Supplement	to
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Attachment 3.1-A and 3.1-B

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State Plan under Title XIX of the Social Security Ac	State	Plan un	der Title	XIX of	the So	cial Se	curity A	ct
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State/Territory: HAWAII

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

\checkmark	Limitations apply to all services within the benefit category.					
	See Supplement to Attachment 3.1-A and 3.1-B pg. 2.1 (9).					

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Supplement to

Attachment 3.1-A and 3.1-B

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2.	2a
State Plan under Title XIX of the Social Security	Act
State/Territory: HAWAII	
Section 1905(a)(9) Clinic Services	
Types of Clinics and Services:	
[Select all that apply and describe below as applicable]	
Behavioral Health Clinics [Describe the types of behaviora clinics below and select below if applicable.]:	l health
Limitations apply only to this clinic type within the bene [Describe below and indicate if limits may be exceed upon state determined medical necessity criteria.]	9
IHS and Tribal Clinics [Select below if applicable.]:	
Limitations apply only to this clinic type within the benefic describe below and indicate if limits may be exceed state determined medical necessity criteria].	•
PRA Disclosure Statement - This use of this form is mandatory and the information Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Privacy Act of 1974, any personally identifying information obtained will be kep law. An agency may not conduct or sponsor, and a person is not required to responsive unless it displays a currently valid Office of Management and Budget (OMB) continumber for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the requirements under this control number is estimated to take about 25 hours per regarding this burden estimate or any other aspect of this collection of information reducing this burden, to CMS, 7500 Security—Boulevard, Attn: Paperwork Reduct Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.	the Social Security Act. Under of private to the extent of the end to a collection of information rol number. The OMB control e collection of information esponse. Send comments , including suggestions for

TN: 25-0012 Approval Date: Supersedes TN: NEW Effective: 10/01/25

Supplement to

Attachment 3.1-A and 3.1-B

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			State Plan under Title	KIX of the Social Secu	ity Act		
			State/Territory: HAWA	II			
			Section 1905(a	ı)(9) Clinic Services	'		
		Renal	Dialysis Clinics [Select be	elow if applicable.]:			
			Limitations apply only to the [Describe below and indicated determined medicated]	icate if limits may be e			
			Clinics [Describe the type elect below if applicable.	· · · · · · · · · · · · · · · · · · ·	itations ap	oply,	
			Limitations apply only to to [Describe below and indupon state determined research.]	licate if limits may be e	exceeded		
Cer the law unle nun requ	nters for Me Privacy Ac . An agency ess it displanter onber for this uirements u	edicare 8 t of 1974 y may no ays a cu s project under thi	nent - This use of this form is Medicaid Services in impler I, any personally identifying in it conduct or sponsor, and a rrently valid Office of Manage is 0938-1148 (CMS-10398 # is control number is estimated	nenting section §1905(a)(§ Information obtained will be Informat	9) of the Soc e kept private espond to a control num of the collect er response	cial Security Act. e to the extent o collection of info ber. The OMB co tion of informatio . Send comment	Under f the ormation ontrol on ts
redi	ucing this b	urden, t	estimate or any other aspect of CMS, 7500 Security Bould 6-05, Baltimore, Maryland 21	evard, Attn: Paperwork Re			
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Attachment 3.1-A and 3.1-B

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State/Territory: HAWAII

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. [Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]:

√	Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
	Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction or a physician in accordance with 42 C.F.R. 440.90(c).
The state	e elects to cover the following services outside of the clinic [Select all that apply.]:
	Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) [Describe the types of behavioral health clinics such exception applies to below.]:

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Supplement to

Attachment 3.1-A and 3.1-B

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		State Plan u	nder Title XIX	of the Social Secur	ity Act		
		State/Territo	ry: HAWAII				
		Sec	tion 1905(a)(9	Clinic Services			
	rural h C.F.R physic check	nealth clinic (as r . 440.20(b) of th cian in accordan	referenced in so is subpart) by o ce with 42 C.F.	that is located in a re ection §1905(a)(2)(B) clinic personnel unde R. 440.90(e) [Select ne definition of a rul) of the Act and or the direction o t one of the	42 of a	
			•	d by a federal govern Describe below.]:	mental agency	\neg	
			•	e governmental ager y [Describe below.]		 1 	
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Centers for M the Privacy A law. An agen- unless it disp number for th requirements regarding this reducing this	ledicare ct of 197 cy may r blays a c is projec under th burden, burden,	& Medicaid Servion 74, any personally not conduct or spourrently valid Office is 0938-1148 (Conis control number estimate or any control of the stimate or any control of the stimate or any control of the stimate of any control of the stimate or any control of the stimate or any control of the stimate of t	ces in implement identifying informations in a person and a person of Manageme MS-10398 #91). It is estimated to other aspect of the curity Boulevar	ndatory and the informating section §1905(a)(9) mation obtained will be son is not required to rent and Budget (OMB) of Public burden for all otake about 25 hours peris collection of informated, Attn: Paperwork Records	e) of the Social Set kept private to the espond to a collect control number. The of the collection of er response. Sendation, including sugar	ecurity Act. The extent of cition of information The comment of comment of comment of the comment of the comment of comme	Under f the ormatior ontrol in is for
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Supplement to Attachment 3.1-A and 3.1-B 2.2e State Plan under Title XIX of the Social Security Act State/Territory: HAWAII Section 1905(a)(9) Clinic Services The state attests that [Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]:

- The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
 - The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
 - The population experiences issues accessing services due to lack of transportation;
 - The population experiences a historical mistrust of the health care system; and
 - The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. [Describe below.]:				

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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