

Table of Contents

State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 25-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

August 12, 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) – 25-0009

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0009. This amendment proposes to modify coverage of dental services to include dental providers who see individuals with intellectual/developmental disabilities (I/DD) and challenging behaviors and to include coverage of non-fluoride agents.

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 25-0009 was approved on August 12, 2025, with an effective date of April 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,

Shantrina Roberts, Acting Director
Division of Program Operations

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 9

2. STATE

HI3. 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

04/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

~~4995~~ Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 5,000b. FFY 2026 \$ 30,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A and 3.1-B pg. 3-3b-a8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Supplement to Attachment 3.1-A and 3.1-B pg. 3-3b-a

9. SUBJECT OF AMENDMENT

SPA 25-0009 Dental Services

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

06/27/25

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

June 27, 2025

17. DATE APPROVED

August 12, 2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

State authorized pen and ink changes to Boxes 5, 7, and 8 on 8/7/2025.

10. DENTAL SERVICES:

(A) Dental services for individuals under twenty-one years of age:

(1) Dental benefits for children are governed by federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. The following categories of dental services have selected benefits:

- (a) Examinations
- (b) Preventive services
 - including dental prophylaxis
 - Including permanent molar sealants
- (c) Topical agents to prevent disease
 - including fluoride & non-fluoride agents
- (d) Diagnostic radiographs
- (e) Endodontics
- (f) Restorative procedures
- (g) Oral surgery procedures
- (h) Periodontal procedures
- (i) Prosthodontic procedures
- (j) Emergency and Palliative treatments

(2) The following dental benefits will be available only with validated medical necessity:

- (a) Orthodontic services (requires pre-authorization) .
- (b) Fixed bridgework (requires pre-authorization).
- (c) Advanced anesthesia, including: intravenous, inhalation, or general anesthesia (requires pre-authorization).
- (d) Advanced non-pharmacologic behavior management (does not require pre-authorization)

(3) All benefits may possess code-specific criteria and limitations determined by our program office. Some limitations to dental benefits include:

- (a) Restorations are limited to the treatment of teeth due to fracture or caries.
- (b) Restorative procedures are re-eligible for benefit after two years.
- (c) Esthetic crowns, if authorized, shall be limited to anterior teeth for a maximum of once per tooth.
- (c) Root canal therapy benefits are limited to one per tooth, per code, and require a favorable periodontal and restorative prognosis.
- (d) Any prior authorization requirements may be waived in emergency situations.
- (e) Benefits will not apply to any item, service, or material that is considered to be unsafe or experimental.

(4) Standard benefit limitations may be exceeded based on a determination of medical necessity under the EPSDT provisions at 1905(r)(5).

(B) Individuals age 21 years and older — Dental Services:

(1) Dental benefits for adults emphasize prevention and control of disease through early detection and management. The following categories of dental services have selected benefits.

- (a) Examinations
- (b) Preventive services
 - including dental prophylaxis
 - Including permanent molar sealants
- (c) Topical agents to prevent disease
 - including fluoride & non-fluoride agents
- (d) Diagnostic radiographs
- (e) Endodontic therapy on permanent molars
- (f) Restorative procedures
- (g) Oral surgery procedures
- (h) Periodontal procedures
- (i) Prosthodontic procedures
- (j) Emergency and Palliative treatments

(2) The following dental benefits will be available only with validated medical necessity:

- (a) Advanced anesthesia, including: intravenous, inhalation, or general anesthesia (requires pre-authorization).
- (b) Advanced non-pharmacologic behavior management (does not require pre-authorization).

(3) All benefits may possess code-specific criteria and limitations determined by our program office. Some limitations to dental benefits include:

- (a) Restorations are limited to the treatment of teeth due to fracture or caries.
- (b) Restorative procedure retreatment is re-eligible for benefit after two years.
- (c) Root canal therapy benefits are limited to one per molar, per code, and require a favorable periodontal and restorative prognosis.
- (d) Any prior authorization requirements may be waived in emergency situations.

(4) Normal benefit limitations may be exceeded based on a determination of medical necessity.