Medicaid Administration

State Name: Hawaii

OMB Control Number: 0938-1148

Transmittal Number: 16 - __ - 0002

Expiration date: 10/31/2014

State Plan Administration Designation and Authority — A1

42 CFR 431.10

Designation and Authority

State Name: Hawaii

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below 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.

Name of single state agency: Department of Human Services

Type of Agency:

- ○ Title IV-A Agency
- ◉ Health
- ○ Human Resources
- ○ Other

The above named agency 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 as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

Sections 26-14, 346.7, 346.14 of the Hawaii Revised Statutes (HRS)

The single state agency supervises the administration of the state plan by local political subdivisions.

○ Yes ◉ No

☑ The 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 has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

◉ Yes ○ No

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

☒ The Medicaid agency

☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

☒ The Medicaid agency

☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

☐ The Federal agency administering the SSI program

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

☒ Medicaid agency

☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

State Plan Administration
Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Hawaii Department of Human Services is organized to exercise administrative supervision over four programs (Office of Youth Services; Hawaii Public Housing Authority; Hawaii State Commission on the Status of Women; and Commission on Fatherhood); four divisions (Benefit, Employment, and Support Services; Med-QUEST; Social Services; and Vocational Rehabilitation); and support services offices (Administrative Appeals; Audit, Quality Control, and Research; Budget, Planning, and Management; Fiscal Management; Office of Information Technology; and Personnel Office).

ADMINISTRATIVE APPEALS OFFICE: As delegated by the Director, the Administrative Appeals Office (AAO) provides administrative proceedings in conformance with due process and with appropriate rules, regulations, and statutes for declaratory and contested case relief. The AAO also reviews administrative proceedings for adoption, modification or repeal of departmental rules and serves as rules coordinator for the department. Conducts hearings, takes evidence, makes findings of fact and conclusions of law, and renders decisions in any case or controversy within the department's jurisdiction, including administrative fair hearings, Medicaid provider hearings, tax intercept hearings, licensing hearings, and administrative disqualification hearings. AAO issues final hearing decisions on all appeals.

The organization and functions of the Medicaid agency is under the direction of the Department of Human Services Director and Deputy Director. The Medicaid Agency Division Administrator and Assistant Administrator provides overall management and development of the plans, policies, regulations, and procedures of the Department's continuum of quality health care and health insurance programs, including preventive services, acute care services, primary care services and long-term care services. The Division Administrator and Assistant Administrator are responsible to maintain and oversee the following offices and branches in

accordance with federal and/or State requirements to ensure compliance of the medical assistance program and SCHIP as follows:

CLINICAL STANDARDS OFFICE: Establishes statewide clinical standards of care Medical Standards and Protocols for all medical programs and serves as a liaison to the Managed Care Organizations' (MCOs) Medical Directors to review and coordinate the work of the External Quality Review Organizations(EQRO) and Program Improvement Plans (PIPs). The Clinical Standards Office participates in administrative fair hearings, review hearings and court proceedings; analyzes data, evaluates and makes recommendations to the Division Administrator on imposing sanctions and/or paying incentives to MCOs; and manages and monitors the Aid to Disabled Review Committee (ADRC) process.

FINANCE OFFICE: Coordinates, manages and administers the Division's fiscal, contract procurement, financial integrity activities, third party liability, payment error rate measurement (PERM) activities and budget activities. Serves as the Division's principal staff resource on fiscal activities and serves as the Division's representative, liaison, and coordinator in fiscal and financial matters. Develops, implements, and maintains standard accounting procedures in accordance with Federal and/or State accounting policies and procedures. The Finance Office has four sections: Contracts and Procurement; Financial Integrity; Financial Risk and Reimbursement; and Fiscal.

POLICY AND PROGRAM DEVELOPMENT OFFICE: Responsible for providing staff support and assistance to the Division in the development, monitoring and maintenance of program policies as directed by the Department Director and the Division Administrator. Develops procedures including research, preparing state plan amendments, waiver and renewal activities, administrative rule changes and policy directives in accordance with Federal and/or State requirements. Oversees, tracks, reviews and makes recommendations of administrative fair hearing reports on eligibility issues from the Eligibility Branch to ensure proper references to federal/State policies and regulations. Policy and Program Development Office has three sections: Eligibility; Program; and Research.

SYSTEMS OFFICE: Responsible for managing and coordinating the Division's information systems activities. Manages the local and wide area networks, communications equipment, hardware, and software used in the Division; coordinates computer operations; monitors production schedules; and responsible for the Division's information systems help desk and technical issues related to data transmission. Establishes performance standards, user manuals and system related forms; operational guidelines for system enhancement or modifications; standard, management, and ad hoc reports. Monitor the performance of all contractors working on the Division's information systems projects including monitoring Service Level Agreements.
Systems Office has three sections: Operations; Requirements and Monitoring 1 (Eligibility, Enrollment and MCO Subsystems); and Requirements and Monitoring 2 (Claims, Encounter, Provider, and Reference Subsystems).

TRAINING OFFICE: Develops and coordinates training activities and opportunities for the Division staff related to the Department's continuum of quality health care and health insurance programs including preventive services, acute care services, primary care services and long-term care services. Ensures proper training is conducted for eligibility policies, procedures and functions of the eligibility system, including the administrative fair hearing process.

CUSTOMER SERVICES BRANCH: Responsible for the enrollment, disenrollment and registering of eligible populations into the Department's health care delivery programs. Operates an Enrollment Service Section to provide detailed, confidential information on enrollment and eligibility to all authorized parties in accordance with Federal and/or State requirements. Primary responsibility for the transmission and maintenance of data in the Hawaii Prepaid Medicaid Management Information Systems (HPMMIS). Completes the Medicare Buy-In for enabling qualified Medicaid recipients to buy into Federal Medicare Programs. Provides outreach and education services to engage the community and covered populations. Coordinates and monitors activities through contracts and agreements providing choice counselor and ombudsman functions. The Customer Services Branch has three sections: Enrollment Services; Membership File Integrity; Outreach and Education.

ELIGIBILITY BRANCH: Responsible for the statewide eligibility determination process to receive and process applications for preventive services, acute care services, primary care services and long-term care services. Maintain and update approved medical cases, determine continued eligibility by completing annual eligibility review forms, resolve member problems related to medical assistance, process administrative fair hearing branch reports and participates in the hearing process. Investigate and obtain facts regarding suspected fraud. Responsible to log, store, retrieve, maintain closed file records and prepare old records for destruction. Eligibility Branch has five sections: One Oahu Section includes six units; and four Neighbor Island Sections includes five units.

HEALTH CARE SERVICES BRANCH: Executes, administers and manages contracted MCOs and other contracts to deliver

quality health care services. Monitors, evaluates and analyzes all contracts and agreements in accordance to Federal and/or State rules, regulations and laws impacting MCO contracts and other contracts. Maintains an active role in managing and overseeing member and provider relations including the fee-for-service delivery system, the Department's External Quality Review Organization (EQRO). Responsible for performing complex clinical evaluations and performing analysis of utilization data to ensure Medicaid populations' access to services, monitors MCO's call center activities, processes member complaints/grievances, responsible for completing the administrative fair hearing reports for services and provider issues. Health Care Services Branch has three sections: Contract Monitoring and Compliance; Data Analysis and Provider Network; and Quality and Member Relations Improvement.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The State is currently organized with two executive offices, Offices of the Governor and the Lieutenant Governor, and eighteen principal departments. The eighteen principal departments are Accounting and General Services; Attorney General; Budget and Finance; Human Resources Development; Agriculture; Business, Economic Development and Tourism; Commerce and Consumer Affairs; Defense; Hawaiian Homelands; Health; Board of Education; Human Services; Labor and Industrial Relations; Land and Natural Resources; Public Safety; Taxation; Transportation; and the University of Hawaii. Each principal department is under the supervision of the Governor and headed by a single executive, board or commission. Generally, the Governor nominates and appoints department heads with the advice and consent of the Senate. Such department heads serve for terms which expire at the end of the term of the Governor who appointed them. Terms of service for boards or commissions which head principal departments are in accordance with Section 26-34, HRS. The Department of Human Services is one of the eighteen principal departments in the State, and the appointed department head is delegated the authority as the Department Director who is responsible to oversee the Statewide operations of the Medicaid Agency. The Division Administrator manages and directs State standards, policies, procedures and guidance for the Medicaid Agency to administer the Medicaid program.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- ○ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ○ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ○ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- ○ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

○ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

○ Yes ◉ No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

○ Counties

○ Parishes

○ Other

Are all of the local subdivisions indicated above used to administer the state plan?

○ Yes ○ No

State Plan Administration Assurances — A3

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

☑ The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.

☑ All requirements of 42 CFR 431.10 are met.

☑ There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.

☑ The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

☐ There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

☐ There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).

☐ When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

☐ The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20141203

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII

1.4 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)(1) 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.

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.

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.

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

_X_ State Public Health Agency