

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Hawaii

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services
a. Case management services as defined in, and to the group specific in, Supplement 1 to ATTACHMENT 3.1-a (in accordance with section 1905(a)(190 or section 1915(g) of the Act).

Provided: With limitations*
 Not provided.

- b. Special tuberculosis (TS) related services under section 1902(x)(2)(F) of the Act.

Provided: With limitations*
 Not provided.

20. Extended services for pregnant women
a. Pregnancy-related and postpartum services for 12 months after the pregnancy ends.

Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

Additional coverage ++

++ Attached is a description of increases in covered services beyond limitation for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment

TN No. 23-0006
Supersedes
TN No. 94-012

Approval Date: _____ Effective Date: 07/01/2023

REDLINE VERSION

[Revision: ~~HCFA-PM 94-7~~ (MB)]
[~~SEPTEMBER 1994~~]

ATTACHMENT 3.1-A
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[OMB No.: ~~0938~~]

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- a. Case management services as defined in, and to the group specific in, Supplement 1 to ATTACHMENT 3.1-a (in accordance with section 1905(a)(190 or section 1915(g) of the Act).
- Provided: With limitations*
 Not provided.
- b. Special tuberculosis (TS) related services under section 1902(x)(2)(F) of the Act.
- Provided: With limitations*
 Not provided.
20. Extended services for pregnant women
- a. Pregnancy-related and postpartum services for [~~a 60-day period~~] 12 months after the pregnancy ends. [~~and any remaining days in the month in which the 60th day fails.~~]
- Additional coverage ++
- b. Services for any other medical conditions that may complicate pregnancy.
- Additional coverage ++

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TN No. 23-0006 [94-012]
Supersedes
TN No. 94-012 [94-011]

Approval Date: [12/13/1994] Effective Date: 07/01/2023 [09/01/1994]

State: Hawaii

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY GROUP(S):

19. Case management services and Tuberculosis related services
a. Case management services as defined in, and to the group specific in, Supplement 1 to ATTACHMENT 3.1-a (in accordance with section 1905(a)(190 or section 1915(g) of the Act).
 Provided: With limitations*
 Not provided.
- b. Special tuberculosis (TS) related services under section 1902(x)(2)(F) of the Act.
 Provided: With limitations*
 Not provided.
20. Extended services for pregnant women
a. Pregnancy-related and postpartum services for 12 months after the pregnancy ends.
 Provided: Additional coverage ++
- b. Services for any other medical conditions that may complicate pregnancy.
 Provided: Additional coverage ++ Not provided.
21. Certified pediatric or family nurse practitioners' services.
 Provided: No limitations With limitations*
 Not provided.

+Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

Refer to Supplement to Attachment 3.1-A and 3.1-B

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Approval Date: _____ Effective Date: 07/01/2023

State: Hawaii
AMOUNT, DURATION, AND SCOPE OF MEDICAL
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 - a. Case management services as defined in, and to the group specific in, Supplement 1 to ATTACHMENT 3.1-a (in accordance with section 1905(a)(190 or section 1915(g) of the Act).
 - Provided: With limitations*
 - Not provided.
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 - Provided: With limitations*
 - Not provided.
- 20. Extended services for pregnant women
 - a. Pregnancy-related and postpartum services for [~~a 60-day period~~] 12 months after the pregnancy ends, [~~and any remaining days in the month in which the 60th day fails.~~]
 - Provided: Additional coverage ++
 - b. Services for any other medical conditions that may complicate pregnancy.
 - Provided: Additional coverage ++ Not provided.
- 21. Certified pediatric or family nurse practitioners' services.
 - Provided: No limitations With limitations*
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+Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

Refer to Supplement to Attachment 3.1-A and 3.1-B

++ Attached is a description of increases in covered services beyond limitation for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment

SUPPLEMENT to ATTACHMENT 3.1-A and 3.1-B

- 18. Authorization by the Department's medical consultant is required for services during a transitional period.
- 20.a. & b. Extended services to pregnant women, to include the 12 month post partum period, includes all major categories of services provided for the categorically needy beneficiaries, as long as the services are determined to be medically necessary and related to the pregnancy.
- 22. Prior authorization is required by the medical consultant for the provision of respiratory care services for ventilator-dependent individuals.
- 23. Nurse practitioner services shall be limited to the scope of practice a nurse practitioner is legally authorized to perform under State law.
- 24a. Except for emergencies, prior authorization is required for air transportation. Taxi service to obtain medical services may be authorized by the payment worker if there is not bus system, no means of transportation, etc.
- 24d. Must meet the skilled nursing level of care requested by a physician and approved by the department's medical consultant.

TN No. 23-0006
Supersedes
TN No. 11-007

Approval Date: _____ Effective Date: 07/01/2023

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

- 23. Nurse practitioner services shall be limited to the scope of practice a nurse practitioner is legally authorized to perform under State law.

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- 24d. Must meet the skilled nursing level of care requested by a physician and approved by the department's medical consultant.

TN No. 23-0006 [11-007]
Supersedes
TN No. 11-007 [94-010]

Approval Date: _____ Effective Date: 07/01/2023 [01/01/2012]