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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 21-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



Financial Management Group

March 25, 2021

Judy Mohr Peterson, PhD Med-QUEST Division Administrator Office of the Director Department of Human Services P.O. Box 339 Honolulu, HI 96809-0339

RE: Hawaii State Plan Amendment (SPA) 21-0006

Dear Dr. Peterson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 21-0006. This amendment increases the component prices for private nursing facility rates by 12 percent, effective January 13, 2021.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid state plan amendment TN 21-0006 is approved effective January 13, 2021. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Mark Wong at (415) 744-3561.

Sincerely,

For Rory Howe

Acting Director

Enclosures

CENTERS FOR MEDICARE & MEDICARD SERVICES			
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER	2. STATE	
	2 1 0006	Hawaii	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITL SECURITY ACT (MEDICAID)	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	01/13/21		
5. TYPE OF PLAN MATERIAL (Check One)			
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2021	\$0.00 1,496	
1902(a)(73) of the Social Security Act 42 CFR 447 Subpart C		\$0.00 2,113	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D pg. 39 38	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable		
	Attachment 4.19-D pg. 39	38	
10. SUBJECT OF AMENDMENT Passthrough Payment Transition as required by 42 CFR §438.6(c)(2			
11. 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		
OF STATE AGENCY OFFICIAL	16. RETURN TO		
	State of Hawaii	ate of Hawaii	
	Department of Human Service		
	Office of the Director P.O. Box 339		
	Honolulu, Hawaii 96809-0339		
15. DATE SUBMITTED 02/02/2021			
FOR REGIONAL OFFICE USE ONLY			
February 2, 2021	18. DATE APPROVED 3/25/21		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL January 13, 2021	20. SIGNATURE OF REGIONAL OFFIC	For	
	TITLE		
Rory Howe	Acting Director, Financial Manage	ement Group	
23. REMARKS			
Pen-and-ink changes made to Boxes 6, 7, 8, and 9 by CMS with state concurrence.			

- E. Each Provider shall keep financial and statistical records of the cost reporting year for at least six years after submitting the cost report form to the Department and shall make such records available upon request to authorized state or federal representatives.
- XI. ACUITY BASED REIMBURSEMENT SYSTEM
 - A. Beginning with the effective date of these rules, the Department will implement a transition from PPS to an acuity based reimbursement system. The phased approach was implemented on July 1, 2008.
 - B. The rate methodology uses a price-based system with the following parameters:
 - 1. For the direct care rate component, the component price is set at one hundred ten per cent of the day-weighted median. The rate that is calculated is subject to a case mix adjustment based upon the change on each facility's overall case mix.
 - 2. For the administrative and general rate component, the component price is set at one hundred three per cent of the day-weighted median. The rate is not subject to a case mix adjustment.
 - 3. For the capital rate component, the component price is at the day- weighted median. The rate is not subject to a case mix adjustment.
 - 4. The gross excise taxes paid to the State of Hawaii (Hawaii general excise tax) is treated as a pass-through.
 - 5. The Medicaid share of the NF Sustainability Fee is treated as a pass-through.
 - 6. Effective January 13,2021 the direct care, administrative and general, and capital component prices will include an adjustment of 12% for private nursing facilities. The adjustment percent is in addition to the inflation adjustment discussed below and on page 3 of the "Acuity Based Long Term Care Reimbursement Rates" Supplement to Attachment 4.19-D.

The rate setting parameters will remain constant for all future rate setting periods. The prices calculated for direct care, administrative and general, and capital will reflect prices that relate to the rate period beginning July 1, 2002 and ending June 30, 2003. The component prices will be updated for each subsequent rate period by the inflation adjustment for each period, provided that no inflation adjustment shall be applied in determining component prices for the $4^{\rm th}$ quarter of FFY 2015 and the $1^{\rm st}$, $2^{\rm nd}$ and $3^{\rm rd}$ quarters of FFY 2016.

- C. Effective for rate periods starting September 1, 2003 and July 1, 2004, the annual cost increases shall be determined as follows:
 - 1. Calculate the blended Acuity A and Acuity C rates for all eligible NF facilities using the inflation adjustment.