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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 14-009

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
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

October 23, 2017

Dr. Judy Mohr Peterson
Med-QUEST Division Administrator
MQD/Admin
P.O. Box 700190
Kapolei, HI 96709-0190

Dear Dr. Peterson,

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) No. 14-009, which was originally submitted to the Centers for Medicare and Medicaid Services on October 2, 2014. We received the State's response to our request for additional information on September 22, 2017. This SPA increases the number of days for a reserved bed in nursing facilities. The approval of this SPA is effective October 1, 2014.

Attached is a copy of the new State Plan page to be incorporated into Hawaii's approved State Plan at 4.19-C, page 1.

If you have any questions, please contact Carolyn Kenline at (415) 744-3591 or carolyn.kenline@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Tom Duran, CMS Pacific Area Representative
Edie Mayeshiro, Med-QUEST Program and Policy Development Office
Aileen Befitel, Med-QUEST Program and Policy Development Office

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
14-009

2. STATE
HAWAII

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)
MEDICAL ASSISTANCE

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2014

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:
42 C.F.R. 447.40

7. FEDERAL BUDGET IMPACT:
a. FFY 2015: \$0.00
b. FFY 2016: \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 4.19-C, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

ATTACHMENT 4.19-C, page 1

10. SUBJECT OF AMENDMENT:

Increases the number of days for a reserved bed from twelve (12) calendar days to twenty-four (24) calendar days for recipients in skilled nursing and intermediate care facilities and to clarify existing policy related to reserved beds.

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:
AS APPROVED BY DIRECTOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME:

PATRICIA MCMANAMAN

14. TITLE:

DIRECTOR OF HUMAN SERVICES

15. DATE SUBMITTED:

OCT 02 2014

16. RETURN TO:

DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION
POLICY AND PROGRAM DEVELOPMENT OFFICE
P.O. BOX 700190
KAPOLEI, HI 96709-0190

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

October 2, 2014

18. DATE APPROVED:

October 23, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Henrietta Sam-Louie

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Pen and ink change made by CK on 10/20. Confirmed via RAI response dated 9/22/17.

1. Payments for a reserved bed during a recipient's absence from a Acuity Level A, Acuity Level C, or Acuity Level D nursing facility as defined in Attachment 4.19-D, may be allowed for therapeutic leave if:
 - A. The recipient's plan of care provides for absences other than for hospitalization, and is approved by the recipient's attending physician;
 - B. Each absence does not exceed a period of three consecutive days, unless prior approval request is submitted to the department, reviewed and approved by its medical consultant;
 - C. The total number of reserved bed days, per recipient, per calendar year does not exceed twenty-four (24) calendar days; and
 - D. A record is maintained in the recipient's medical charts which accounts for the number of days and specific dates that a reserved bed was in effect for the year, subject to periodic review by the department's representatives.
2. Payments shall not be made for a reserved bed when the recipient's absence is due to acute hospitalization stays.
3. Payment for a reserved bed during a recipient's absence as defined in item 1, shall be based on the reimbursement methodology as described in Attachment 4.19-D.

TN No. 14-009
Supersedes
TN No. 83-022

Approval Date: 10/23/2017

Effective Date: 10/01/2014