

Table of Contents

State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 13-004d

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

August 25, 2014

Patricia McManaman
Director of Human Services
State of Hawaii
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

Dear Ms. McManaman:

We have reviewed Hawaii's State Plan Amendment (SPA) 13-004d, originally received in the Regional Office on July 12, 2013. On September 30, 2013, CMS issued a formal request for additional information for SPA 13-004d. We have reviewed the formal response you submitted to the San Francisco Regional Office on June 25, 2014 regarding the questions that pertain to SPA 13-004d. It reflects changes in pharmacy coverage required by Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 which amended section 1860D-2(e)(2)(A) of the Act to include barbiturates "used in the treatment of epilepsy, cancer, or chronic mental health disorder" and benzodiazepines in Part D drug coverage.

We are pleased to inform you that the amendment is approved, effective October 1, 2013. A copy of the CMS-179 form, 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 amendment, please contact Delaine Deardorff-Beck at (410) 786-2991.

Sincerely,

/s/

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

cc: 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: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
13-004

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
October 1, 2013

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:
42 C.F.R. 433.145, 435.310, 440.40, 440.60, and
440.130
Section 1902

| | |
|---------------------------|-------------------------|
| 7. FEDERAL BUDGET IMPACT: | |
| FFY 2014 | Under 1 million dollars |
| FFY 2015 | Under 1 million dollars |

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 3.1-C
Attachment 2.2-A, page 26
Attachment 2.6-A, page 3a
Supplement 4 to Attachment 2.6-A, page 1
Supplement 5 to Attachment 2.6-A, page 1
Supplement 8b to Attachment 2.6-A, page 1
Supplement to Attachment 3.1-A and 3.1-B, pages 2
and 3.2.b, 4 and 4.4
Attachment 4.19-B, pages 1 - 1.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:

The amendments to the State Plan pages relate to changes under the medically needy group, assignment of rights, methods for determining income and resources, updates drug coverage, expansion the standard benefits package related to other practitioners' services and rehabilitative services, and establishes payment rates for new types of providers and services.

11. 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:
AS APPROVED BY GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
PATRICIA MCMANAMAN

14. TITLE:
DIRECTOR OF HUMAN SERVICES

15. DATE SUBMITTED:

16. RETURN TO:

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
OFFICE OF THE DIRECTOR
P.O. Box 339
HONOLULU, HAWAII 96809-0339

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

The following drugs or classes of drugs, produced by manufacturers complying with Section 1927(a) of the Act, or their medical uses will be selectively covered as decided by the Advisory Medicaid Formulary Committee (the responsibilities for which have been delegated to the State Drug Review Board or the Pharmacy and Therapeutics Committee:

The following excluded drugs are covered:

- (a) Agent when used for anorexia, weight loss, weight gain (see specific drug categories below)
 - Marinol
- (b) Agents when used for symptomatic relief cough and colds (see specific drug categories below)
 - Brompheniramine with pseudoephedrine (tablets, liquid)
 - Chlorpheniramine (all forms)
 - Diphenhydramine (all forms)
 - Guaifenesin with or without dextromethorphan (all strength/liquid)
 - Loratadine with or without a decongestant (for age 20 years old and younger; for age 61 years old and older; age 21 to 60 continue to require PA)*
 - Pseudoephedrine (all forms)
- (c) Prescription only vitamins and mineral products, except prenatal vitamins and fluoride (prior authorization required)

TN No. 13-004d
Supersedes
TN No. 05-006

Approval Date: Aug 25, 2014 Effective Date: 10/01/2013

- (d) Non-legend drugs (see specific drug categories below)
 - Analgesics
 - Anti-Allergy
 - Anti-Inflammatory
 - Antibacterial/Antigungals,
 - Antidiarrheals
 - Antihemorrhoidals
 - Antacids
 - Cough and cold
 - Gastrointestinal (H2 and PPDI)
 - Laxatives
 - Ophthalmics
 - Otics
 - Schedule V OTC Products
- (e) Barbiturates (except for dual eligible as Part D will cover)
- (f) Benzodiazepines (except for dual eligible as Part D will cover)
- (g) Smoking cessation (except dual eligible as Part D will cover) according to the most current Public Health Services guidelines
 - Nicotine Agents
 - Non-Nicotine Agents

TN No. 13-004d
Supersedes
TN No. 10-003

Approval Date: Aug 25, 2014 Effective Date: 10/01/2013