DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

December 29, 2022

Judy Mohr Peterson, PhD
Med-QUEST Division Administrator
Office of the Director
Department of Human Services
PO Box 339
Honolulu, HI 96809-0339

Re: Hawaii State Plan Amendment (SPA) 22-0005

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0005. This amendment updates the Alternative Benefit Plan (ABP) pages to align with the addition of the mandatory benefit that covers routine patient costs associated with participation in qualifying clinical trials approved in SPA 22-0004.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Hawaii Medicaid SPA 22-0005 was approved on December 29, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Brian Zolynas at (415) 744-3601 or via email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

Digitally signed by James G. Scott -S
Date: 2022.12.29 12:17:54 -06'00'

James G. Scott, Director
Division of Program Operations

cc: Cori Kekina
Edie Mayeshiro
Jodeen Wai

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Hawaii**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

HI-22-0005

Proposed Effective Date

01/01/2022 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

Section 210 of the Consolidated Appropriations Act (CAA)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2022	$ 0.00
Second Year	2023	$ 0.00

Subject of Amendment

Consolidated Appropriations Act (CAA) adds a new mandatory benefit that covers routine patient costs associated with participation in qualifying clinical trials.

Governor's Office Review

- ○ **Governor's office reported no comment**
- ○ **Comments of Governor's office received**

  Describe:

- ○ **No reply received within 45 days of submittal**
- ◉ **Other, as specified**

  Describe:

  Hawaii allows for the Medicaid Director to review and authorize under current Governor.

Signature of State Agency Official

Submitted By:	**Jodeen Wai**
Last Revision Date:	**Dec 23, 2022**
Submit Date:	**Mar 30, 2022**

Alternative Benefit Plan

State Name: Hawaii Attachment 3.1-L- OMB Control Number: 0938-1148

Transmittal Number: HI - 22 - 0005

Alternative Benefit Plan Populations — ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name: Adult group under Section 1902(a)(10)(A)(i)(VIII) of the Act

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
Add	Adult Group	Mandatory	Remove

Enrollment is available for all individuals in these eligibility group(s). Yes

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory. Yes

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119

Alternative Benefit Plan

State Name: Hawaii | Attachment 3.1-L- | OMB Control Number: 0938-1148

Transmittal Number: HI - 22 - 0005

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	**ABP2a**
The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.	Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

All Hawaii state medicaid plan services are included in the ABP. However, habilitation services, which are Essential Health Benefits (EHB) that are a required part of the ABP, are not a part of the traditional state Medicaid plan. In order to ensure that benefits are aligned across all populations, habilitation are provided through 1115(a)(2) authorities as costs not otherwise matchable.

PRA Disclosure Statement

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V.20160722

Alternative Benefit Plan

State Name: Hawaii Attachment 3.1-L- OMB Control Number: 0938-1148

Transmittal Number: HI - 22 - 0005

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3

Select one of the following:

- ○ The state/territory is amending one existing benefit package for the population defined in Section 1.
- ◉ The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package: Hawaii Alternative Benefits Health Plan

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- ◉ Benchmark Benefit Package.
- ○ Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- ○ The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- ○ State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- ○ A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- ◉ Secretary-Approved Coverage.
  - ◉ The state/territory offers benefits based on the approved state plan.
  - ○ The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
    - ◉ The state/territory offers the benefits provided in the approved state plan.
    - ○ Benefits include all those provided in the approved state plan plus additional benefits.
    - ○ Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
    - ○ The state/territory offers only a partial list of benefits provided in the approved state plan.
    - ○ The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

Benefits in the Alternative Benefit Plan are the same as offered in the Hawaii Medicaid state plan with the following exception: habilitative services under the Cost Not Otherwise Matchable (CNOM) authority as described in the 1115 demonstration waiver is technically the authorization and source.

Selection of Base Benchmark Plan

Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option. No

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- (●) Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- ( ) Any of the largest three state employee health benefit plans by enrollment.
- ( ) Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- ( ) Largest insured commercial non-Medicaid HMO.

Plan name: HMSA Preferred Provider Plan 2014

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan with the exception of the habilitative services under the Cost Not Otherwise Matchable (CNOM) authority as described in the 1115 demonstration waiver is technically the authorization and source.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722

Alternative Benefit Plan

State Name: Hawaii Attachment 3.1-L- [ ] OMB Control Number: 0938-1148

Transmittal Number: HI - 22 - 0005

Alternative Benefit Plan Cost-Sharing ABP4

☑ Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A. No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722

Alternative Benefit Plan

State Name: Hawaii Attachment 3.1-L- [ ] OMB Control Number: 0938-1148

Transmittal Number: HI - 22 - 0005

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

☑ 1. Essential Health Benefit: 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)
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: Physician services do not extend to procedures or services considered to be experimental or unproven as determined by Medicare.

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

Remove

Benefit Provided:
Home health services - Nursing 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:
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.

Remove

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)

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.

Remove

Benefit Provided: Diagnostic services

Source: State Plan 1905(a)

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.

Remove

Benefit Provided: Screening services

Source: State Plan 1905(a)

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)

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:

Alternative Benefit Plan

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 licensed Psychologist 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 SAT services are psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses (APRN), marriage and family therapists (MFT), and licensed mental health counselors (MHC), in behavioral health. Settings where services will be delivered are in outpatient hospitals/clinics including methadone clinics, and physician/provider offices.

Only professional fees are paid when services are provided in an outpatient or clinic setting and are paid at or below the Medicare fee schedule rate.

SAT services that are medically necessary shall be provided with no limits on the number of visits in accordance with the parity law. SAT services that are medically necessary shall be reimbursed with the existing approved Medicaid fee Schedule or PPS methodology.

2) Services provided by a licensed Pharmacist within their scope of practice according to state law.

Effective 10/01/2021

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

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Other

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:
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

☑ 2. Essential Health Benefit: 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

☑ 3. Essential Health Benefit: 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

☑ 4. Essential Health Benefit: 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 limitationss
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)
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: 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:

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

Remove

Benefit Provided:
Other licensed practitioners - Maternity Care

Source:
State Plan 1905(a)

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:

Remove

Benefit Provided:
Nurse practitioners' - Maternity Care

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.

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

Remove

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".

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

Collapse All ☐

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

☑ The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Remove

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

Source: State Plan 1905(a)

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:

Remove

Benefit Provided: OP hospital svcs - Substance Abuse Disorder OP

Source: State Plan 1905(a)

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:

Remove

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

Alternative Benefit Plan

Scope Limit:

Inpatient hospital services for mental or behavioral health 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:

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

■ 6. Essential Health Benefit: Prescription drugs

☑ The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed 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

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

☑ The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Remove

Benefit Provided: Home health services - Physical therapy

Source: State Plan 1905(a)

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.

Remove

Benefit Provided: Home health services - Occupational therapy

Source: State Plan 1905(a)

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)

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 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)

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 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.

Remove

Benefit Provided:

Speech/hearing/language therapy

Source:

State Plan 1905(a)

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.

Remove

Benefit Provided:

Habilitative services

Source:

Secretary-Approved Other

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

Remove

Benefit Provided: Nursing facility services

Source: State Plan 1905(a)

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:

Remove

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

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

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

Remove

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.

Scope Limit: No limitations

Alternative Benefit Plan

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

☑ 8. Essential Health Benefit: 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

■ 9. Essential Health Benefit: 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

☑ 10. Essential Health Benefit: Pediatric services including oral and vision care — Collapse All ☐

Remove

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:
State Plan 1905(a)

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

☐ 11. Other Covered Benefits from Base Benchmark Collapse All ☐

Alternative Benefit Plan

☒ 12. 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
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: 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.

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:	Source:	
Emergency Room Services	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 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.

Base Benchmark Benefit that was Substituted:	Source:	
Emergency Transportation/Ambulance	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:	Source:	
Inpatient Hospital Services	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:	Source:	
Inpatient Physician and Surgical Services	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:	Source:	
Bariatric Surgery	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:	Source:	
Skilled Nursing Facility	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.

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

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 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: 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

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 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.

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.

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

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.

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:	Source:	
Other - Hyperbaric Oxygen Therapy	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:	Source:	
Other - Dialysis and Supplies	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.

Base Benchmark Benefit that was Substituted:	Source:	
Other - HIV/AIDS Treatment	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:	Source:	
Other - Oxygen	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:	Source:	
Other - Diabetes Education and Counseling	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:	Source:	
Other - Diagnosis and Treatment of Lymphadema	Base Benchmark	Remove

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: 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

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: 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.

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

☒ 13. 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

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

Remove

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

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:
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.

Remove

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

Source:
Section 1937 Coverage Option Benchmark Benefit Package

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.

Remove

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".

Scope Limit:

Refer below for "Scope Limit".

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

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

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.

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 limitations

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

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

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

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:

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

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit:
Refer below for "Amount Limit".

Duration Limit:
Refer below for "Duration Limit".

Scope Limit:
Refer below for "Scope Limit".

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.

Remove

Other 1937 Benefit Provided:
Family planning services and supplies

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:
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.

Remove

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

Other:

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

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

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

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

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 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.

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.

Remove

Other 1937 Benefit Provided:
Community Mental Health Rehab - Biopsychosocial

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. 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.

Remove

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.

Other 1937 Benefit Provided:
Community Mental Health Rehab - Therapeutic Living

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:

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.

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

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. 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

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:
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.

Other 1937 Benefit Provided:
Routine Patient Cost in Qualifying Clinical Trials

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 prior authorization required. Refer below for "Scope Limit".

Other:

Hawaii covers the following:

Routine Patient Cost – Section 1905(gg)(1)
Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)
A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)
A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

Add

☐ 15. 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 ☐

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20190808

Alternative Benefit Plan

State Name: Hawaii Attachment 3.1-L- OMB Control Number: 0938-1148

Transmittal Number: HI - 22 - 0005

Benefits Assurances — ABP7

EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age. Yes

☑ The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

☑ The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

- (●) Through an Alternative Benefit Plan.
- ( ) Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional):

Prescription Drug Coverage Assurances

☑ The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

☑ The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

☑ The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

☑ The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances

☑ The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

☑ The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

- ☑ The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- ☑ The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- ☑ The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- ☑ The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- ☑ The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- ☑ The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits 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).

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V.20160722

Alternative Benefit Plan

State Name: Hawaii Attachment 3.1-L- [ ] OMB Control Number: 0938-1148

Transmittal Number: HI - 22 - 0005

Service Delivery Systems — ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- [x] Managed care.
  - [x] Managed Care Organizations (MCO).
  - [ ] Prepaid Inpatient Health Plans (PIHP).
  - [ ] Prepaid Ambulatory Health Plans (PAHP).
  - [ ] Primary Care Case Management (PCCM).
- [x] Fee-for-service.
- [ ] Other service delivery system.

Managed Care Options

Managed Care Assurance

- [x] The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

No separate implementation plan will required for the initiation of ABP under managed care as it will be subsumed under member, provider and other stakeholder outreach efforts.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program. Yes

The managed care program is operating under (select one):

- ○ Section 1915(a) voluntary managed care program.
- ○ Section 1915(b) managed care waiver.
- ○ Section 1932(a) mandatory managed care state plan amendment.
- ◉ Section 1115 demonstration.
- ○ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS: Sep 24, 2013

Describe program below:

QUEST Integration is a continuation and expansion of the state's ongoing demonstration, which is funded through Title XIX, Title XXI and the state. QUEST Integration used capitated managed care as a delivery system. QUEST Integration provides Medicaid State Plan benefits and additional benefits (including institutional and home community-based long-term services and supports) based on medical necessity and clinical criteria to beneficiaries eligible under the state plan and to the demonstration populations. During the period between approval and implementation of the QUEST Integration managed care contract the state will continue operations under its QUEST Integration Program.

Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- (●) Traditional state-managed fee-for-service
- ( ) Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

The fee-for-service program is a component within the state medical assistance program which reimburses providers for medical services.

An individual eligible for fee-for-service coverage under the medical assistance program includes:

(1) A child in receipt of foster care, kinship guardianship or adoption assistance, under age twenty-one who is a resident of the State, and placed in another state;
(2) A non-citizen ineligible for Medicaid assistance who receives emergency medical services;
(3) An individual who enters the State of Hawaii Organ and Tissue Transplant (SHOTT) program;
(4) An incarcerated individual who is admitted as an inpatient in a medical institution not on the grounds of the incarceration facility;
(5) An individual who receives a determination of eligibility on or after the start date of a new health plan contract period that is retroactive to a date prior to the state of the new health plan contract period with incurred services during the period from the effective date of coverage up to the state date of the new health plan contract period; or
(6) A medically needy individual who is not aged, blind or disabled.

Furthermore, while enrolled in a participating health plan, an individual is excluded from the fee-for-service program, except for the following additional services that may be provided on a fee-for-service basis, subject to approval by the department;
(1) ICF-ID institutional services;
(2) School-based health related services;
(3) Early intervention program services;
(4) Specialized behavioral health services;
(5) Abortion services under the Hyde amendment; and
(6) Dental services.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

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V.20181119

Alternative Benefit Plan

State Name: Hawaii Attachment 3.1-L- OMB Control Number: 0938-1148

Transmittal Number: HI - 22 - 0005

Employer Sponsored Insurance and Payment of Premiums	ABP9
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.	No
The state/territory otherwise provides for payment of premiums.	No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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V.20160722

Alternative Benefit Plan

State Name: Hawaii Attachment 3.1-L- [ ] OMB Control Number: 0938-1148

Transmittal Number: HI - 22 - 0005

General Assurances — ABP10

Economy and Efficiency of Plans

☑ The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services. Yes

Compliance with the Law

☑ The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.

☑ The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).

☑ The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

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Alternative Benefit Plan

State Name: Hawaii Attachment 3.1-L- [ ] OMB Control Number: 0938-1148

Transmittal Number: HI - 22 - 0005

Payment Methodology	ABP11

Alternative Benefit Plans - Payment Methodologies

☑ The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

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V.20160722