Human Services
Med-QUEST Division
P.O. Box 700190
Kapolei, Hawaii 96709-0190

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

December 23, 2016

18. DATE APPROVED

March 15, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME

Henrietta Sam-Louie

22. TITLE

Associate Regional Administrator

23. REMARKS

Box 6 Pen and Ink Changes requested by Aileen Befitel on 3/13/2017

4c. The limitation on family planning are:

- (1) Hysterectomies are not covered when performed solely to render the person incapable of reproducing.

The individual undergoing a hysterectomy must be informed by the physician, prior to the procedure that the hysterectomy will render the individual incapable of reproducing. A signed acknowledgement is required.

- (2) Sterilizations are not authorized for any person under age 21 years; institutionalized; or mentally incompetent. Informed consent shall be obtained prior to a sterilization procedure.

Following the consent, the procedure may not be performed before 30 days and no later than 180 days. Some exceptions to this time limitation are allowed, i.e., premature delivery, and abdominal surgery.

5a. Physicians' services are limited to two (2) visits a month for patients in NF except for acute episodes. Limits may be exceeded based on medical necessity. Physician services do not extend to procedures or services considered to be experimental or unproven as determined by Medicare.

5b. Medical and surgical services that will be covered when furnished by either a dentist or a physician must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw and include examination of the oral cavity, required radiographs, and complex oral surgical procedures. Routine post-operative visits shall be considered part of the total surgical procedure and shall not be separately compensable.

Additional non-covered services may be covered as determined by the department.

TN No.	<u>16-0004</u>	Approval Date:	<u>03/15/2017</u>	Effective Date:	<u>01/01/2017</u>
Supersedes					
TN No.	<u>05-003</u>		<u>1.5</u>		
