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

Smoking Cessation and Pharmacotherapy Services are available to the Medicaid “New Adult Group” who are individuals with income below 138 percent of the federal poverty level, ages 19 to 64, who are not pregnant, and not eligible or enrolled in Medicare. The proposed state plan amendment will update the Medicaid Alternative Benefit Package (ABP) health benefits for these individuals by removing smoking cessation and pharmacotherapy limits that currently exist in the state plan consistent with the Treating Tobacco Use and Dependence practice guidelines issued by the Agency for Healthcare Research and Quality.

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

SPA 21-0003 is expected to have minimal effect on annual aggregate expenditures. The proposed change will be submitted for review to the federal government as a Medicaid State Plan Amendment (SPA).

The purpose of SPA 21-0003 is to ease access to smoking cessation services and is expected to have minimal effect on the annual aggregate expenditure’s reimbursement for smoking cessation and pharmacotherapy services. The proposed change will be submitted for review to the federal government as a Medicaid State Plan Amendment (SPA) to be effective January 15, 2021.

For a copy of the proposed changes please contact:

By email: emauricio@dhs.hawaii.gov (Please identify in the subject line: State Plan Amendment 21-0003)

By mail:

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

A printed copy of the proposed changes and special accommodations (i.e., interpreter, large print or taped materials) can be arranged if requested by contacting the Policy and Program Development Office at (808) 692-8058 no later than seven (7) working days before the comment period ends.
Comments should be received within 30 days from the time this notice is posted. Individuals may submit written comments using the following methods:

By email: emauricio@dhs.hawaii.gov (Please identify in the subject line: State Plan Amendment 21-0003)

By mail:

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

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