

State of Hawaii  
Department of Human Services  
MED-QUEST DIVISION

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**MEDICAID STATE PLAN**

**SPA MEMO NO.:** 22-12

**DATE:** 11/04/22

**ORIGINATOR:** POLICY AND PROGRAM DEVELOPMENT OFFICE

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**TO:** Custodian of Med-QUEST Division Medicaid State Plan

**FROM:** Judy Mohr Peterson, PhD *JMP*  
Med-QUEST Division Administrator

**SUBJECT:** APPROVAL OF AMENDMENT UNDER THE MEDICAID STATE PLAN

**EXPLANATION:**

The State of Hawaii received approval from the Centers for Medicare & Medicaid Services for State Plan Amendment (SPA) Number 22-0012.

This amendment restores and expands the basic dental benefit for adults receiving Medicaid benefits. The dental services include preventative, diagnostic and radiology services, endodontic therapy services, restorative services, oral surgery, periodontal therapy services, emergency and palliative treatment and adds additional clarification to prosthodontic services.

**FILING INSTRUCTIONS:**

Review and file the amended Medicaid State Plan pages in your Medicaid State Plan Manual as follows:

Remove Supplement to Attachment 3.1-A and 3.1-B pg. 3-3a and Supplement to Attachment 3.1-A and 3.1-B pg. 3.5.

File new Supplement to Attachment 3.1-A and 3.1-B pg. 3-3a and Supplement to Attachment 3.1-A and 3.1-B pg. 3.5.

The Med-QUEST Division amendment described above has been incorporated into the electronic version of the Medicaid State Plan located at the Department of Human Services (DHS) website link for public transparency below:

<http://humanservices.hawaii.gov/reports/hawaii-medicaid-state-plan/>

## Attachments

- c: Attorney General's Office
- Audit, Quality Control & Research Office/Quality Control Staff
- Clinical Standards Office
- Department of Health/Child & Adolescent Mental Health Division
- Department of Health/State Planning Council Developmental Disabilities
- Department of Health/Developmental Disabilities Division
- Department of Human Services /Adult Protective and Community Services Branch
- Department of Human Services/Policy and Program Development Office
- Eligibility System Project (KOLEA)
- Finance Office
- Hawaii Document Center/HI State Library
- Hawaii Legislative Reference Bureau Library
- Health Care Services Branch
- Legal Aid Society of Hawaii

## **Table of Contents**

**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 22-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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October 28, 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) 22-0012

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0012. This amendment expands adult dental coverage.

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 22-0012 was approved on October 26, 2022, with an effective date of January 1, 2023.

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

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by James  
G. Scott -5  
Date: 2022.10.28 12:23:05  
-05'00'

James G. Scott, Director  
Division of Program Operations

cc: Jodeen Enesa, Med-QUEST  
Cori Kekina, Med-QUEST  
Edie Mayeshiro, Med-QUEST

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 2

2. STATE

HI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §440.100

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 17,128,516  
b. FFY 2024 \$ 17,128,516

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A and 3.1-B pg. 3 to 3b-a  
Supplement to Attachment 3.1-A and 3.1-B pg. 3.5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement to Attachment 3.1-A and 3.1-B pg. 3 to 3b a  
Supplement to Attachment 3.1-A and 3.1-B pg. 3.5

9. SUBJECT OF AMENDMENT

Restoration of Basic Dental Benefit for Adults-Hawaii Legislature has approved funding for expanded adult dental benefits.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Judy Mohr Peterson, PhD

13. TITLE

Med-QUEST Division Administrator

14. DATE SUBMITTED

09/15/2022

15. RETURN TO

State of Hawaii  
Department of Human Services  
Office of Director  
P.O Box 339  
Honolulu, HI 96809-0339

**FOR CMS USE ONLY**

16. DATE RECEIVED

September 15, 2022

17. DATE APPROVED

October 26, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL



Digitally signed by James G. Scott -S  
Date: 2022.10.28 12:26:11 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Box 5: State authorized pen and ink change on 10/24/2022.  
Boxes 7 and 8: State authorized pen and ink change on 10/26/2022.

10. DENTAL SERVICES:

**(A) Dental services for individuals under twenty-one years of age:**

**(1) The following dental services may only be provided based upon medical necessity:**

- (a) Orthodontic services.
- (b) Fixed bridgework.
- (c) Plaque control.
- (d) Tooth preparation, temporary restorations, cement bases, impressions, or local anesthesia.
- (e) X-rays.
- (f) Sealants for occlusal surface of caries free permanent molar teeth.

**(2) Limitations to dental services provided are:**

- (a) Dental work done under intravenous, inhalation or general anesthesia shall be allowed only once per treatment plan and limited to cases of medical necessity.
- (b) Restorative dentistry limited to use of certain materials. Non-duplicated restorative procedures are allowed once per tooth every two years as needed in the treatment of fractured or carious teeth.
- (c) Anterior, molars and premolar root canal shall be covered for a maximum of once per tooth, with authorization, except in cases of poor prognosis possibly due to extensive root decay or bone loss or prior root canal therapy failure.
- (d) Acrylic jackets and acrylic veneer crowns, if authorized, shall be limited to anterior teeth for a maximum of once per tooth.
- (e) Except for emergency treatments, prior authorization is required for certain dental work.

**(3) The above limitations will be exceeded based on a determination of medical necessity under the EPSDT provisions at 1905(r)(5).**

**(4) Any item or service that is considered to be unsafe or experimental is not covered.**

**(B) Individuals age 21 years and older — Dental Services:**

1. **Preventive services:**
  - a. Comprehensive Oral Evaluation - Once every 5 years
  - b. Periodic screening examinations - 2 per year
  - c. Prophylaxis - 2 per year
  - d. Topical fluoride or fluoride varnish -2 per year
  
2. **Diagnostic and radiology services:**
  - a. Bitewing x-rays - 2 per year
  - b. Full series x-rays - 1 every 5 years
  - c. Periapical x-rays
  - d. Biopsy of oral tissue
  
3. **Endodontic therapy services:**
  - a. Root canal therapy on permanent molars
  
4. **Restorative services:**
  - a. Amalgams on primary and permanent posterior teeth.
  - b. Composites on anterior and posterior teeth.
  - c. Pin and/or post reinforcements
  - d. Cast cores
  - e. Recement inlays and crowns
  - f. Stainless steel crowns
  
5. **Oral surgery**
  
6. **Periodontal therapy services:**
  - a. Scaling and root planning – one every 24 months
  
7. **Emergency and palliative treatment which includes services to control bleeding, relieve pain, eliminate acute infection and treatment of injuries to the teeth or supporting structures:**
  - a. Gingivectomy, for gingival hyperplasia
  - b. Other medically necessary emergency dental services

*Procedures needed over the limits stated above may be allowed through a prior authorization process demonstrating medical necessity.*

- (4) The maximum quantity of any medication to be paid equals the larger of a one month supply or one hundred units. The State may implement stricter quantity restrictions to help ensure proper utilization and reduce billing errors.
- (5) In compliance with Section 1927(b)(2) of the Social Security Act, the fiscal agent is engaged to report to each manufacturer not later than sixty days after the end of each calendar quarter and in a form consistent with a standard reporting format established by the Secretary, information on the total number of dosage units of each covered outpatient drug dispensed under the plan during the quarter and shall promptly transmit a copy of such report to the Secretary as instructed by CMS.

12b. Prosthodontic services:

These limits may be exceeded based upon medical necessity.

- a. Complete Upper and Lower Dentures-one every 5 years
- b. Partial Dentures-one every 5 years
  - (i) Partial dentures are limited to fill the space due to the loss of one or more anterior teeth and to fill the space due to the loss of two or more posterior teeth exclusive of third molars.
  - (ii) Temporary dentures allowed only when teeth have been extracted recently with prior authorization and shall be subject to maximum benefits for dentures.
  - (iii) Only one prosthetic appliance in any five-year period is allowed for a maximum of one for each type, partial and full dentures, per arch per beneficiary lifetime. This is allowed only when present and previous dentures cannot be repaired or adjusted.
  - (iv) Dentures relines are limited to once per denture every two years.

12c. Prosthetic devices require prior authorization when the cost of purchase, repair or manufacture exceeds \$50.00.

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**TN No.** 22-0012  
**Supersedes** 12-004      **Approval Date:** 10/26/2022      **Effective Date:** 01/01/2023