

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: HAWAII

Citation

42 CFR
430.10

As a condition for receipt of Federal funds under
title XIX of the Social Security Act, the

DEPARTMENT OF HUMAN SERVICES
(Single State Agency)

submits the following State plan for the medical
assistance program, and hereby agrees to administer
the program in accordance with the provisions of this
State plan, the requirements of titles XI and XIX of
the Act, and all applicable Federal regulations and
other official issuances of the Department.

TN No. 91-17

Supersedes

TN No. 74-12

Approval Date 11/08/91

Effective Date 10/01/91

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

HAWAII

State _____

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Department of HUMAN SERVICES

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN # 91-17

Supersedes

TN # 74-12

Approval Date 11/08/91

Effective Date 10/01/91

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Hawaii

Citation
Intergovernmental
Cooperation Act
of 1968

1.1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

TN # 74-12
Supersedes
TN # _____

Approval Date 2/27/75

Effective Date 1/1/75

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Hawaii

Citation

42 CFR 431.10
AT-79-29

1.1(d) The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.

Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

TN # 74-12
Supersedes
TN # _____

Approval Date 2/27/75 Effective Date 1/1/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Hawaii

Citation
42 CFR 431.10
AT-79-29

- 1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
- (f) All other requirements of 42 CFR 431.10 are met.

TN # 74-12
Supersedes
TN # _____

Approval Date 2-27-75 Effective Date 1/1/75

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Hawaii

Citation
42 CFR 431.11
AT-79-29

1.2 Organization for Administration

(a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.

(b) Within the State agency, the Health

Care Administration Division has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.

(c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.

(d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

[Handwritten signature] Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

86-10 FEB 4 1987 10/1/86
TN # _____
Supersedes _____ Approval Date _____ Effective Date _____
TN # 2/6/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Hawaii

Citation
42 CFR
431.50 (b)
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

TN # 74-9
Supersedes
TN # _____

Approval Date 2/3/75

Effective Date 7/74

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII

1.4 State Medical Care Advisory Committee (42 CFR 431.12(b))

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Advisory Committee in their review of marketing material.

Tribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(l) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Please describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

The State of Hawaii, Department of Human Services, Med-QUEST Division (MQD) engages in consultation with the Urban Indian Organization contractor on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS as described below:

Written Correspondence

A. The State shall solicit consultation, feedback and recommendations on matters related to Medicaid and CHIP programs for State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to Centers of Medicare and Medicaid (CMS) through written correspondence that includes the following:

- (i) The purpose of the new or revised action
- (ii) A copy of the Public Notice
- (iii) A copy of the documents to be submitted to CMS or
- (iv) A summary of the intended action

Contact for consultation shall occur 45 days prior to submission to CMS. The Urban Indian Organization will have 30 days to comment.

In situations that require immediate submission, an expedited process to include notification and a comment period of 14 days shall occur prior to submittal to CMS.

- B. The State shall review the feedback and recommendations received from the Urban Indian Organization and amend the requests to the extent that is practicable and compliant with federal and state regulations.
- C. The State shall continue to engage the Urban Indian Organization to provide additional information through written correspondence, email or face-to-face meetings as appropriate.

TN No. 10-010
Supersedes
TN No. New

Approval Date: MAR 25 2011 Effective Date: December 31, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII

Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

On August 19, 2009, the State of Hawaii, Department of Human Services, Med-QUEST Division (MQD) contacted the Urban Indian Organization to solicit their input in the consultation process required under Section 5006 (e) of the American Recovery and Reinvestment Act.

On September 15, 2009, the State presented a draft of the intended consultation process to the Urban Indian Organization for their review and comment. The Urban Indian Organization informed the State of their acceptance of the proposed consultation process without amendment for immediate implementation.

On December 15 2010, the State contacted the Urban Indian Organization to determine if amendments were necessary to further promote the effectiveness of the process since implementation and was informed that no further changes were necessary. The State is amenable to mutually agreed changes to the adopted consultation process that will promote transparency and partnership for American Indian and Alaska Natives in our community.

TN No. 10-010
Supersedes
TN No. 03-003

Approval Date: MAR 25 2011 Effective Date: December 31, 2010

Revision: HCFA-PM-94-3 (MB)
 APRIL 1994
 State/Territory: HAWAII

Citation

1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 94-016
 Supersedes
 TN No. _____

Approval Date 3/24/95

Effective Date 10/1/94

Revision: HCFA-PM-94-3 (MB)
APRIL 1994
State/Territory: HAWAII

Citation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

State Medicaid Agency

State Public Health Agency

TN No. 94-016

Supersedes

TN No. _____

Approval Date

3/24/95

Effective Date

10/1/94