



## COVERED SERVICES

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#### Overview

‘Ohana (the Plan) has a contract with the Department of Human Services Med-QUEST Division to provide coverage for QUEST Expanded Access (QExA). QExA is a mandatory managed care program that provides a comprehensive benefit package of medical, dental, long-term care and behavioral health benefits to aged, blind or disabled individuals that meet income and eligibility requirements. ‘Ohana is required to provide specific medically necessary services to QExA Members. Below are the benefits provided by the Plan. You may refer to the Member ID Card for an enrollee’s primary care provider selection and co-pay information.

#### Covered Benefits and Services Include:\*

Service	Coverage Limitations
<b>Behavioral Health</b>	
<b>Outpatient Mental Health and Substance Abuse</b>	<p>Covered. No limit on visits or medication for children and adults.</p> <p>Includes all medically necessary behavioral health services, to QExA adults and child members. These services include:</p> <ul style="list-style-type: none"> <li>• Twenty-four (24) hour care for acute psychiatric illnesses including:               <ul style="list-style-type: none"> <li>○ Room and board</li> <li>○ Nursing care</li> <li>○ Medical supplies and equipment</li> <li>○ Diagnostic services</li> <li>○ Physician services</li> <li>○ Other practitioner services as needed</li> <li>○ Other medically necessary services;</li> </ul> </li> </ul>

*\*Coverage is subject to change.*



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- Ambulatory services including twenty-four (24) hours, seven (7) days per week crisis services;
- Acute day hospital/partial hospitalization including:
  - Medication management
  - Prescribed drugs
  - Medical supplies
  - Diagnostic tests
  - Therapeutic services including individual, family and group
  - Therapy and aftercare
  - Other medically necessary services;
- Methadone treatment services which include the provision of methadone or a suitable alternative (e.g. LAAM), as well as outpatient counseling services;
- Prescribed drugs (excluding Clozaril or Clozapine) including medication management and patient counseling;
- Diagnostic/laboratory services including:
  - Psychological testing;
  - Screening for drug and alcohol problems; and
  - Other medically necessary diagnostic services;



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- Psychiatric or psychological evaluation;
- Physician services;
- Rehabilitation services;
- Occupational therapy; and
- Other medically necessary therapeutic services.

#### *Outpatient Hospital Services*

This service includes: access twenty four (24) hour a day, seven (7) days per week, emergency services; ambulatory center services; urgent care services; medical supplies, equipment and drugs; diagnostic services; and therapeutic services.

#### *Inpatient Hospital Services*

30 day limit for members over 21 years old. No limit for members under 21.

### Physical Health

#### **Acute Inpatient and Outpatient Hospital Care**

Covered. Includes the cost of room and board for inpatient stays.

Services also include: nursing care; medical supplies, equipment and drugs; diagnostic services; and physical and occupational therapy, audiology and speech-language pathology services.

#### **Cognitive Rehabilitation Services**

Covered. Cognitive Rehabilitation Services are services provided to cognitively impaired persons that assess and treat communication skills, cognitive and behavioral ability, and cognitive skills related to



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	<p>performing ADLs. Assessments completed at regular intervals, determined by the provider and according to the member's assessed needs, treatment goals and objectives. Treatment may last up to one year if the member is making progress.</p>
<b>Cornea Transplants and Bone Graft Services</b>	<p>Covered. Cornea transplants (keraplasty) will be provided in accordance with HAR § 17-1737-92. Bone graft is an orthopedic procedure and not part of the transplant program.</p>
<b>Dental Services</b>	<p>Covered by DHS <i>except</i> that the health plan shall provide:</p> <ul style="list-style-type: none"><li>• any dental services or medical services resulting from a dental condition provided in a medical facility (e.g., inpatient hospital and ambulatory surgery center). This includes:<ol style="list-style-type: none"><li>(1) medical services provided to QExA adults and children that are required as part of a dental treatment; and</li><li>(2) certain dental procedures performed by both dentists (oral surgeons) and physicians (primarily plastic surgeons, otolaryngologists and general surgeons).</li></ol></li></ul>



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- assistance to members finding a dentist, making an appointment; and
- coordinating transportation and translation services.

#### **Durable Medical Equipment and Medical Supplies**

Covered services include but are not limited to the following: oxygen tanks and concentrators; ventilators; wheelchairs; crutches and canes; eyeglasses; orthotic devices; prosthetic devices; hearing aids; pacemakers; and medical supplies such as surgical dressings and ostomy supplies.

#### **Emergency and Post Stabilization Services**

Covered for medically necessary services. No prior authorization required.

#### **Family Planning Services**

Covered. Includes, but is not limited to: Education and counseling; emergency contraception; follow-up, brief and comprehensive visits; pregnancy testing; contraceptive supplies and follow-up care; diagnosis and treatment of sexually transmitted diseases; and infertility assessment.

#### **Health Education & Counseling**

Covered. Substance use including alcohol, diet and exercise, injury prevention, sexual behavior, dental health, family violence and depression.

#### **Home Health Services**

Covered. Some home health services included are: Skilled



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nursing; Home Health Aides; Medical Supplies; Therapeutic services such as Physical and Occupational Therapy; and Audiology and Speech-language pathology.

#### **Hospice Services**

Covered. Hospice is a program that provides care to terminally ill patients who have six (6) months or less to live. Medicaid services provided to members receiving Medicare hospice services that are duplicative of Medicare hospice benefits (i.e., personal care and homemaker services) will not be covered. In these instances, only when the service need is not related to the hospice diagnosis can the service be covered by Medicaid.

#### **Maternity Services**

Covered. Services include: prenatal care; prenatal laboratory screening tests and diagnostic tests; treatment of missed, threatened, and incomplete abortions; delivery of infant; postpartum care; and prenatal vitamins.

#### *Cesarean Delivery*

96 hour minimum length of stay after Cesarean section delivery.

#### **Other Practitioner Services**

Other practitioner services include, but are not limited to: certified nurse midwife services, licensed advanced practice registered nurse services (including family, pediatric, geriatric, and psychiatric health specialists),



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and other medically necessary practitioner services provided by a licensed or certified health care provider.

#### **Personal Assistance Services – Level 1**

Covered for individuals requiring assistance with IADLs who do not meet an institutional LOC.

Services include: *Companions and Homemakers.*

*Companions* are defined as those who may assist or supervise the individual with such tasks as meal preparation, laundry and shopping/errands, but do not perform these activities as discrete services. They may also perform light housekeeping tasks as incidental to the care and supervision of the individual.

*Homemakers* may perform the following duties for members but not others in their household:

A. Routine housecleaning such as sweeping, mopping, dusting, making beds, cleaning the toilet and shower or bathtub, taking out rubbish;

B. Care of clothing and linen by washing, drying, ironing, mending;

C. Marketing and shopping for household supplies and personal essentials (not



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including cost of supplies);

D. Light yard work, such as mowing the lawn;

E. Simple home repairs, such as replacing light bulbs;

F. Preparing meals;

G. Running errands, such as paying bills, picking up medication;

H. Escort to clinics, physician office visits or other trips for the purpose of obtaining treatment or meeting needs established in the service plan, when no other resource is available;

I. Standby/minimal assistance or supervision of activities of daily living such as bathing, dressing, grooming, eating, ambulation/mobility and transfer;

J. Reporting and/or documenting observations and services provided, including observation of member self-administered medications and treatments, as appropriate; and

K. Reporting to the assigned provider, supervisor or designee, observations about changes in the member's behavior, functioning, condition, or self-care/home management abilities that necessitate more or less service.



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<b>Prescription Drugs</b>	Covered. The Plan has developed a Prescription Drug List (PDL) for physicians and providers to use as a standard prescribing reference and clinical guide of prescription drug products to optimize our member's medical conditions and behavioral health. Medication management and patient counseling are also included as part of this service.
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<b>Preventive Services</b>	Covered. Initial and interval histories, comprehensive physical examinations and development services are included as a component of this service. This service also includes: immunizations; family planning; diagnostic and screening laboratory and x-ray services, including screening for tuberculosis.
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<b>Radiology/Laboratory/ Other Diagnostic Services</b>	Covered. Includes diagnostic, therapeutic radiology and imaging; and screening and diagnostic laboratory tests.
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Exclusions:  
Radiology – Ultrasounds for gender determination.

Laboratory and Diagnostic – experimental, investigational or generally unproven, chromosomal evaluations, IgG4 testing, procedures related to storing, preparation and transfer or oocytes for in-vitro fertilization.



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**Rehabilitation Services**

Covered. Includes physical and occupational therapy, audiology and speech-language pathology.

**Sterilizations and Hysterectomies**

Covered for members 21 and older only.

*Sterilizations*

Covered for both men and women under the following requirements:

- The member is at least 21 years of age at the time consent is obtained;
- The member is mentally competent;
- The member voluntarily gives informed consent by completing the Informed Consent for Sterilization Form DSSH 1145;
- The provider completes the Sterilization Required Consent Form (DHS 1146 Form);
- At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery. A member may consent to be sterilized at the time of premature delivery or emergency abdominal surgery, if at least 72 hours have passed since informed consent for sterilization was signed. In the case of premature



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delivery, the informed consent must have been given at least 30 days before the expected date of delivery (the expected date of delivery must be provided on the consent form);

- An interpreter is provided when language barriers exist. Arrangements are to be made to effectively communicate the required information to a member who is visually impaired, hearing impaired or otherwise disabled; and
- The member is not institutionalized in a correctional facility, mental hospital or other rehabilitative facility.

#### *Hysterectomies*

Covered under the following requirements:

- The member voluntarily gives informed consent by completing the Hysterectomy Acknowledgement Form (DSSH 1145);
- The member has been informed orally and in writing that the hysterectomy will render the individual permanently incapable of reproducing (this is not applicable if the individual was sterile prior to the hysterectomy or in the case of an emergency hysterectomy); and
- The member has signed



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and dated a "Patient's Acknowledgement of Prior Receipt of Hysterectomy Information Form (DHS 1145)" prior to the hysterectomy.

Regardless of whether the requirements listed above are met, a hysterectomy shall not be covered under the following circumstances:

- It is performed solely for the purpose of rendering a member permanently incapable of reproducing;
- There is more than one (1) purpose for performing the hysterectomy but the primary purpose is to render the member permanently incapable of reproducing; or
- It is performed for the purpose of cancer prophylaxis.

#### **Transportation Services**

Covered. The Plan provides both emergency and non-emergency ground and air services to and from medically necessary medical appointments for members who have no means of transportation, who reside in areas not served by public transportation, or cannot access public transportation due to their disability.

In cases where the member requires assistance, the health plan shall provide for an attendant to accompany the



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member to and from medically necessary visits to providers. The Plan will arrange and cover travel expenses for the member and his or her attendant including lodging and meals associated with off-island or out-of-state travel when required medically necessary.

In the event there is insufficient access to specialty providers (including but not limited to psychiatrists, specialty physicians, and APRNs), the Plan will make arrangements to transport providers.

#### **Urgent-Care Services**

Covered as medically necessary. No prior authorization is required.

#### **Vision Services**

Covered. The Plan provides eye and vision services provided by qualified optometry/ophthalmology professionals once in a 12 month period for members under age 21 and once in a 24-month period for adults age 21 and older.

More frequent visits are payable when indicated by symptoms or medical condition. Emergency eye care, which meets the definition of an emergency medical condition, is covered for all members.

Vision examinations, prescription lenses, cataract



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removal, and prosthetic eyes are covered for all members.

An ophthalmologic exam with refraction is also an included service.

Visual aids prescribed by ophthalmologists or optometrists (eyeglasses, contact lenses and miscellaneous vision supplies) are covered by the Medicaid program, if medically necessary. These include costs for the lens, frames, or other parts of the glasses, as well as fittings and adjustments. New lenses are limited to once in a twenty-four (24) month period for adults and once in a twelve (12) month period for individuals under the age of twenty-one (21) years.

Replacement glasses and/or new glasses with significant changes in prescription are covered within the benefit periods for both adults and children. Contact lenses are not covered for cosmetic reasons. Dispensing of the lenses or contacts from the new prescription begins a new twenty-four (24) month period.

Excluded vision services include:

- Orthoptic training;
- Prescription fee;
- Progress exams;
- Radial keratotomy;



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- Visual training; and
- Lasik procedure.

#### Long-Term Care: Home- and Community-Based Services

##### Adult Day Care

Covered. Adult Day Care refers to regular supportive care provided to four or more disabled adult participants in accordance with HAR§ 17-1417.

Services include observation and supervision by center staff, coordination of behavioral, medical and social plans, and implementation of the instructions as listed in the participant's care plan.

Therapeutic, social, educational, recreational and other activities are also provided as regular adult day care services.

Exclusions:

Adult day care staff members may not perform health care-related services such as medication administration, tube feedings, and other activities which require health care-related training.

All health care-related activities must be performed by qualified and/or trained individuals only, including family members and professionals, such as an RN or LPN, from an authorized agency.



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#### **Adult Day Health**

Covered. Adult Day Health services are defined as an organized day program of therapeutic, social, and health services provided to adults with physical, or mental impairments, or both which require nursing oversight or care in accordance with HAR 11-94-5.

If there are members admitted who require skilled nursing services, the services will be provided by a registered nurse or under the direct supervision of a registered nurse.

In addition to nursing services, other components of adult day health may include: emergency care, dietetic services, occupational therapy, physical therapy, physician services, pharmaceutical services, psychiatric or psychological services, recreational and social activities, social services, speech-language pathology, and transportation services.

#### **Assisted-Living Services**

Covered. Assisted-living services include personal care and supportive care services (homemaker, chore, attendant services, meal preparation) furnished to members who reside in an assisted living facility. Payment for room and board is prohibited.



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#### **Attendant Care**

Covered. Refers to the hands-on care, both supportive and health-related in nature, provided to medically fragile children. The service includes member supervision specific to the needs of a medically stable, physically disabled child.

Attendant care may include skilled or nursing care to the extent permitted by law.

Housekeeping activities that are incidental to the performance of care may also be furnished as part of this activity. Supportive services, a component of attendant care, are those services that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function.

Attendant care services may be self-directed.

#### **Community Care Management Agency (CCMA) Services**

Covered for members living in Community Care Foster Family Homes and other community settings, as required.

Includes the following activities: continuous and ongoing nurse delegation to the caregiver in accordance with HAR §16-89 Subchapter 15; initial and ongoing assessments to make recommendations to health plans for, at a minimum, indicated services, supplies, and equipment needs of members; ongoing face-to-face monitoring and implementation of the member's care plan; and



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interaction with the caregiver on adverse effects and/or changes in condition of members.

Coordination to include:

(1) communication with a member's physician(s) regarding the member's needs including changes in medication and treatment orders,

(2) working with families regarding service needs of a member and serve as an advocate for their members, and

(3) being accessible to the member's caregiver 24 hours a day, seven days a week.

#### **Community Care Foster Family Home (CCFFH) Services**

Covered. Includes personal care and supportive services, homemaker, chore, attendant care, companion services and medication oversight (to the extent permitted under State law) provided in a certified private home by a principal care provider who lives in the home.

In accordance with HAR, Title 17, Department of Human Services, Subtitle 9, Chapter 1454-42, members receiving CCFFH services must be receiving ongoing CCMA services.

CCFFH services are currently



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furnished to up to three adults who receive these services in conjunction with residing in the home.

All providers must provide individuals with their own bedroom. Each individual bedroom shall be limited to two residents. Both occupants must consent to the arrangement. The total number of individuals living in the home, who are unrelated to the principal care provider, cannot exceed four.

#### **Counseling and Training**

Covered. Counseling and training activities include the following: member care training for members, family and caregivers regarding the nature of the disease and the disease process; methods of transmission and infection control measures; biological, psychological care and special treatment needs/regimens; employer training for consumer directed services; instruction about the treatment regimens; use of equipment specified in the service plan; employer skills updates as necessary to safely maintain the individual at home; crisis intervention; supportive counseling; family therapy; suicide risk assessments and intervention; death and dying counseling; anticipatory grief counseling; substance abuse counseling; and/or nutritional assessment and counseling.



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#### **Environmental Accessibility Adaptations**

Counseling and training is a service provided to members, families/caregivers, and professional and paraprofessional caregivers on behalf of the member.

Covered. Defined as physical adaptations to the home, required by the individual's care plan, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which the individual would require institutionalization.

Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual.

Window air conditioners may be installed when it is necessary for the health and safety of the member.

Exclusions:  
Adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial



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benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

#### **Home-Delivered Meals**

Covered. Includes nutritionally sound meals delivered to a location where an individual resides (excluding residential or institutional settings). The meals will not replace or substitute for a full day's nutritional regimen (i.e., no more than 2 meals per day).

Home-delivered meals are provided to individuals who cannot prepare nutritionally sound meals without assistance and are determined, through an assessment, to require the service in order to remain independent in the community and to prevent institutionalization.

#### **Home Maintenance**

Covered. Home maintenance services are those services not included as a part of personal assistance and include: heavy duty cleaning, which is utilized only to bring a home up to acceptable standards of cleanliness at the inception of service to a member; minor repairs to essential appliances limited to stoves, refrigerators, and water heaters; and



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fumigation or extermination services.

Home maintenance is provided to individuals who cannot perform cleaning and minor repairs without assistance and are determined, through an assessment, to require the service in order to prevent institutionalization.

#### **Medically Fragile Day Care**

Covered. Medically Fragile Day Care is a non-residential service for children who are medically and/or technology dependent. The service includes activities focused on meeting the psychological as well as the physical, functional, nutritional and social needs of children.

Services are furnished four or more hours per day on a regular scheduled basis for one or more days per week in an outpatient setting encompassing both health and social services needed to ensure the optimal function of the individual.

#### **Moving Assistance**

Covered. Moving assistance is provided in rare instances when it is determined through an assessment by the service coordinator that an individual needs to relocate to a new home.

The following are the circumstances under which



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moving assistance can be provided to a member: unsafe home due to deterioration; the individual is wheelchair-bound living in a building with no elevator; multi-story building with no elevator, where the client lives above the first floor; member is evicted from their current living environment; or the member is no longer able to afford the home due to a rent increase.

Moving expenses include packing and moving of belongings. Whenever possible, family, landlord, community and third-party resources who can provide this service without charge will be utilized.

#### **Non-Medical Transportation**

Covered. This service is offered to enable individuals to gain access to community services, activities and resources, specified by the member care plan.

This service is offered in addition to 42 CFR 431.53, medical transportation services under the Medicaid State Plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Whenever Possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

Exclusion:  
Members living in a residential



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#### **Personal Assistance Services – Level 2**

care setting or a CCFFH are not eligible for this service.

Covered for individuals requiring assistance with moderate/substantial to total assistance to perform ADLs and health maintenance activities.

This level of service is to be provided by a Home Health Aide (HHA), Personal Care Aide (PCA), Certified Nurse Aide (CNA) or Nurse Aide (NA) with applicable skills competency.

The following activities may be included as a part of personal assistance services Level II:

- Personal hygiene and grooming, including bathing, skin care, oral hygiene, hair care, and dressing;
- Assistance with bowel and bladder care;
- Assistance with ambulation and mobility;
- Assistance with transfers;
- Assistance with medications, which are ordinarily self-administered when ordered by member's physician;
- Assistance with routine or maintenance health care services by a personal-care provider with specific training,



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satisfactorily documented performance, care coordinator consent and when ordered by member's physician;

- Assistance with feeding, nutrition, meal preparation and other dietary activities;
- Assistance with exercise, positioning, and range of motion;
- Taking and recording vital signs, including blood pressure;
- Measuring and recording intake and output, when ordered;
- Collecting and testing specimens as directed;
- Special tasks of nursing care when delegated by a registered nurse, for members who have a medically stable condition and who require indirect nursing supervision as defined in Chapter 16-89, Hawai'i Administrative Rules;
- Proper utilization and maintenance of member's medical and adaptive equipment and supplies. Checking and reporting any equipment or supplies that need to be repaired or replenished;
- Reporting changes in the member's behavior, functioning, condition, or self-



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care abilities which necessitate more or less service; and

- Maintaining documentation of observations and services provided.

When personal assistance services Level II activities are the primary services, personal assistance services Level I activities identified on the care plan, which are incidental to the care furnished or that are essential to the health and welfare of the member, rather than the member's family, may also be provided. Personal assistance services Level II may be self-directed.

#### **Personal Emergency Response Systems (PERS)**

Covered. PERS are electronic devices to enable certain individuals at high risk of institutionalization to secure help in the event of an emotional, physical, or environmental emergency.

The following are allowable types of PERS items:

- 24-hour answering/paging;
- Beepers;
- Med-alert bracelets;
- Intercoms;
- Life-lines;
- Fire/safety devices, such as fire extinguishers and rope ladders;
- Monitoring services;
- Light fixture adaptations (blinking lights, etc.);
- Telephone adaptive devices



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- not available from the telephone company; and
- Other electronic devices/ services designed for emergency assistance.

PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. PERS services will only be provided to a member residing in a non-licensed setting.

#### **Private-Duty Nursing**

Covered for individuals requiring ongoing nursing care (in contrast to part time, intermittent skilled nursing services under the Medicaid State Plan) listed in the care plan. The service is provided by licensed nurses (as defined in HAR Section 16-89) within the scope of State law.

#### **Residential Care**

Covered. Residential Care is provided in a licensed private home by a principle care provider who lives in the home and primarily furnishes the following services to members: Personal care services, homemaker, chore, attendant care and companion services and medication oversight (to the extent permitted by law).

#### **Respite Care**

Covered. Respite Care is short-term based care services



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arranged to compensate for the absence of or need for relief for those persons normally providing the care.

Respite may be provided at three different levels: hourly, daily, and overnight.

Respite care may be provided in the following locations: individual's home or place of residence; foster home/ expanded-care adult residential care home; Medicaid certified NF; licensed respite day care facility; or other community care residential facility approved by the Plan.

Respite care services are authorized by the member's PCP as part of the member's care plan. Respite services may be self-directed.

#### **Specialized Medical Equipment and Supplies**

Covered. Refers to the purchase, rental, lease, warranty costs, installation, repairs and removal of devices, controls, or appliances, specified in the care plan, that enable individuals to increase and/or maintain their abilities to perform activities of daily living, or to perceive, control, participate in, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to



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the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan.

All items shall meet applicable standards of manufacture, design and installation and may include:

- Specialized infant car seats;
- Modification of parent-owned motor vehicle to accommodate the child, i.e. wheelchair lifts;
- Intercoms for monitoring the child's room;
- Shower seat;
- Portable humidifiers;
- Electric bills specific to electrical life support devices (ventilator, oxygen concentrator);
- Medical supplies;
- Heavy duty items including but not limited to patient lifts or beds that exceed \$1,000 per month;
- Rental of equipment that exceeds \$1,000 per month such as ventilators; and
- Miscellaneous equipment such as customized wheelchairs, specialty orthotics, and bath equipment that exceeds \$1,000 per month.



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Items reimbursed shall be in addition to any medical equipment and supplies furnished under the Medicaid State Plan and shall exclude those items which are not of direct medical or remedial benefit to the individual.

Specialized medical equipment and supplies shall be recommended by the member's PCP.

#### Long-Term Care: Institutional Services

##### Nursing Facility Services

Covered for members who need 24 hour-a-day assistance with ADLs and IADLs and need care provided by licensed nursing personnel and paramedical personnel on a regular, long-term basis.

The care that is provided in a nursing facility includes independent and group activities, meals and snacks, housekeeping and laundry services, nursing and social work services, nutritional monitoring and counseling, pharmaceutical services, and rehabilitative services.

#### Non-Covered Services

##### Services

##### Exceptions

##### Behavioral Health

Members:

- Whose diagnostic, treatment or rehabilitative services are determined not to be medically necessary by



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the health plan; or

- Who have been determined eligible for and have been transferred to the DOH's Adult Mental Health Division (AMHD) for services, as described below; or
- Who have been determined eligible for and have been transferred to the behavioral health managed care (BHMC) plan, as described below; or
- Who have been determined eligible for and have been transferred to the DOH's Child and Adolescent Mental Health Division (CAMHD) for services, as described in below; or
- Who have been criminally committed for evaluation or treatment in an inpatient setting under the provisions of Chapter 706, HRS. These individuals will be disenrolled from the programs and will become the clinical and financial responsibility of the appropriate State agency.



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**Cosmetic Procedures** Not covered.

**Dental Services**

Covered by DHS *except* that the health plan shall provide:

- any dental services or medical services resulting from a dental condition provided in a medical facility (e.g., inpatient hospital and ambulatory surgery center). This includes:
  - (1) medical services provided to QExA adults and children that are required as part of a dental treatment; and
  - (2) certain dental procedures performed by both dentists (oral surgeons) and physicians (primarily plastic surgeons, otolaryngologists and general surgeons).
- assistance to members finding a dentist, making an appointment; and
- coordinating transportation and translation services.

*Members under age 21*

DHS provides full dental services package to Plan members under age 21.

*Members 21 and older*

DHS provides a limited dental services package, in addition to



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emergency dental services.

**Home Health Services** Medicaid home health services that are duplicative of those provided to members through Medicare home health benefits (i.e., physical therapy and home health aides) will not be covered.

**Hysterectomies** Regardless of whether standard requirements are met, a hysterectomy shall not be covered under the following circumstances:

- It is performed solely for the purpose of rendering a member permanently incapable of reproducing;
- There is more than one (1) purpose for performing the hysterectomy but the primary purpose is to render the member permanently incapable of reproducing; or
- It is performed for the purpose of cancer prophylaxis.

**Investigational & Experimental Procedures** Not covered.

**Medical Care in a Foreign Country for Children or Adults** Not covered.

**Pain Management** Not covered.

**Radiology/Laboratory/Other Diagnostic Services** Non-covered services include:  
*Radiology Services—*



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Ultrasounds for gender determination.

*Laboratory and Diagnostic Services—*

Experimental, investigational or generally unproven, chromosomal evaluations, IgG4 testing, procedures related to storing, preparation and transfer of oocytes for in-vitro fertilization.

#### **Transplant Services**

May be covered by DHS through the State of Hawai'i Organ and Transplant (SHOTT) Program. State limits transplant coverage to non-experimental, non-investigational procedures for the specific organ/tissue and specific medical condition.

The Plan will assist the member with a referral to the SHOTT Program when medically appropriate.

#### **Vision Services**

Non-covered services include orthoptic training, prescription fee, progress exams, Radial Keratotomy, visual training and Lasik procedure, also contacts for cosmetic reasons.

New lenses are limited to once in a 24 month period for adults and once in a 12 month period for individuals under the age of 21 years.

Replacement glasses and/or new glasses with significant changes in prescription are covered within the benefit



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periods for both adults and children.

Dispensing of the lenses or contacts from the new prescription begins a new 24-month period.