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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 13-009

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

FEB 12 2014

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

Dear Ms. McManaman:

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) 13-009, which was submitted to CMS on September 18, 2013. Hawaii SPA 13-009 establishes an increase in the federal medical assistance percentage (FMAP) of one percentage point for adult vaccine and clinical preventive service expenditures in accordance with section 4106 of the Affordable Care Act. The effective date of the SPA is July 1, 2013.

Enclosed 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 4

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

Sincerely,

/s/

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

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

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

1. TRANSMITTAL NUMBER:
13-009

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
July 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:

1905(a) (13) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

FFY 2013-2014	< than a \$1,000,000	\$181,196***
FFY 2014-2015	< than a \$1,000,000	\$191,256***

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

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

10. SUBJECT OF AMENDMENT:

The amendments establishes an increase in the federal medical assistance percentage (FMAP) of one percentage point, effective July 1, 2013, for adult vaccine and clinical preventive service expenditures in accordance with section 4106 of the Affordable Care 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 GOVERNOR
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
PATRICIA MCMANAMAN

14. TITLE:
DIRECTOR OF HUMAN SERVICES

15. DATE SUBMITTED: **SEP 18 2013**

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: September 18, 2013

18. DATE APPROVED: **FEB 12 2014**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Gloria Nagle

22. TITLE:
Associate Regional Administrator

23. REMARKS:

***Pen and ink changes to Box 7 and Box 9 made by Christy Bonstella as requested in Hawaii's RAI response

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) and approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP) will be covered, without cost-sharing, in accordance with section 4106 of the Affordable Care Act.

The state will maintain documentation supporting expenditures claimed for and ensure that coverage and billing codes comply with USPSTF or ACIP recommendations.

Preventive services specified in section 4106 of the Affordable Care Act are all available under the Medicaid state plan and 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.

Individuals who are mentally retarded (MR) or developmentally delayed (DD) are not eligible for these services, including MR/DD individuals who are in Home & Community Based Waiver programs.

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. 13-009
Supersedes
TN No. 11-007

Approval Date:

FEB 12 2014

Effective Date: 07/01/13