

## **Table of Contents**

**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 24-0011**

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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March 26, 2025

Dr. Judy Mohr Peterson  
State of Hawaii Department of Human Services  
Office of the Director  
PO Box 339  
Honolulu, HI 96809-0339

Re: Hawaii State Plan Amendment (SPA) – 24-0011

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0011. This amendment proposes to update the fee schedule for services provided by the Child and Adolescent Mental Health Division (CAMHD) and to modify the rehabilitative services language for peer support services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Hawaii Medicaid SPA TN 24-0011 was approved on March 26, 2025, with an effective December 28, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Hawaii State Plan.

If you have any questions, please contact Brian Zolynas at (206) 615-2742 or via email at [Brian.Zolynas@cms.hhs.gov](mailto:Brian.Zolynas@cms.hhs.gov).

Sincerely,

  
Division of Program Operations

Enclosures

cc: Jodeen Enesa  
Edie Mayeshiro

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

1. TRANSMITTAL NUMBER <b>2 4 — 0 0 1 1</b>	2. STATE <b>HI</b>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE  
**12/28/2024**

5. FEDERAL STATUTE/REGULATION CITATION  
*Title XIX of the Social Security Act*

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2025 \$ 1,700,000  
b. FFY 2026 \$ 1,700,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
*Supplement 3 to Attachment 4.19-B pg. 1-7  
Attachment 4.19-B pg. 8.3a  
Supplement to Attachment 3.1-A and 3.1-B pg. 4.4a-4.4c*

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
*Supplement 3 to Attachment 4.19-B pg. 1-6  
Attachment 4.19-B pg. 8.3a  
Supplement to Attachment 3.1-A and 3.1-B pg. 4.4a-4.4cb*

9. SUBJECT OF AMENDMENT  
*Child & Adolescent Mental Health Division (CAMHD) rate increase and modifier updates 2024*

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:

OF STATE AGENCY OFFICIAL

12. TYPED NAME  
*Judy Mohr Peterson, PhD*

13. TITLE  
*Med-QUEST Division Administrator*

14. DATE SUBMITTED  
**12/27/24**

15. RETURN TO  
State of Hawaii  
Department of Human Services  
Office of the Director  
P.O. Box 339  
Honolulu, Hawaii 96809-0339

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>December 27, 2024</b>	17. DATE APPROVED <b>March 26, 2025</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**December 28, 2024**

20. TYPED NAME OF APPROVING OFFICIAL  
**James G. Scott**

19. SIGNATURE OF APPROVING OFFICIAL  


21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Program Operations**

22. REMARKS  
*Box 8: State authorized pen-and-ink change on 03/26/2025.*

13d. Community Mental Health Rehabilitative Services (continued)

8. **Substance Abuse Treatment (SAT) services:** SAT services furnished under §440.130(d) are provided by a qualified mental health professional to include but not limited to a licensed psychiatrist, licensed psychologist, licensed clinical social worker with experience in behavioral health, licensed advance practical nurse in behavioral health, licensed mental health counselor, or a licensed marriage and family therapist with experience with behavioral health or a substance abuse counselor certified by the State. SAT services shall be provided without limits on the number of visits when medically necessary; prior authorization is required, and monthly assessments are performed to ensure that services are medically necessary. SAT services are recommended by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law. The substance abuse provider assists an individual in achieving specific objectives of treatment or care for a substance use or mental health disorder through a face-to-face, one-to-one therapeutic relationship. Services are generally directed toward reducing psychosocial stress and teaching coping and problem-solving skills, using supportive and cognitive-behavioral approaches that restore a participant's best possible functional level.

- 9. **Peer support services:**

Peer Support Services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities. Peer support providers are self-identified consumers who are in recovery from mental illness, physical illness and/or substance use disorders.

Peer support services are delivered directly to Medicaid beneficiaries with mental health, physical illness and/or substance use disorders. Peer support services furnished to parents/caretakers/family members are for direct benefit of the beneficiary.

Peer support services may be provided to Medicaid consumers and their family members (or parents/caretakers) by a peer support specialist certified by the State Department of Health, Adult Mental Health Division (AMHD) as part of their Hawaii Certified Peer Specialist (HCPS) program or a peer support program established by another State agency that meets existing and established national peer support criteria.

Peer support providers meet the following minimum requirements for supervision, care coordination and training: 1) A Certified Youth Peer Partner is a youth who has 1) personal experience with children's and adolescent's mental health, child welfare, the judicial system or similar system involvement; 2) who is willing to share their personal experiences for the benefit of those they are working with; 3) who has at least a high school diploma or GED; and 4) who has satisfactorily completed a Peer Specialist training program approved by the state. Peer Support services shall be provided under the supervision of a former peer partner with at least

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2 years of experience or a professional who has at least a year of experience working with peer partners.

A Certified Parent Partner is a parent who has 1) personal experience parenting a child or adolescent with mental health challenges, was involved in the child welfare system or the judicial system; 2) who is willing to share their personal experiences for the benefit of those they are working with; 3) who has at least a high school diploma or GED; and 4) who has satisfactorily completed a Peer Specialist training program approved by the state. Peer Support services shall be provided under the supervision of a former peer partner with at least 2 years of experience or a professional who has at least a year of experience working with peer partners.

2) Peer support services are coordinated within the context of a comprehensive, individualized plan of care that reflects the needs and preferences of the participant in achieving the specific, individualized goals that have measurable results and are specified in the service plan;

3) Training and Credentialing: Peer support providers must complete training and certification as defined by the State. The peer specialist must demonstrate the ability to support the recovery of others from mental illness and or substance use disorders. Peer support providers must complete ongoing continuing educational requirements.

The covered services are available only to Medicaid eligible recipients with a written plan of care developed with the participation of a qualified mental health professional to include but not limited to a licensed psychiatrist, licensed psychologist, licensed clinical social worker with experience in behavioral health, licensed advance practical nurse in behavioral health, licensed mental health counselor, or a licensed marriage and family therapist with experience with behavioral health.

Peer support services include one or more of the following service components:

- Educational Skill Building Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement means Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in treatment. Engagement may include supporting beneficiaries in their transitions and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the

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<b>Supersedes</b>					
<b>TN No.</b>	<u>HI-22-0003</u>				

beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

**Limitations (continued)**

Peer support services are provided without limits on the number of visits when medically necessary; prior authorization is required, and monthly assessments are performed to ensure that benefits are medically necessary.

Peer support services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010

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- d. Services provided by a certified substance abuse counselor are reimbursed according to Attachment 4.19-B, page 1.
- e. Services provided by a certified peer specialist shall be reimbursed according to the Child and Adolescent Mental Health Division (CAMHD) Fee Schedule located on Supplement 3 to Attachment 4.19-B.

<p align="center"><b>Child and Adolescent Mental Health Division (CAMHD)</b> <b>Fee Schedule</b></p>					
CODE	DESCRIPTION	MODIFIER	PROVIDER TYPE	UNIT	MQD rate billed to CAMHD
A0100	Transportation-Ground (car rental not included)				By report
A0140	Transportation-Air Travel	UC-client U1-first family member or attendant <b>No modifier</b> -In State TN Out of State			By report
A0180	Transportation-Lodging for attendant			per diem	By report
A0190	Transportation-Meals for attendant			per diem	By report
H0017	Behavioral health, residential (HBR) (hospital residential treatment program), without room and board, per diem		ALL	Per diem	\$960.96
H0018	Transitional Family Home (TFH)	<b>HK</b> - Bed hold <b>HA</b> - Therapeutic Pass	ALL	Per Diem	\$305.30
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  Residential treatment for adolescents, out-of-state. (CBR OOS)	<b>HK</b> - Bed hold <b>HA</b> - Therapeutic Pass	ALL	Per diem	\$667.00
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  Residential treatment for adolescents that have sexually offended; most often court ordered. (CBR1)	<b>U1</b> -Medicaid level of care 1, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$667.00
H0019	Residential treatment program where stay is typically longer than 30 days), without room and	<b>U2</b> -Medicaid level of care 2, as defined by each state	ALL	Per diem	\$667.00

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	board, per diem  Residential treatment for adolescents with sexualized behaviors; not adjudicated  (CBR2)	<b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass			
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  General residential treatment services  (CBR3)	<b>U3</b> -Medicaid level of care 3, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$667.00
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem General residential treatment services  (CBR3 SA)	<b>U4</b> -Medicaid level of care 4, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$236.14
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem Residential treatment services for girls sex traffic confirmed and at risk.  (CBR3 CSEC)	<b>U5</b> -Medicaid level of care 5, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$667.00
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem Residential Crisis Stabilization Program limited to 30 days.  (RCSP)	<b>U6</b> -Medicaid level of care 6, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$799.35
H0019	Community-Based Residential treatment- where stay is 30-60 days and treats youth who do not meet criteria for inpatient acute hospital level	<b>U7</b> -Medicaid level of care 7 as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic	ALL	Per diem	\$1008.60

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	of care, and are near that threshold of treatment. Provided in either a hospital or outpatient residential setting.  (Subacute)	Pass			
H0035	Intensive Outpatient Hospitalization (IOH)  Also known as Partial Hospitalization or day treatment, the youth go from their residence to the program during the day.		ALL	Per Diem	\$286.11
<u>H0036</u>	Community psychiatric supportive treatment face-to-face, per 15min  Intensive In-Home Intervention (IIH)	<b>HP 95</b>	QMHP	15 min	\$41.90
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive In-Home Intervention (IIH)	<b>HO 95</b>	<b>MHP</b> (Mental Health Professional)	15 min	\$37.99
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive In-Home Intervention (IIH)	<b>HN 95</b>	<b>PARA</b> (PARA Professional)	15 min	\$30.20
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive Independent Living Skills (IILS)  The same as above with an emphasis on transition to adulthood.	<b>HP HE 95</b>	QMHP	15 min	\$41.90
H0036	Community psychiatric supportive treatment face-to-	<b>HO HE</b>	MHP	15 min	\$37.99

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	face, per 15min Intensive Independent Living Skills (IILS)  The same as above with an emphasis on transition to adulthood.	<b>95</b>			
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive Independent Living Skills (IILS)  The same as above with an emphasis on transition to adulthood.	<b>HN HE 95</b>	PARA-II	15 min	\$30.20
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Adaptive Behavioral Intervention (ABI)	<b>HI HP 95</b>	QMHP	15 min	\$43.18
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Adaptive Behavioral Intervention (ABI)	<b>HI HO 95</b>	MHP	15 min	\$40.13
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Adaptive Behavioral Intervention (ABI)	<b>HI HN 95</b>	PARA-II	15 min	\$31.93
H0037	Therapeutic Crisis Home (TCH) Community psychiatric supportive treatment program, per diem  A short-term home for a youth in crisis, often used by CMO.		ALL	Per diem	\$\$305.30
H0038	Peer Support Services (PSS)	<b>HA-Child/Adolescent program 95</b>	Cert. peer Specialist	15 min	\$25.33

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H0038	Peer Support Services (PSS)	<b>HB-Adult Program-Non-Geriatric 95</b>	Cert. Peer Specialist	15min	\$25.33
H0045	Therapeutic Respite Home (TRH)  A short-term home for respite purposes to protect the long-term home.		ALL		\$\$305.30
H2011	Crisis Mobile Outreach (CMO)		ALL	15 min	\$27.50
H2015	Comprehensive Community Support Services (Transitional Support Services-TSS)	<b>HP HO 95</b>	QMHP, MHP	15 min	\$24.15
H2019	Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter  A proprietary evidence-based family therapy model	<b>95</b>	QMHP led team	15 min	\$55.00
H2040	HI OnTrack program (if at least 6 visits/month)  <ul style="list-style-type: none"> <li>• Individual and Group Psychotherapy</li> <li>• Family Education and Support</li> <li>• Peer Support</li> <li>• Psychopharmacology</li> <li>• Care Coordination and Management</li> </ul>				\$1913.00 /month

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H2041	<p>HI OnTrack program (if less than 6 visits/month)</p> <ul style="list-style-type: none"> <li>• Individual and Group Psychotherapy</li> <li>• Family Education and Support</li> <li>• Peer Support</li> <li>• Psychopharmacology</li> <li>• Care Coordination and Management</li> </ul>				\$319.00 /encounter
H2033	<p>Multisystemic Therapy (MST)</p> <p>A proprietary evidence-based family and community-based treatment model.</p>	<p><b>95</b> <b>HP, HO, HN</b></p>	<p>QMHP led team</p>	<p>15min</p>	<p>\$55.00</p>
T1013	<p>Interpreter Services</p>	<p><b>95</b></p>	<p>ALL</p>	<p>15min</p>	<p>\$9.36</p>
T1017	<p>Targeted Case Management (TCM)-case assessment</p>	<p><b>HA</b>-Child/Adolescent program HP HO <b>95</b></p>	<p>QMHP, MHP</p>	<p>15 min</p>	<p>\$9.75</p>
T1017	<p>Targeted Case Management (TCM)-case planning</p>	<p><b>U1</b>-Medicaid level of care 1, as defined by each state (tracking modifier "Mental health program") HP HO <b>95</b></p>	<p>QMHP, MHP</p>	<p>15 min</p>	<p>\$9.75</p>
T1017	<p>Targeted Case Management (TCM)-ongoing monitoring</p>	<p><b>U2</b>-Medicaid level of care 2, as defined by each state HP HO <b>95</b></p>	<p>QMHP, MHP</p>	<p>15 min</p>	<p>\$9.75</p>

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T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provide by home health aide or certified nurse assistant	HA	Para I	15min	\$7.78
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Modifier	Modifier Description
95	Synchronous telehealth via real-time interactive audio and video
HA	Child/Adolescent Program and Bed Hold
HK	Specialized mental health programs for high-risk populations and Therapeutic Pass
HP	QMHP Doctoral Degree (or no mod)
HO	MHP - Master Degree
HN	PARA - Bachelor Degree
HI	Integrated mental health and intellectual disability/developmental disabilities program
HE	Mental Health Program
HB	Adult Program
U1	Medicaid Level of Care 1
U2	Medicaid Level of Care 2
U3	Medicaid Level of Care 3
U4	Medicaid Level of Care 4
U5	Medicaid Level of Care 5
U6	Medicaid Level of Care 6
U7	Medicaid Level of Care 7

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NEW

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