

**TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY
ACT CHILDREN’S HEALTH INSURANCE PROGRAM**

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: State of Hawaii (Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, **(42 CFR, 457.40(b))**

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children’s Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight

(42 CFR 457.40(c)):

Name: Judy Mohr Peterson, PhD	Position/Title: Med-QUEST Division Administrator
Name:	Position/Title:
Name:	Position/Title:

Disclosure Statement: This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

Effective Date: 01/01/2024

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Approval Date: _____

- 1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. **(42 CFR 457.40(d))**
- 1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. **(42CFR 457.130)**
- 1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA **(42 CFR 457.65)**. A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective date: January 1, 2024

Implementation date: January 1, 2024

Effective Date of State Plan Amendment described in Section 1.1 of this document: No earlier than January 1, 2008.

SPA #24-0004

Purpose of SPA: Allows the State of Hawaii to use administrative funds available under Section 2105(a)(1)(D)(ii) regulations and 42 CFR 457.10 requirements to offer hearing screenings and, as appropriate, hearing exams and referrals for hearing devices.

Proposed effective date: January 1, 2024

Proposed implementation date: January 1, 2024

1.4 – TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

TN No: Approval Date: Effective Date:

Currently, there is no facility that Hawaii is able to solicit advice from under 42 CFR 431.408 (b) requirements. Hawaii is not expected to perform tribal consultation activities per CMS until there is a qualified facility. Therefore, Hawaii will not send for tribal consultation until Indian Health Services contract is renewed.

Section 2. General Background and Description of Approach to Children’s Health Insurance Coverage and Coordination

Section 2.2. Health Services Initiatives – Describe if the State will use the health services initiative option as allowed at 42 CFR § 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii); 42 CFR § 457.10)

Pursuant to Section 2105(a)(1)(D)(ii) of the Social Security Act, Hawaii will use administrative funds to offer a Health Services Initiative (HSI) under this Plan with the goal of improving the health of children, defined as “individual(s) under the age of 19,” per 42 CFR § 457.10. Hawaii assures that it will use no more than 10 percent of the total expenditures under this Plan, as specified in 42 CFR § 457.618, to fund the State’s HSI and other administrative costs. The HSI will not supplant or match CHIP Federal funds with other Federal funds, nor allow other Federal funds to supplant or match CHIP Federal funds.

Additionally, Hawaii assures that reporting metrics designed to evaluate and monitor the effectiveness and outcomes of this HSI initiative will be included in the CHIP Annual Report Template System (CARTS). At a minimum, these metrics will include the percentage of children who received a hearing screening that identified early hearing loss or impairment as well as the percentage of children who received a hearing exam that required hearing devices.

I. Background

The CDC estimates that almost 15 percent of children between the ages of 6-19 experience low or high- frequency hearing loss in one or both ears.ⁱ Hearing loss can happen at any age and can affect a child’s early ability to develop communication, language, and social skills.ⁱⁱ Moreover, hearing loss or difficulties in childhood can have long-term consequences; a CDC longitudinal study found that approximately 40 percent of young adults who experienced hearing loss during childhood reported experiencing at least one limitation in daily functioning in early adulthood.ⁱⁱⁱ To promote development and well-being in the short- and long-term, it is imperative to identify and, as needed, intervene to address hearing loss in children as early as possible.

Given the importance of ensuring access to hearing services for children, Hawaii seeks to use the HSI option to deliver needed hearing services and referrals for hearing devices to low-income children through a targeted, school-based initiative. Hawaii intends to contract with:

- A qualified hearing screening provider to provide hearing screenings onsite at certain Hawaii schools. Hawaii is currently engaged with Project Vision Hawaii, a nonprofit organization and the only mobile health screening program in Hawaii that provides statewide services in medically underserved communities.^{iv}
- A qualified hearing services provider to offer hearing exams and screenings onsite at certain Hawaii schools.

II. Operational Details

The hearing services CHIP HSI will operate as follows.

Process for Identifying and Providing Services to Children in Need of Hearing Devices

- The qualified hearing screening provider and qualified hearing services provider will together serve Hawaii’s low-income children in Title I schools in which at least 51 percent of the student body receives free or reduced price meals (“target schools”). In Hawaii, these schools represent approximately 54 percent of non-charter public schools.^v
- In these schools:
 - The qualified hearing screening provider and qualified hearing services provider will jointly provide children with parent/guardian consent forms that provide information about the services and allow a parent/guardian to opt-out of, or decline, the services. An opt-out consent process is consistent with Hawaii law with respect to these types of services and settings. The school will maintain a list of children whose parents consented to the services.
 - The qualified hearing screening provider will conduct a hearing screening for all participating children to identify which children require a hearing exam and potentially hearing devices.
 - The qualified hearing screening provider will supply the qualified hearing services provider with a list of children who have been identified as needing further hearing services.
 - For children who have been identified as needing services by the hearing screening, the qualified hearing services provider will perform one hearing exam (which could be fitted onsite at the school campus) and, if needed, will coordinate service for hearing devices needed (which could be fitted onsite at the school campus).

Process for Billing and Reimbursement for Services Covered by the CHIP HSI

Hearing Screenings

Collecting insurance information, becoming credentialed as in-network providers, and billing insurers for hearing screenings provided to children in school-based settings poses a substantial administrative burden and diminishes access to hearing services. As such, Hawaii plans to reimburse the qualified hearing screening provider for screening exams provided to children in target schools.

To do so:

- The qualified hearing screening provider will send a monthly invoice to Hawaii’s Medicaid agency, the Med-QUEST Division, that reflects all hearing screening services furnished by the qualified hearing screening provider for children under the age of 19.
- Med-QUEST will reimburse the qualified hearing screening provider using CHIP HSI funding. CHIP HSI funding will be used to reimburse qualified hearing screenings by the provider.

Hearing Exams and Hearing Devices Referral

Because the number of children who receive hearing exams is much lower than the number of children who are screened (approximately 5% of screened children)—and because a higher reimbursement rate is associated with these services—the qualified hearing services provider will conduct a “Medicaid matching” process (described further below) that allows the provider to bill Medicaid managed care plans for the services and equipment provided to children enrolled in Medicaid.

Medicaid Matching Process and Billing Med-QUEST/Managed Care Organization (MCO)s

- The qualified hearing services provider will collect identifying information on all children it serves (including first name, last name and date of birth) from each school it visits. The qualified hearing services provider will then submit this information to a third-party billing service that uses the Hawaii Department of Human Services online state Medicaid portal to identify children who are active in Medicaid and/or enrolled in a Med-QUEST/MCO. For these children, the portal provides a Medicaid identification number and the Med-QUEST/MCO for which they are enrolled.
- The third-party billing service and qualified hearing services provider will use the Medicaid identification number and Med-QUEST/MCO plan information to submit bills directly to the identified MCOs with which it is credentialed. The MCOs will pay the qualified hearing services provider for the services delivered based on negotiated, standard fees. To the extent the qualified hearing services provider is not credentialed with a Medicaid MCO, it will not seek HSI reimbursement for children identified as enrolled in that Medicaid MCO.

HSI Reimbursement

- The qualified hearing services provider will then prepare an invoice describing services (hearing screenings and exams) provided to children under age 19 enrolled in Medicaid, CHIP or private insurance and send the invoice to the appropriate Med-QUEST/MCO.
- Med-QUEST will reimburse the qualified hearing screening provider for the bill using CHIP HSI funding if not covered under Med-QUEST/MCO or private insurance.

Hawaii anticipates that these services will grow over time. Annually, Hawaii expects that the HSI will serve up to approximately 30,000 children who will receive hearing screenings. Approximately 5% of those children will receive hearing exams.

A budget is included in Section 9.10.

9.10. Provide a 1-year projected budget that satisfies requirements under Section 2107(d) of the Social Security Act and 42 CFR § 457.140.

STATE: Hawaii	FFY Budget
Federal Fiscal Year	2024-2025^{vi}
State's enhanced FMAP rate	71.36%^{vii}
Benefit Costs	
Insurance payments	
Managed care	61,000,000
per member/per month rate	141
Fee for Service	8,000,000
Total Benefit Costs	69,000,000
(Offsetting beneficiary cost sharing payments)	2,000,000
Net Benefit Costs	67,000,000
Cost of Proposed SPA Changes – Benefit	
Administration Costs	
Personnel	1,200,000
General administration	1,200,000
Contractors/Brokers	
Claims Processing	
Outreach/marketing costs	
Health Services Initiatives	690,000
Other	
Total Administration Costs	3,090,000
10% Administrative Cap	7,009,000
Cost of Proposed SPA Changes	
Federal Share	50,016,224
State Share	20,073,776
Total Costs of Approved CHIP Plan	70,090,000

**NOTE: Include the costs associated with the current SPA.
The Source of State Share Funds: State General Funds**

ⁱ CDC. "Data and Statistics About Hearing Loss in Children." <https://www.cdc.gov/ncbddd/hearingloss/data.html>

ⁱⁱ CDC. "What is Hearing Loss in Children?" <https://www.cdc.gov/ncbddd/hearingloss/facts.html>

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^{iv} Project Vision Hawaii. <https://www.projectvisionhawaii.org/>

^v Total number of Title I schools in Hawaii in 2022-2023:

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^{vi} The Federal Fiscal Year (FFY) runs from October 1st through September 30th.

^{vii} Kaiser Family Foundation. Enhanced FMAP for CHIP (FY 2023). <https://www.kff.org/other/state-indicator/enhanced-federal-matching-rate-chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

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State's enhanced FMAP rate	71.36%^{vii}
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(Offsetting beneficiary cost sharing payments)	2,000,000
Net Benefit Costs	67,000,000
Cost of Proposed SPA Changes – Benefit	
Administration Costs	
Personnel	1,200,000
General administration	1,200,000
Contractors/Brokers	
Claims Processing	
Outreach/marketing costs	
Health Services Initiatives	690,000
Other	
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10% Administrative Cap	7,009,000
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Total Costs of Approved CHIP Plan	70,090,000

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ⁱ CDC. "Data and Statistics About Hearing Loss in Children." <https://www.cdc.gov/ncbddd/hearingloss/data.html>

ⁱⁱ CDC. "What is Hearing Loss in Children?" <https://www.cdc.gov/ncbddd/hearingloss/facts.html>

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^v Total number of Title I schools in Hawaii in 2022-2023:

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^{vi} The Federal Fiscal Year (FFY) runs from October 1st through September 30th.

^{vii} Kaiser Family Foundation. Enhanced FMAP for CHIP (FY 2023). <https://www.kff.org/other/state-indicator/enhanced-federal-matching-rate->

[chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](https://www.kff.org/other/state-indicator/enhanced-federal-matching-rate-chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)