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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 14-005

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
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group

November 19, 2014

Patricia McManaman
Director of Human Services
Department of Human Services
Med-Quest Division
Policy and Program Development Office
P.O. Box 700190
Kapolei, Hawaii 96709-0190

Dear Ms. McManaman:

We have reviewed Hawaii's State Plan Amendment (SPA) 14-005, Prescribed Drugs, received in the San Francisco Regional Office on March 19, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-005 is approved with an effective date of January 1, 2014. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Hawaii state plan will be forwarded by the San Francisco Regional Office.

If you have any questions regarding this SPA, please contact Delaine Deardorff-Beck at (410) 786-2991.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: Hye Sun Lee, Acting ARA, San Francisco Regional Office
Gloria Nagle, ARA, San Francisco Regional Office
Christy Bonstelle, San Francisco Regional Office
Aileen Befitel, Hawaii Department of Human Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 14-005	2. STATE HAWAII
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2014	

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: 1927(d)(2) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2014 (2 nd , 3 rd and 4 th quarter): \$0.00 b. FFY 2015 (1 st quarter): \$ 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT TO ATTACHMENT 3.1-A AND 3.1-B, page 3.2.b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SUPPLEMENT TO ATTACHMENT 3.1-A AND 3.1-B, page 3.2.b

10. SUBJECT OF AMENDMENT:

Removes barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs a state Medicaid program may exclude from coverage or otherwise restrict in accordance with section 1927(d)(2) of the Social Security Act.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION POLICY AND PROGRAM DEVELOPMENT OFFICE P.O. BOX 700190 KAPOLEI, HI 96709-0190
13. TYPED NAME: PATRICIA MCMANAMAN	
14. TITLE: DIRECTOR OF HUMAN SERVICES	
15. DATE SUBMITTED: MAR 18 2014	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 19, 2014	18. DATE APPROVED: November 19, 2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Hye Sun Lee	22. TITLE: Acting Associate Regional Administrator
23. REMARKS: Box 7: Pen and Ink Changes per RAI response 9/10/14 (cb)	

SUPPLEMENT TO ATTACHMENT 3.1-A AND 3.1-B

(d) Non-legend drugs (see specific drug categories below)

- Analgesics
- Anti-Allergy
- Anti-Inflammatory
- Antibacterial/Antifungals,
- Antidiarrheals
- Antihemorrhoidals
- Antacids
- Cough and cold
- Gastrointestinal (H2 and PPDI)
- Laxatives
- Ophthalmics
- Otics
- Schedule V OTC Products

TN No. 14-005
Supersedes TN No. 13-004d Approval Date: **NOV 19 2014** Effective Date: 01/01/2014

3.2.b