STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION

PUBLIC NOTICE

Pursuant to 42 C.F.R. §447.205, the Department of Human Services (DHS), Med-QUEST Division (MQD) hereby notifies the public that the MQD intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS).

The proposed amendment to the Medicaid State Plan is necessary to align with SPA 21-0012 Pharmacy Services as approved by CMS effective 10/01/2021. The amendment clarifies Pharmacy Services under "Services of Other Licensed Providers" such as what it covers, who can provide these services and how they are to be provided. (See Alternative Benefit Plan 5-pg. 6, Alternative Benefit Plan 5-pg. 42, Alternative Benefit Plan 5-pg. 43.) As recommended during the review process of SPA 21-0012 with CMS, Hawaii has also reviewed the Podiatry Services section and has decided to remove the $100 per item limit. Proposed effective date is 12/31/2021.

Under Provisions of federal law, the state is required to issue public notice of proposed changes in statewide methods and standards for setting Medicaid payment rates.

SPA 21-0013 is expected to have minimal effect on the annual aggregate expenditures. The proposed change will be submitted for review to the federal government as a Medicaid SPA.

A printed copy of the proposed changes and special accommodations (i.e., interpreter, large print or taped materials) can be arranged if requested by contacting the Policy and Program Development Office at (808) 692-8058 no later than seven (7) working days before the comment period ends.

Comments should be received **within 30 days** from the time this notice is posted. Individuals may submit written comments using the following methods:

By email: PPDO@dhs.hawaii.gov (Please identify in the subject line: State Plan Amendment 21-0013)

By mail:

Department of Human Services
Med-QUEST Division
Attention: Policy and Program Development Office
P.O Box 700190
Kapolei, Hawaii 96709

DEPARTMENT OF HUMAN SERVICES, MED-QUEST DIVISION
JUDY MOHR PETERSON, PhD
MED-QUEST DIVISION ADMINISTRATOR

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C-

OMB Expiration date: 10/31/2014

Benefits Description	ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

HMSA Preferred Provider Plan 2014

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary-Approved

Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services — Collapse All

Benefit Provided: Outpatient hospital services
Source: State Plan 1905(a) — Remove
Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: No limitations
Duration Limit: No limitations
Scope Limit: No limitations
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Other laboratory & x-ray services: X-ray services
Source: State Plan 1905(a) — Remove
Authorization: Prior Authorization
Provider Qualifications: Medicaid State Plan
Amount Limit: No limitations
Duration Limit: No limitations
Scope Limit: No limitations
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization is required for the following radiology services:
1. Magnetic resonance imaging (MRI);
2. Magnetic resonance angiography; and
3. Positron emission tomography (PET).

Benefit Provided: Physicians' services
Source: State Plan 1905(a)
Authorization: Authorization required in excess of limitation
Provider Qualifications: Medicaid State Plan
Amount Limit: Refer to the box below for "Amount Limit".
Duration Limit: Refer to the box below for "Duration Limit".
Scope Limit: Physician services do not extend to procedures or services considered to be experimental or unproven as determined by Medicare.

Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Amount and Duration Limit:
1. Physicians' services are limited to two visits a month for patients in nursing facilities except for acute episodes.

Benefit Provided:

Home health services - Nursing services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Refer to the box below for "Amount Limit".

Duration Limit:

Refer to the box below for "Duration Limit".

Scope Limit:

Services exceeding the parameters described above must be medically necessary and prior authorized by the medical consultant or its authorized representative.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Amount and Duration Limits:
1. One visit per day only.
2. Daily home visits are permitted for nursing services in the first two weeks of patient care if part of the written plan of care without the need for authorization/approval process, no more than three visits per week from the third week to the seventh week of care are permitted without the need for authorization/approval process; no more than one visit a week from the eighth week to the fifteenth week of care is permitted without the need for authorization/approval process. No more than one visit every other month from the sixteenth week of care is permitted without the need for authorization/approval process.

Benefit Provided:

Home health services - Home health aide

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Refer to the box below for "Amount Limit".

Duration Limit:

Refer to the box below for "Duration Limit".

Scope Limit:

Services exceeding the parameters described above must be medically necessary and prior authorized by the medical consultant or its authorized representative.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Amount and Duration Limits:
1. One visit per day only.
2. Daily home visits are permitted for home health aide services in the first two weeks of patient care if part of the written plan of care without the need for authorization/approval process, no more than three visits per week from the third week to the seventh week of care are permitted without the need for

authorization/approval process; no more than one visit a week from the eighth week to the fifteenth week of care is permitted without the need for authorization/approval process. No more than one visit every other month from the sixteenth week of care is permitted without the need for authorization/approval process.

Remove

Benefit Provided: Clinic services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: Refer to the box below for "Amount Limit".

Duration Limit: Refer to the box below for "Duration Limit".

Scope Limit: Refer to the box below for "Scope Limit".

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Amount, Duration and Scope Limits:
1. Limitations on the amount, duration or scope of clinic services are the same limitations as described for outpatient services listed in ABP 5.
2. Physicians that provide direction or supervision of other in the clinic, assume professional responsibility for the care of the patients.

Benefit Provided: Diagnostic services

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: Refer to the box below for "Amount Limit".

Duration Limit: Refer to the box below for "Duration Limit".

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Amount and Duration Limit
Psychological testing is limited to a maximum of 4 hours once every 12 months or to 6 hours, if a comprehensive test is justified. However, psychological testing exceeding the parameters must be medically necessary and be prior authorized.

Other
Diagnostic procedures or out-of-state procedures requiring authorization are:
1. Psychological testing except for tests that are requested by the department's professional staff;
2. Neuropsychological testing; and
3. Standardized Cognitive testing.

Alternative Benefit Plan

Benefit Provided: Screening services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Hospice care - at home

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

1. An individual under the age of 21 years may receive curative treatment concurrent with receiving hospice services.
2. Authorization by the department consultant is required during a transitional period. Transitional period means the time in which the recipient is transferred from one setting to other setting (e.g. inpatient hospital to home).

Benefit Provided: Nurse practitioners'

Source: State Plan 1905(a)

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: Nurse practitioner services shall be limited to the scope of practice of nurse practitioner is legally authorized to perform under State law.

Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided: Other licensed practitioners

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: Refer to the box below for "Amount Limit".

Duration Limit: Refer to the box below for "Duration Limit".

Scope Limit: Refer to the box below for "Scope Limit".

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Service of Other Providers:
1) Services of a psychologist are provided within the scope of practice according to state law are provided with the following limitations:
a. Testing is limited to a maximum of 4 hours once every 12 months or to 6 hours, if a comprehensive test is justified.
b. Prior authorization is required for all psychological testing except for tests that are requested by the department's professional staff.

The providers for Substance Abuse Treatment (SAT) are psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses, marriage and family therapists, and licensed mental health counselors in behavioral health. SAT services will be delivered are in outpatient hospitals/clinics including methadone clinics, and physician/provider offices.

SAT services that are medically necessary shall be provided with no limits on the number of visits in accordance with the parity law.

Pharmacy Services that includes services of a licensed pharmacist within their scope of practice according to state law.

Smoking cessation counseling services can be provided by the following licensed providers: psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses (APRN), dentist, licensed mental health counselors (MHC) in behavioral health and Certified Tobacco Treatment Specialists under the supervision of a licensed provider and the supervision is within the scope of practice of the licensed practitioner.

Benefit Provided: Personal care services

Source: Secretary-Approved Other

Authorization: Prior Authorization

Provider Qualifications: Other

Alternative Benefit Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Remove

Scope Limit:
No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Cost Not Other wise Matchable (CNOM) authority as described in the 1115 demonstration waiver is technically the authorization.

Benefit Provided:
OP hospital - Termination of Pregnancy

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
Refer to the box below for "Scope Limit".

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Coverage for termination of a pregnancy is allowed when the pregnancy resulted from rape or incest, or in the case where a woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition caused by or arising from the pregnancy, as certified by a physician that would place the woman in danger of death unless an abortion is performed.

Add

Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided: Other Medical Svcs - Emergency hospital services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Other Medical Svcs - Emergency Transportation

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add

Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided: Inpatient hospital services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Hospice - Inpatient hospital

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

1. An individual under the age of 21 years may receive curative treatment concurrent with receiving hospice services.
2. Authorization by the department consultant is required during a transitional period. Transitional period means the time in which the recipient is transferred from one setting to other setting (e.g. inpatient hospital to home).

Add

Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care — Collapse All

Benefit Provided: Inpatient hospital services - Maternity Care

Source: State Plan 1905(a) — Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Nurse-midwife services

Source: State Plan 1905(a) — Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: Limited to nurse midwives sponsored by or under the supervision of a physician.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Physicians' services - Maternity care

Source: State Plan 1905(a)

Authorization: Authorization required in excess of limitation

Provider Qualifications: Medicaid State Plan

Amount Limit: Refer to the box below for "Amount Limit".

Duration Limit: Refer to the box below for "Duration Limit".

Scope Limit: Physician services do not extend to procedures or services considered to be experimental or unproven as determined by Medicare.

Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Amount and Duration Limit:
Physicians' services are limited to two visits a month for patients in nursing facilities except for acute episodes.

Benefit Provided: Other licensed practitioners - Maternity Care

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Nurse practitioners' - Maternity Care

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations.

Duration Limit: No limitations.

Scope Limit:
Nurse practitioner services shall be limited to the scope of practice of nurse practitioner is legally authorized to perform under State law.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Clinic services - Maternity Care

Source: State Plan 1905(a)

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: Refer to the box below for "Amount Limit".

Duration Limit: Refer to the box below for "Duration Limit".

Alternative Benefit Plan

Scope Limit:

Refer to the box below for "Scope Limit".

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Amount, Duration and Scope Limits:
1. Limitations on the amount, duration or scope of clinic services are the same limitations as described for outpatient services listed in ABP5.
2. Physicians that provide direction or supervision of other in the clinic, assume professional responsibility for the care of the patients.

Add

Alternative Benefit Plan

Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment

Collapse All

Benefit Provided: OP hospital svcs - Mental/Behavioral Health OP

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: OP hospital svcs - Substance Abuse Disorder OP

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: IP hospital svcs - Mental/Behavioral Health IP

Source: State Plan 1905(a)

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: Inpatient hospital services for mental or behavioral health will not be covered in an Institution for Mental Disease.

Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided:

IP hospital svcs - Substance Abuse Disorder IP

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Inpatient hospital services for substance abuse disorder will not be covered in an Institution for Mental Disease.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add

Alternative Benefit Plan

☒ Essential Health Benefit 6: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
☒ Limit on days supply	Yes	State licensed
☐ Limit on number of prescriptions		
☒ Limit on brand drugs		
☒ Other coverage limits		
☒ Preferred drug list		

Coverage that exceeds the minimum requirements or other:

The State of Hawaii's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.

Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices — Collapse All

Benefit Provided: Home health services - Physical therapy

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: Refer to the box below for "Scope Limit".

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Scope Limit:
1. Medically necessary physical services are limited to patients who are expected to improve in a reasonable period of time with therapy.
2. Provider qualifications meet the federal requirements under 42 C.F.R. 440.110.
3. Initial physical therapy evaluations do no require prior approval. However, physical therapy and re-evaluations require prior approval of the medical consultant providing diagnosis, recommended therapy include frequency and duration and for chronic cases, long term goals and a plan of care.

Benefit Provided: Home health services - Occupational therapy

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: Refer to the box below for "Scope Limit".

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Scope Limit:
1. Medically necessary occupational therapy services are limited to patients who are expected to improve in a reasonable period of time with therapy.
2. Provider qualifications meet the federal requirements under 42 C.F.R. 440.110.
3. Initial occupational therapy evaluations do no require prior approval. However, occupational therapy and re-evaluations require prior approval of the medical consultant providing diagnosis, recommended therapy include frequency and duration and for chronic cases, long term goals and a plan of care.

Benefit Provided: Home health services - Speech/hearing/lang therapy

Source: State Plan 1905(a)

Alternative Benefit Plan

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Remove

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: Refer to the box below for "Scope Limit".

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Scope Limit:
1. Medically necessary speech, hearing and language therapy services are limited to patients who are expected to improve in a reasonable period of time with therapy.
2. Provider qualifications meet the federal requirements under 42 C.F.R. 440.110.
3. All speech, hearing and language evaluation and therapy require authorization by the medical consultant including rental or purchase of hearing aids.

Benefit Provided: Physical therapy

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: Refer to the box below for "Scope Limit".

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Scope Limit
1. Medically necessary physical services are limited to patients who are expected to improve in a reasonable period of time with therapy.
2. Physical services are only provided if rehabilitative.
3. Provider qualifications meet the federal requirements under 42 C.F.R. 440.110.

Benefit Provided: Occupational therapy

Source: State Plan 1905(a)

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Alternative Benefit Plan

Scope Limit:

Refer to the box below for "Scope Limit".

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Scope Limit
1. Medically necessary occupational services are limited to patients who are expected to improve in a reasonable period of time with therapy.
2. Occupational services are only provided if rehabilitative.
3. Provider qualifications meet the federal requirements under 42 C.F.R. 440.110.

Benefit Provided: Speech/hearing/language therapy

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit:

Refer to the box below for "Scope Limit".

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Scope Limit
1. Medically necessary services for speech, hearing & language disorder are limited to patients who are expected to improve in a reasonable period of time with therapy.
2. Services for speech, hearing & language disorder are only provided if rehabilitative.
3. Provider qualifications meet the federal requirements under 42 C.F.R. 440.110.

Benefit Provided: Habilitative services

Source: Secretary-Approved Other

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit:

The following habilitative services are to develop or improve a skill or function not maximally learned or acquired by an individual due to a disabling condition: 1. P.T.; 2) O.T.; and 3) S.T.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Cost Not Otherwise Matchable (CNOM) authority as described in the 1115 demonstration waiver is technically the authorization and the source of the habiliative services provided for the Alternative Benefits Plan.

Alternative Benefit Plan

Benefit Provided: Nursing facility services

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: 120 days

Duration Limit: Per year

Scope Limit: Authorization by the Department's medical consultant is required for level of care and admission to a nursing facility.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Home hlth svs (refer below for full benefit name)

Source: State Plan 1905(a)

Remove

Authorization: Authorization required in excess of limitation

Provider Qualifications: Medicaid State Plan

Amount Limit: $50.00 per item

Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medical supplies, equipment and appliances suitable for use in the home require prior authorization by the department when the cost exceed $50.00 per item.

Benefit Name: Home health services - Medical supplies, equipment and appliances suitable for use in the home

Benefit Provided: Prosthetic devices

Source: State Plan 1905(a)

Authorization: Authorization required in excess of limitation

Provider Qualifications: Medicaid State Plan

Amount Limit: $50.00 per item

Duration Limit: No limitations.

Alternative Benefit Plan

Scope Limit:

No limitations

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prosthetic devices require prior authorization when the cost of purchase, repair or manufacture exceeds $50.00 per item.

Add

Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Other laboratory and x-ray svcs - Lab work

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization is required for the following:
1. Reference lab tests that cannot be done in Hawaii and not specifically billable by clinical labs in Hawaii;
2. Disease specific new technology lab tests; and
3. Chromosomal analysis.

Add

Alternative Benefit Plan

Essential Health Benefit 9: Preventive and wellness services and chronic disease management — Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided: Smoking cessation counseling (OLP)

Source: State Plan 1905(a)

Remove

Authorization: Authorization required in excess of limitation

Provider Qualifications: Medicaid State Plan

Amount Limit: Refer to the box below for "Amount Limit".

Duration Limit: Refer to the box below for "Duration Limit".

Scope Limit: Refer to the box below for "Scope Limit".

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Amount and Duration Limits:
Smoking cessation counseling and pharmacotherapy shall be consistent with the Treating Tobacco Use and Dependence practice guidelines issued by the Agency for Healthcare Research and Quality. Two quit attempts per benefit period and a minimum of four in person counseling sessions per quit attempt provided by trained and licensed providers practicing within their scope of practice shall constitute each quit attempt. Two effective components of counseling, practical counseling and social support delivered as part of the treatment is emphasized. Settings where services will be delivered are in outpatient hospital/clinics and physician/provider offices. Limits may be exceeded based on medical necessity.

Scope Limit:
1. At least two effective components of counseling, practical counseling and social support delivered as part of the treatment is emphasized.
2. Settings where services will be delivered are in outpatient hospital/clinics and physician/provider offices. Limits may be exceeded based on medical necessity.
3. Smoking cessation counseling services can be provided by the following licensed providers: psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses (APRN), dentist, licensed mental health counselors (MHC) in behavioral health and Certified Tobacco Treatment Specialists under the supervision of a licensed provider and the supervision is within the scope of practice of the licensed practitioner.

Add

Alternative Benefit Plan

Essential Health Benefit 10: Pediatric services including oral and vision care

Collapse All

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
All services under 1905(a) of the Social Security Act are available to EPSDT eligible individuals when medically necessary, even if the services are not covered for adults in the Hawaii State Plan.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add

Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark Collapse All ☐

Alternative Benefit Plan

☒ Base Benchmark Benefits Not Covered due to Substitution or Duplication — Collapse All ☐

Base Benchmark Benefit that was Substituted: Primary Care Visit to Treat an Injury or Illness

Source: Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Primary care visits to treat an injury or illness were bundled, along with specialist visits and mapped to EHB 1 - Ambulatory patient services. Bundled services are duplication of physicians' services, diagnostic services and screening services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted: Specialist Visit

Source: Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Specialist visits were bundled, along with primary care visits to treat an injury or illness and mapped to EHB 1 - Ambulatory patient services. Bundled services are duplication of physicians' services, diagnostic services and screening services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted: Other Practitioner Office Visit

Source: Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Other practitioner office visits are mapped to EHB 1 - Ambulatory patient services. This service is a duplication of other licensed practitioner in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted: Outpatient Facility

Source: Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Outpatient facility is mapped to EHB 1 - Ambulatory patient services. This service is a duplication of outpatient hospital services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted: Outpatient Surgery Physician/Surgical Services

Source: Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Outpatient surgery physician and surgical services were bundled, along with primary care visits to treat an injury or illness and specialist visits and mapped to EHB 1 - Ambulatory patient services. Bundled services are duplication of physicians' services, diagnostic services and screening services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted: Hospice Services

Source: Base Benchmark

Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Hospice services are to mapped to EHB 1 - Ambulatory patient services and EHB 3 - Hospitalization. This service is a duplication of hospice care in the existing state Medicaid plan.

Remove

Base Benchmark Benefit that was Substituted:

Non-Emergency Care When Traveling Outside the U.S.

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Non-emergency care when traveling outside the U.S. is mapped to EHB 1 - Ambulatory patient services. This service is a duplication of physicians' services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Infertility Treatment

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Infertility treatment is mapped to EHB 1 - Ambulatory patient services. Personal care services under the secretary approved authority were used for substitution purposes.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Urgent care centers or facilities were bundled, along with outpatient facility and mapped to EHB 1 - Ambulatory patient services. Bundled services are duplication of physicians' services, other licensed practitioner services and clinic services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Home Health Care Services

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Home health care services - nursing and home health health aide services are mapped to EHB 1 - Ambulatory patient services and Home health care services - physical therapy, occupational therapy or speech pathology and audiology services are mapped to EHB 7 - Rehabilitative and habilitative services and devices. This service is a duplication of home health services in the existing state Medicaid plan.

Base Benchmark Plan: 150 visits per year.

Base Benchmark Benefit that was Substituted:

Emergency Room Services

Source:
Base Benchmark

Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Emergency room services are mapped to EHB 2 - Emergency services. This service is a duplication of other medical services: emergency hospital services in the existing state Medicaid plan.

Remove

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Emergency transportation and ambulance is mapped to EHB 2 - Emergency services. This service is a duplication of other medical services: emergency transportation in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Inpatient hospital services is mapped to EHB 3 - Hospitalization. This service is a duplication of inpatient hospital services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Inpatient Physician and Surgical Services

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Inpatient physician and surgical services is mapped to EHB 3 - Hospitalization. This service is a duplication of inpatient hospital services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Bariatric Surgery

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Bariatric surgery is mapped to EHB 3 - Hospitalization. This service is a duplication of inpatient hospital service in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Skilled Nursing Facility

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Skilled nursing facility is mapped to EHB 7 - Rehabilitative and habilitative services and devices. This service is a duplication of nursing facility services in the existing state Medicaid plan. Base Benchmark Plan: 120 days per year.

Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Prenatal and postnatal care is mapped to EHB 4 - Maternity and newborn care. This service is a duplication of physicians' services, other licensed practitioner services, clinic services, nurse midwife services and nurse practitioner services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Delivery & All Inpatient Svcs for Maternity Care

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Delivery & all inpatient services for maternity care is mapped to EHB 4 - Maternity and newborn care. These services are duplication of inpatient hospital services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Outpatient Services

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Mental and behavioral health outpatient services are mapped to EHB 5 - Mental health and substance use disorder, including behavioral health treatment. These services are a duplication of outpatient hospital services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Inpatient Services

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Mental and behavioral health inpatient services are mapped to EHB 5 - Mental health and substance use disorder, including behavioral health treatment. These services are a duplication of inpatient hospital services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Outpatient Services

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Substance abuse disorder outpatient services are mapped to EHB 5 - Mental health and substance use disorder, including behavioral health treatment. These services are a duplication of outpatient hospital services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Inpatient Services

Source:
Base Benchmark

Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Substance abuse disorder inpatient services are mapped to EHB 5 - Mental health and substance use disorder, including behavioral health treatment. These services are a duplication of inpatient hospital services in the existing state Medicaid plan.

Remove

Base Benchmark Benefit that was Substituted:

Generic Drugs

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Generic drugs are bundled, along with preferred brand drugs, non-preferred brand drugs and specialty drugs and mapped to EHB 6 - Prescription drugs. Bundled services are duplication of prescribed drugs in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Preferred Brand Drugs

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Preferred brand drugs are bundled, along with generic drugs, non-preferred brand drugs and specialty drugs and mapped to EHB 6 - Prescription drugs. Bundled services are duplication of prescribed drugs in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Non-preferred Brand Drugs

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Non-preferred brand drugs are bundled, along with generic drugs, preferred brand drugs and specialty drugs and mapped to EHB 6 - Prescription drugs. Bundled services are duplication of prescribed drugs in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Specialty Drugs

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Specialty drugs are bundled, along with generic drugs, preferred brand drugs and non-preferred brand drugs and mapped to EHB 6 - Prescription drugs. Bundled services are duplication of prescribed drugs in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services

Source:
Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Outpatient rehabilitation services are mapped to EHB 7 - Rehabilitative and habilitative

services and devices. These services are duplication of physical therapy, occupational therapy and services for individuals with speech, hearing, and language disorders in the existing state Medicaid plan.

Remove

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Durable medical equipment is mapped to EHB 7 - Rehabilitative and habilitative services and devices. This benefit is a duplication of home health services - medical supplies, equipment and appliances suitable for use in the home in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Hearing Aids

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Hearing aids are mapped to EHB 7 - Rehabilitative and habilitative services and devices. This benefit is a duplication of home health services - medical supplies, equipment and appliances suitable for use in the home in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Diagnostic Test (X-Ray and Lab Work)

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: X-ray services is mapped to EHB1 - Ambulatory patient services and lab work is mapped to EHB 8 - Laboratory services. This service is a duplication of other laboratory and x-ray services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans, MRIs)

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Imaging is mapped to EHB1 - Ambulatory patient services. This service is a duplication of other laboratory and x-ray services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Preventive Care/Screening Immunization

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Preventive care or screening immunization is mapped to EHB 9 - Preventive and wellness services and chronic disease management. This service is a duplication of preventive services and smoking cessation counseling under other licensed practitioners in the existing state Medicaid plan.

Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Routine Eye Exam for Children

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Routine eye exams for children is mapped to mapped to EHB 10 - Pediatric services including dental and vision care. This service is a duplication of EPSDT in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Eye Glasses for Children

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Eye glasses for children is mapped to EHB 10 - Pediatric services including dental and vision care. This service is a duplication of EPSDT in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Dental Check-Up for Children

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Dental check-ups for children is mapped to EHB 10 - Pediatric services including dental and vision care. This service is a duplication of EPSDT in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Reconstructive Surgery

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Reconstructive surgery is mapped to EHB 3 - Hospitalization. This service is a duplication of of inpatient hospital services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Cochlear Implants

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Cochlear implants is mapped to EHB 7 - Rehabilitative and habilitative services and devices. This service is a duplication of services for individuals with speech, hearing and language disorders in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Transplant

Source:
Base Benchmark

Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Transplant mapped to EHB 3 - Hospitalization. This service is a duplication of inpatient hospital services in the existing Medicaid plan.

Remove

Base Benchmark Benefit that was Substituted:

Prostate Cancer Screening

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Prostate cancer screening is mapped to EHB 9 - Preventive and wellness services and chronic disease management. This service is a duplication of preventive services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Diagnostic Test - Allergy Testing

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Allergy testing is mapped to EHB 1- Ambulatory patient services. This service is a duplication of diagnostic services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Other - Allergy Injection

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Allergy injections are mapped to EHB 1 - Ambulatory patient services. These services are are duplication of physician services, other licensed practitioner services and nurse practitioner services in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

DME - Orthotics and External Prosthetics

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Orthotics and External Prosthetics are mapped to EHB 7 - Rehabilitative and habilitative services and devices. Theses benefits are duplication of home health services - medical supplies, equipment and appliances suitable for use in the home and prosthetic devices in the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Other - Blood and blood products

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Blood and blood products are mapped to EHB 1 - Ambulatory patient services. This benefit is a duplication of outpatient hospital services in the existing Medicaid plan.

Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:
Other - Voluntary Sterilization

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Voluntary sterilization is mapped to EHB 1 - Ambulatory patient services. Personal care services under a secretary approved authority were used for substitution purposes.

Base Benchmark Benefit that was Substituted:
Other - Chemotherapy and Radiation Therapy

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Chemotherapy and radiation therapy is mapped to EHB 1 - Ambulatory patient services. This services is a duplication of outpatient hospital services in the existing Medicaid plan.

Base Benchmark Benefit that was Substituted:
Other - Pulmonary Rehab

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Pulmonary rehab is mapped to EHB 1 - Ambulatory patient services. This service is a duplication of outpatient hospital services in the existing Medicaid plan.

Base Benchmark Benefit that was Substituted:
Other - IV/Infusion therapy and Injectibles

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: IV/infusion therapy and injectibles are mapped to EHB 1 - Ambulatory patient services. These services are duplication of outpatient hospital services in the existing Medicaid plan.

Base Benchmark Benefit that was Substituted:
Other - Hyperbaric Oxygen Therapy

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Hyperbaric oxygen therapy is mapped to EHB 1 - Ambulatory patient services. These services are duplication of outpatient hospital services in the existing Medicaid plan.

Base Benchmark Benefit that was Substituted:
Other - Dialysis and Supplies

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Dialysis and supplies are mapped to EHB 1 - Ambulatory patient services. This benefit is a duplication of outpatient hospital services in the existing Medicaid plan.

Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Other - HIV/AIDS Treatment

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: HIV/AIDS treatments are mapped to EHB 1 - Ambulatory patient services. These services are duplication of outpatient hospital in the existing Medicaid plan.

Base Benchmark Benefit that was Substituted:

Other - Oxygen

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Oxygen is mapped to EHB 7 - Rehabilitative and habilitative services and devices. This benefit is a duplication of home health services - medical supplies, equipment and appliances suitable for use in the home in the existing Medicaid plan.

Base Benchmark Benefit that was Substituted:

Other - Diabetes Education and Counseling

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Diabetes education and counseling is mapped to EHB 9 - Preventive and wellness services and chronic diseases management. This benefit is a duplication of preventive services in the existing Medicaid plan.

Base Benchmark Benefit that was Substituted:

Other - Diagnosis and Treatment of Lymphadema

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Diagnosis and treatment of lymphadema is mapped to EHB 1 - Ambulatory patient services. This service is a duplication of outpatient hospital services in the existing Medicaid plan.

Base Benchmark Benefit that was Substituted:

Other - Coverage for Certain Clinical Trials

Source:
Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Coverage for certain clinical trials are mapped to EHB 1 - Ambulatory patient services. These services are duplication of outpatient hospital, physician services and other licensed practitioners in the existing Medicaid plan.

Base Benchmark Benefit that was Substituted:

Other - Medical Food

Source:
Base Benchmark

Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Medical foods are mapped to EHB 7 - Rehabilitative and habilitative services and devices. This benefit is a duplication of home health services - medical supplies, equipment and appliances suitable for use in the home in the existing Medicaid plan.

Remove

Base Benchmark Benefit that was Substituted:

Termination of Pregnancy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Termination of pregnancy is mapped to EHB 1 - Ambulatory patient services. This benefit is a duplication of outpatient hospital.

Add

Alternative Benefit Plan

☒ Other Base Benchmark Benefits Not Covered

Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Routine Eye Exam (Adult)

Source:
Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

This benefit is not considered an Essential Health Benefit.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Termination of Pregnancy (Non-Hyde)

Source:
Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

This benefit is not authorized under Title XIX of the Act and will not be covered under Medicaid other than when the pregnancy resulted from rape or incest, or in the case where a woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition caused by or arising from the pregnancy, as certified by a physician that would place the woman in danger of death unless an abortion is performed.

Add

Alternative Benefit Plan

☒ Other 1937 Covered Benefits that are not Essential Health Benefits — Collapse All ☐

Other 1937 Benefit Provided: Medical & surgical services furnished by a dentist

Source: Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitaions

Scope Limit: Refer to the box below for "Scope Limit".

Other:

Scope Limit:
1. Medical and surgical services that will be covered 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.
2. Additional non-covered services may be covered as determined medically necessary by the department.

Other 1937 Benefit Provided: Other licensed practitioners - Optometrists' svc

Source: Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization: Authorization required in excess of limitation

Provider Qualifications: Medicaid State Plan

Amount Limit: One routine eye exams

Duration Limit: Every two years

Scope Limit: Refer to the box below for "Scope Limit".

Other:

Scope Limit:
1. Visit done more frequently may be prior authorized and covered when medically necessary. Emergency eye care shall be covered without prior authorization.
2. Approval required for contact lenses, subnormal visual aids costing more than $50.00 and to replace glasses or contacts within two years. Medical justification required for bifocal lenses.

Other 1937 Benefit Provided: Rural health clinic

Source: Section 1937 Coverage Option Benchmark Benefit Package

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: Refer below for "Amount Limit".

Duration Limit: Refer below for "Duration Limit".

Alternative Benefit Plan

Scope Limit:

Refer below for "Scope Limit".

Remove

Other:

Amount, Duration and Scope Limit:
1. Rural health clinic services are congruent with the general scope and limitations to services of Hawaii's Medicaid program.
2. Rural health clinic services shall be delivered exclusively by the following health care professionals who are licensed by, and a resident of, the State of Hawaii:
a. Physician (Doctor of Medicine, Doctor of Osteopathy, Doctor of Dentistry, Doctor of Optometry and Doctor of Podiatry).
b. Physician Assistant.
c. Nurse Practitioner.
d. Nurse Midwife.
e. Visiting Nurse.
f. Clinical Social Worker.
g. Clinical Psychologist.
h. Licensed dietitian.

Other 1937 Benefit Provided:

Extended svs for pregnant women - Sixty day period

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Please refer below for "Scope Limit".

Other:

Scope Limit:
1. Pregnancy related and postpartum services for a sixty day period after the pregnancy ends and any remaining days in the month in which the 60th day fall.
2. Extended services to pregnant women includes all major categories of services as long as the services are determined to be medically necessary and related to the pregnancy.

Other 1937 Benefit Provided:

Transportation - Non-emergency

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Alternative Benefit Plan

Scope Limit:

Taxi service to obtain medical services may be authorized by the payment worker if there is not bus system, no mean of transportation, etc.

Remove

Other:

Other 1937 Benefit Provided:

Extended svces for preg women - Med complication

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitation

Scope Limit:

Extended services to pregnant women includes all major categories of services as long as the services are determined to be medically necessary and related to the pregnancy.

Other:

Other 1937 Benefit Provided:

Physician services - Routine Eye Exam (Adult)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Other 1937 Benefit Provided:

Nursing facility services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Alternative Benefit Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Remove

Scope Limit:
No limitations

Other:

Other 1937 Benefit Provided:
Case Management Services - Dual Diagnosis

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
Case management is to support, coordinate, link, monitor and review services and resources. Case management will assist eligible individuals under the plan in gaining access to needed medical, social, education and other services.

Other:
This target group is defined along three dimensions:
1. Diagnosis;
2. Level of disability which is likely to continue indefinitely;
3. Impaired role functioning which result in substantial functional limitations in three or more of the following areas of major life activity; self care, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and reflect the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services which are of lifelong or of extended duration and are individually planned and coordinated.

Other 1937 Benefit Provided:
Case Management Services-DD/IID

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
Case management is to support, coordinate, link, monitor and review services and resources. Case management will assist eligible individuals under the plan in gaining access to needed medical, social, education and other services.

Alternative Benefit Plan

Other:

Remove

Other 1937 Benefit Provided:
Case Management Services-Medically Fragile

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
Medically fragile case management means services which will assist a medically fragile individual eligible for medical assistance in gaining access to needed medical, social, educational and other services.

Other:

Other 1937 Benefit Provided:
Intermediate care facility services for the IID

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
Authorization by the department's medical consultant for the recommended level of care required.

Other:

Other 1937 Benefit Provided:
Federally Qualified Health Center

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
Refer below for "Amount Limit".

Duration Limit:
Refer below for "Duration Limit".

Alternative Benefit Plan

Scope Limit:

Refer below for "Scope Limit".

Remove

Other:

Amount, Duration and Scope Limit:
1. Rural health clinic services are congruent with the general scope and limitations to services of Hawaii's Medicaid program.
2. Rural health clinic services shall be delivered exclusively by the following health care professionals who are licensed by, and a resident of, the State of Hawaii:
a. Physician (Doctor of Medicine, Doctor of Osteopathy, Doctor of Dentistry, Doctor of Optometry and Doctor of Podiatry).
b. Physician Assistant.
c. Nurse Practitioner.
d. Nurse Midwife.
e. Visiting Nurse.
f. Clinical Social Worker.
g. Clinical Psychologist.
h. Licensed dietitian.

Other 1937 Benefit Provided:

Family planning services and supplies

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Refer to the box below for "Scope Limit".

Other:

Scope Limit:
1. Hysterectomies are not covered when performed solely to render the person incapable of reproducing.
2. Sterilizations are not authorized for any person under age twenty-one years; institutionalized; or mentally incompetent. Informed consent shall be obtained prior to a sterilization procedure.

Other 1937 Benefit Provided:

Other licensed practitioners (OLP) - Podiatry svcs

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Alternative Benefit Plan

Other:

Hospital inpatient services and appliances costing more than $100.00 require prior authorization by the department.

Remove

Other 1937 Benefit Provided:

OLP- Psychologists' and Pharmacy Services (svcs)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Refer to the box for "Amount Limit".

Duration Limit:

Refer to the box for "Duration Limit".

Scope Limit:

No limitations

Other:

Psychologist Services Amount and Duration Limits:
Testing is limited to a maximum of four hours once every twelve months or to six hours, if a comprehensive test is justified.
Prior authorization is required for all psychological testing except for tests that are requested by the department's professional staff.

Pharmacy Services that includes services of a licensed pharmacist within their scope of practice according to state law.

Other 1937 Benefit Provided:

Dental Services - Emergency Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations.

Duration Limit:

No limitations.

Scope Limit:

Emergency treatment shall include the following services:
1. Relief of dental pain.
2. Elimination of infections.
3. Treatment of acute injuries to the teeth supporting structures of the orofacial complex.

Other:

Other 1937 Benefit Provided:

Respiratory care services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Alternative Benefit Plan

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Remove

Amount Limit:
No limitations.

Duration Limit:
No limitations.

Scope Limit:
Prior authorization is required by the medical consultant for the provision of respiratory care services for ventilator-dependent individuals.

Other:

Other 1937 Benefit Provided:
Eyeglasses

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Authorization required in excess of limitation

Provider Qualifications:
Medicaid State Plan

Amount Limit:
One glasses or contacts

Duration Limit:
Every two years

Scope Limit:
Refer to the box below for "Scope Limit".

Other:
Scope Limit:
The following limitation apply:
1. Medical justification required for bifocal lenses.
2. Trifocal lenses are covered only for those currently wearing these lenses satisfactorily and for specific job requirements.
3. Bilateral plano glasses covered as safety glasses for person with one remaining eye.
4. Individuals with presbyopia who require no or minimal distance correction shall be fitted with ready made half glasses instead of bifocals.
5. Approval required when costing more than $50.00.

Other 1937 Benefit Provided:
Community Mental Health Rehab - Crisis Management

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
Refer below for "Scope Limit".

Other:

Scope Limit:
1. Services will be available to recipients determined to need mental health and/or drug abuse/alcohol services.
2. 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.
3. Services may be provided in the consumer's home or natural environment setting. Thus, crisis management services may be provided in the home, school, work environment or other community setting as well as in a health care setting.
4. Services are provided through JCAHO, CARF or COA accredited agencies.
5. Services must be provided by qualified mental health professionals.
6. Services provided by staff other than a qualified mental health professional, the must be supervised at a minimum by a qualified mental health professional.
7. Services will not be covered in an Institution for Mental Disease.

Other information:
1. Services provided must be part of the recipient's plan of care developed with the participation of a licensed psychiatrist or psychologist.

Remove

Other 1937 Benefit Provided:

Community Mental Health Rehab - Crisis Residential

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Refer below for "Scope Limit".

Other:

Scope Limit:
1. Services will be available to recipients determined to need mental health and/or drug abuse/alcohol services.
2. 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.
3. Services are provided in a licensed residential program, licensed therapeutic group home or foster home setting.
4. Services do not include payment of room and board.
5. Services must be provided by qualified mental health professionals.
6. Services provided by staff other than a qualified mental health professional, the must be supervised at a minimum by a qualified mental health professional.
7. Services will not be covered in an Institution for Mental Disease (IMD).

Other information:
Services provided must be part of the recipient's plan of care developed with the participation of a licensed psychiatrist or psychologist.

Alternative Benefit Plan

Other 1937 Benefit Provided:

Community Mental Health Rehab - Biopsychosocial

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Refer below for "Scope Limit".

Other:

Scope Limit:
1. Services will be available to recipients determined to need mental health and/or drug abuse/alcohol services.
2. 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.
3. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of a national accreditation organization (JCAHO, CARF or COA).
4. Services must be provided by qualified mental health professionals.
5. Services provided by staff other than a qualified mental health professional, the must be supervised at a minimum by a qualified mental health professional.
6. Services will not be covered in an Institution for Mental Disease.

Other information:
Services provided must be part of the recipient's plan of care developed with the participation of a licensed psychiatrist or psychologist.

Other 1937 Benefit Provided:

Community Mental Health Rehab - Intensive Family

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Refer below for "Scope Limit".

Other:

Scope Limit:
1. Services will be available to recipients determined to need mental health and/or drug abuse/alcohol services.
2. 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.

3. Services are directed toward the identified individual within the family.
4. Services can be provided in-home, school or other natural environment.
5. Services are provided by a multidisciplinary team comprised of qualified mental health professionals.
6. Services provided by staff other than a qualified mental health professional, the must be supervised at a minimum by a qualified mental health professional.
7. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of a national accreditation organization (JCAHO, CARF or COA).
8. Services will not be covered in an Institution for Mental Disease.

Other information:
Services provided must be part of the recipient's plan of care developed with the participation of a licensed psychiatrist or psychologist.

Remove

Other 1937 Benefit Provided:

Community Mental Health Rehab - Therapeutic Living

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Refer below for "Scope Limit".

Other:

Amount Limit:
1. Group living arrangements usually provide services for three to six individuals per home but not more than fifteen.
2. Therapeutic foster home provide services for a maximum of fifteen individuals per home.

Scope Limit:
1. Services will be available to recipients determined to need mental health and/or drug abuse/alcohol services.
2. 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.
3. Only therapeutic services are covered.
4. No reimbursement of room and board charges.
5. Covered therapeutic supports are only available when the recipient resides in a licensed group living arrangement or licensed therapeutic foster home.
6. Recipients must be either a child with serious emotional or behavioral disturbance or the adult with a serious mental illness.
7. Service are provided in a licensed facility and provided by qualified mental health professionals or staff under the supervision of a qualified mental health professional with 24 hour on call covered by a licensed psychiatrist or psychologist.
8. Services will not be covered in an Institution for Mental Disease.

Other information:
1. Services provided must be part of the recipient's plan of care developed with the participation of a

licensed psychiatrist or psychologist.
2. Services provided under this benefit are covered in other settings.

Remove

Other 1937 Benefit Provided:
Community Mental Health Rehab - Intensive OP hosp

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
Please refer below for "Amount Limit".

Duration Limit:
Please refer below for "Duration Limit".

Scope Limit:
Please refer below for "Scope Limit".

Other:

Amount and Duration Limits:
Services are available at least twenty hours per week.

Scope Limit:
1. Services will be available to recipients determined to need mental health and/or drug abuse/alcohol services.
2. 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.
3. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of a national accreditation organization (JCAHO, CARF or COA).
4. Services must be provided by qualified mental health professionals.
5. Services provided by staff other than a qualified mental health professional, the must be supervised at a minimum by a qualified mental health professional.
6. Services must be provided in the outpatient are or clinic of a licensed JCAHO certified hospital or other licensed facility that is Medicare certified for coverage of partial hospitalization/day treatment.
7. These services area not provided to recipients in the inpatient hospital setting in and do not include acute inpatient hospital stays.

Other information:
Services provided must be part of the recipient's plan of care developed with the participation of a licensed psychiatrist or psychologist.

Other 1937 Benefit Provided:
Community Mental Health Rehab - Assertive Comm

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Alternative Benefit Plan

Scope Limit:

Refer below for "Scope Limit".

Remove

Other:

Scope Limit:
1. Services will be available to recipients determined to need mental health and/or drug abuse/alcohol services.
2. 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.
3. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of a national accreditation organization (JCAHO, CARF or COA).
4. Services must be provided by qualified mental health professionals.
5. Services provided by staff other than a qualified mental health professional, the must be supervised at a minimum by a qualified mental health professional.
6. Reimbursement for case management as a separate service is not allowed.
7. Reimbursement for biopsychosocial rehabilitation as a separate service is not allowed.
8. Services will not be covered in an Institution for Mental Disease.

Other information:
Services provided must be part of the recipient's plan of care developed with the participation of a licensed psychiatrist or psychologist.

Other 1937 Benefit Provided:

Community Mental Health Rehab - Peer support svcs

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Refer below for "Scope Limit".

Other:

Scope Limit:
Peer support services may be provided by a peer specialist certified by the State Department of Health, Adult Mental Health Division (AMHD) as part of their Hawaii certified peer specialist program or a program that meets the criteria established by the AMHD.

Other information:
1. Peer support services are provided without limits on the number of visits when medically necessary; prior authorization is required, and monthly assessments are performed to ensure that benefits are medically necessary.
2. Peer support providers are self-identified consumers who are in recovery from mental illness and/or substance use disorders. Peer support providers meet the following minimum requirements for supervision, care coordination and training: 1) Supervision is provided by a mental health professional (as defined by the State); 2) Peer support services are coordinated within the context of a comprehensive, individualized plan of care that reflects the needs and preferences of the participant in achieving the specific,

individualized goals that have measurable results and are specified in the service plan; 3) Training and Credentialing: Peer support providers must complete training and certification as defined by the State. The peer must demonstrate the ability to support the recovery of others from mental illness and or substance use disorders. Peer support providers must complete ongoing continuing educational requirements.

Remove

Add

Alternative Benefit Plan

☐ Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All ☐

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