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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 22-0013

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 & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 7, 2024

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

Re: Hawaii State Plan Amendment (SPA) 22-0013

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0013. This amendment proposes to add palliative care services in non-hospital settings.

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 22-0013 was approved on May 7, 2024 with an effective date of January 1, 2023.

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 (415) 744-3601 or via email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature area of the letter.

Digitally signed by James
G. Scott -S
Date: 2024.05.07 16:04:14
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Jodeen Enesa, Med-QUEST
Cori Kekina, Med-QUEST
Edie Mayeshiro, Med-QUEST

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 3

2. STATE

HI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT XIX XXI

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

4. PROPOSED EFFECTIVE DATE

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(10)(A) of the Act and 1905(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0

b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B pg. 1.2
Supplement to Attachment 3.1-A and 3.1-B pg. 4-4b.
Supplement 4 to Attachment 3.1-A and 3.1-B pg. 1-3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19-B pg. 1.2
Supplement to Attachment 3.1-A and 3.1-B pg. 4

9. SUBJECT OF AMENDMENT

Palliative Care Bundling Services to Community Palliative Care Services-To establish palliative care services provided in non-hospital settings.

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:

11. NAME OF STATE AGENCY OFFICIAL

12. TYPED NAME

Judy Mohr Peterson, PhD

13. TITLE

Med QUEST Division Administrator

14. DATE SUBMITTED

10/15/22

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

October 31, 2022

17. DATE APPROVED

May 7, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.05.07 16:05:01 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

12d. Same as 6b.

13a. Diagnostic Services, except as otherwise provided under this subpart, includes any medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under State law, to enable the provider to identify the existence, nature, or extent of illness, injury, or other health deviation in a beneficiary.

The diagnostic procedures or out of state procedures requiring prior authorization are:

- Psychological testing
- Neuropsychological testing
- Standardized cognitive testing

13b. Screening service means the use of standardized tests given under medical direction in the mass examination of a designated population to detect the existence of one or more diseases or health deviations or to identify for more definitive studies individuals suspected of having certain diseases.

13c. Preventive Services

1. Preventive Services mean services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to:
 - a. Prevent disease, disability, or other health conditions or their progression;
 - b. Prolong life; and
 - c. Promote physical and mental health and efficiency.
2. Preventive services assigned a grade A or B recommendation by the United States Preventive Services Task Force (USPSTF), approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP), preventive care and screening of infants, children and adolescents recommended by Health Resources & Services Administration HRSA's Bright Futures program and additional preventive services for women recommended by the National Academy of Medicine (NAM) formally known as the Institute of Medicine (IOM) will be covered without cost-sharing in accordance with section 2713 of the Public Health Service Act, which is in alignment with the Alternative Benefit Plan.
3. The state will maintain documentation supporting expenditures claimed for and ensure that coverage and billing codes comply with USPSTF or ACIP recommendations, in accordance with section 4106 of the Affordable Care Act and section 1905(a) (13) (B).
4. Preventive services are covered under the rural health clinic, federally qualified health center, EPSDT, family planning services and supplies for individuals of child-bearing age, physician, other licensed practitioner, clinic, preventive, nurse midwife and nurse practitioner service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B for such services.

TN No. 22-0013
Supersedes
TN No. 21-0002

Approval Date: 05/07/2024

Effective Date: 01/01/2023

5. Smoking cessation counseling and pharmacotherapy shall be consistent with the Treating Tobacco Use and Dependence practice guidelines issued by the Agency for Healthcare Research and Quality. Two quit attempts per benefit period and a minimum of four in person counseling sessions per quit attempt provided by trained and licensed providers practicing within their scope of practice shall constitute each quit attempt. Two effective components of counseling, practical counseling and social support delivered as part of the treatment is emphasized. Settings where services will be delivered are in outpatient hospital/clinics and physician/provider offices. Limits may be exceeded based on medical necessity.
6. Smoking cessation counseling services can be provided by the following licensed providers: psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses (APRN), dentist, licensed mental health counselors (MHC) in behavioral health and Certified Tobacco Treatment Specialists under the supervision of a licensed provider and the supervision is within the scope of practice of the licensed practitioner.
7. Community Palliative Care

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Community Palliative Care is provided in non-hospital and community settings across the continuum of care.

Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

The specific conditions and clinical criteria are determined by the State.

A. Areas of the State to be Covered

The areas of the state that will be covered is the entire state.

B. Comparability of Services

Services are provided in accordance with section 1902 (a) (10) (B) of the Act.

C. Definition of Services

Palliative care is defined as patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and other needs and to facilitate patient autonomy, access to information, and choice in accordance with the Preventative Services benefit. Services furnished to the beneficiary's family or other collaterals are for the direct benefit of the beneficiary.

The Community Palliative Care benefit includes, but is not limited to, the following services:

- I. Care plan development and implementation that is aligned with patient and family goals;
- II. Clinical services provided through an interdisciplinary team;
- III. Comprehensive management; and
- IV. Care coordination and communication.

The specific services are provided based on medical necessity.

Members can concurrently receive curative services, and those services are paid separately.

V. Qualifications of Providers

Palliative care is provided by healthcare providers that are legally authorized to deliver healthcare services by the State of Hawaii.

Palliative care is provided by a team of healthcare professionals and paraprofessionals with a range of skills to treat individuals with serious illnesses. The credentials and/or criteria for required members of the palliative care team are established by the State. The team members are described in Supplement 4 to Attachment 3.1-A and 3.1-B.

VI. Freedom of Choice

The State assures that the provision of Community Palliative Care services will not restrict an individual's free choice of providers as described in the Section 1902(a) (23) of the Act.

13d. Rehabilitation services, except as otherwise provided under this subpart, includes any medical and remedial services recommended by a physician or licensed practitioner of the healing arts, within their scope of practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level.

Rehabilitative services are subject to the limitations specified on these supplement pages for particular services, i.e., physical therapy, speech therapy, etc.

Palliative Care Interdisciplinary Team

#	Interdisciplinary Team Member (IDT)	Brief Description of Services Performed	Scope of Practice	Minimum Qualifications	Adult and/or Pediatric Care	Required or Optional Member of the IDT
1	Physician (Medical Doctor, MD and Doctor of Osteopathy, DO)	Provides direct clinical care and oversight of patient care.	Legally authorized to practice medicine or osteopathy by the State and acts within their scope of license.	Licensed physician (MD or DO); at least one physician must have a certification in palliative care or related field.	Adult and pediatric care.	Required.
2	Registered Nurse (RN)	Provides and coordinates patient care and educates patients about their health.	Legally authorized to provide nursing care by the State and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Required.
3	Licensed Clinical Social Worker (LCSW)	Promotes social change and development, social cohesion, and the empowerment and liberation of patients. Engages patients and structures to address life challenges and enhances wellbeing.	Legally authorized to provide clinical social work services by the State and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Required.
4	Grief Counselor	Grief counseling with consent of the beneficiary.	Grief counseling care commensurate with the needs, desires, and voluntary consent of the beneficiary.	Bachelor's degree in theology or counseling or equivalent.	Adult and pediatric care.	Required.
5	Child Life Specialist (CLS)	CLS work with children and families to help them cope with the challenges of illness, and disability. They provide children with age-appropriate coping strategies, play and self-expression activities, etc.	Accountable for the planning and implementation of child life services.	Bachelor's degree in Child Development, Child Life, or related field.	Pediatric only.	Required.

TN No. 22-0013
 Supersedes _____ Approval Date: 05/07/2024 Effective Date: 01/01/2023
 TN No. NEW

#	Interdisciplinary Team Member (IDT)	Brief Description of Services Performed	Scope of Practice	Minimum Qualifications	Adult and/or Pediatric Care	Required or Optional Member of the IDT
6	Advanced Practice Practitioner - Nurse Practitioner (NP) or Physician Assistant (PA)	Diagnose and treat a wide variety of medical concerns.	Legally authorized to provide services by the State and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Optional.
7	Licensed Practical Nurse (LPN) or Licensed Vocational Nurses (LVN)	Conduct focused nursing assessments, administer medications, maintain patient care records and collaborate with other healthcare professionals.	Provide basic medical care under the direction of registered nurses, advance practice registered nurses, physicians, and other healthcare professionals.	Licensed to provide services.	Adult and pediatric care.	Optional.
8	Certified Nursing Aid (CNA) or Home Health Aid	Working under the direct supervision of a licensed healthcare professional, they assist patients with activities of daily living such as grooming, bathing, and eating.	Legally authorized to provide services by the States and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Optional.
9	Community Health Worker	Serves as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of services delivery.	Outreach, community education, informal counseling, social support, and advocacy.	Lived experience and a trusted member of the community; the State may require additional qualifications such as experience or certification(s).	Adult and pediatric care.	Optional.
10	Licensed Mental Health	Provide mental health and substance use care.	Legally authorized to provide	Licensed to provide services.	Adult and	Optional.

TN No. 22-0013
 Supersedes _____ Approval Date: 05/07/2024 Effective Date: 01/01/2023
 TN No. NEW

#	Interdisciplinary Team Member (IDT)	Brief Description of Services Performed	Scope of Practice	Minimum Qualifications	Adult and/or Pediatric Care	Required or Optional Member of the IDT
	Professional (Counselor)		services by the States and acts within their scope of license.		pediatric care.	
11	Social Worker - Master of Social Work (MSW)	Provides macro-, mezzo-, and micro-aspects of professional social work practice.	Legally authorized to provide services by the States and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Optional.
12	Pharmacist – Doctor of Pharmacy (PharmD)	Dispense prescription medications and provide information to patients about the drugs and their use.	Legally authorized to provide services by the States and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Optional.

TN No. 22-0013
 Supersedes NEW Approval Date: 05/07/2024 Effective Date: 01/01/2023
 TN No. NEW

- (j) Routine Patient Cost for Items and Services in connection with participation by Medicaid Beneficiaries in qualifying clinical trials under 1905(a)(30).
- (k) Community Palliative Care Services Benefit.

The reimbursement methodology, called the Community Palliative Care Service Bundle, is based on bundled rate(s) that are established by the State. The bundled payment unit(s) are monthly.

The provider that meets the Qualifications of Providers criteria described in Supplement to Attachment 3.1-A and 3.1-B, page 4b.(13c)(7)(C)(V) is allowed to bill for the service bundle. Only one provider is allowed to receive the bundled payment per beneficiary.

At least one of the services in the bundle payment must be provided within the service payment unit in order for a provider to bill the bundled rate. Prepayment for services bundles is not allowed.

A provider that receives payment through the bundled payment cannot bill separately for services included in the bundled payment. Medicaid providers delivering separate services outside of the bundle may bill for those separate services in accordance with the State's billing procedures.

The bundled rate(s) does not include costs related to room and board or other unallowed facility costs if the services are provided in residential settings.

The State will periodically monitor the actual provision of services paid under the bundled rate(s) to ensure the beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure the rates remain economic and efficient based on the services that are actually provided as a part of the bundle.

The bundled rate(s) and billing codes are included in the FFS schedule. Other services may be covered that are billed separately from the bundled rate(s) such as initial assessments and reassessments and are included in the Hawaii Medicaid Fee Schedule.

The Hawaii Medicaid Fee schedule effective 01/01/23 is located at <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>. Bundled rates are the same for both governmental and private providers of community palliative care services.

TN No. 22-0013
Supersedes
TN No. 23-0008

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