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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 21-0015

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 Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

October 25, 2021

Dr. Judy Mohr Peterson Med-Quest Division Administrator P.O. Box 700190 Kapolei, HI 96709-0190

RE: TN 21-0015

Dear Dr. Peterson:

We have reviewed the proposed Hawaii state plan amendment (SPA) to Attachment 4.19-B HI 21-0015 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2021. This plan amendment updates the reimbursement methodology for Medicaid Hospice Services consistent with Sections 1814(i)(1)(C)(ii) and 1902(a)(13)(b) of the Social Security Act.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

	1. TRANSMITTAL NUMBER	2. STATE			
TRANSMITTAL AND NOTICE OF APPROVAL OF	2 1 0015	Hawaii			
STATE PLAN MATERIAL					
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT (MEDICAID)	OF THE SOCIAL			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE				
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	10/01/2021				
5. TYPE OF PLAN MATERIAL (Check One)					
□ NEW STATE PLAN □ AMENDMENT TO BE CONS		MENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each ame	endment)			
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2021 \$0.00				
Section 3004 of ACA	a. FFY 2021 \$0.00 b. FFY 2022 \$0.00				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSED	ED PLAN SECTION			
Attachment 4.19-B pg. 8.3 and pg. 8.4	OR ATTACHMENT (If Applicable)				
Attachment 4. 10-b pg. 0.5 and pg. 0.4	Attachment 4.19-B pg. 8.3	Attachment 4.19-B pg. 8.3			
10. SUBJECT OF AMENDMENT					
Hospice Services					
11. GOVERNOR'S REVIEW (Check One)					
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED				
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED					
■ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL					
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO				
	State of Hawaii	ate of Hawaii			
13, TYPED NAME	Department of Human Services				
Judy Mohr Peterson, PhD	Office of the Director				
	P.O. Box 339				
Med-QUEST Division Administrator	Honolulu, Hawaii 96809-0339	nolulu, Hawaii 96809-0339			
15. DATE SUBMITTED 09/30/2021					
FOR REGIONAL O					
17. DATE RECEIVED	18. DATE APPROVED				
September 30, 2021 October 25, 2021 PLAN APPROVED - ONE COPY ATTACHED					
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL				
October 1, 2021					
21. TYPED NAME	22. TITLE				
	Director, Division of Reimbursement Review				
Todd McMillion 23. REMARKS	Director, Division of Reimbursen	ICHT I/CAICM			
10/14/21: State provides concurrence for pen and ink ch	ange to Box 7, striking FFY 2021 in	pact and adding			
FFY 2023 impact of "\$0.00".					

- 7. Lodging and meals for Medicaid patients or attendants authorized by the attending physician, in an emergency situation, or the Department's medical consultant shall be paid through purchase orders to the providers issued by the branch unit.
- 8. Payments for non-emergency transportation (e.g., Handicabs, but no taxis), are limited to rates established by the Department.
- c. Payment for smoking cessation services shall be at the lower of the billed charge, the rate established by the department of the current Medicare fee schedule.

TN No.	21-0015			
Supersedes	Approval Date:	10/25/2021	Effective Date:	10/01/2021
TN No.	10-003		_	

Hospice Care Services Payment

Payment for hospice services is made to a designated hospice provider based on the Medicaid hospice rates published annually in a memorandum issued by the Centers for Medicare & Medicaid Services (CMS), Center for Medicaid and CHIP Services. Additionally, the rates are adjusted for regional differences in wages using the hospice wage index published by CMS.

This rate schedule provides rates for each of the four levels of hospice care, with the exception of payment for physician services.

The reimbursement amounts are determined within each of the following categories:

- 1. Routine home care where most hospice care is provided Days 1-60.
- 2. Routine home care where most hospice care is provided Days over 60.
- 3. Continuous home care which is furnished during a period of crisis and primarily consists of nursing care to achieve palliation and management of acute medical symptoms.
- 4. Inpatient respite care which is short-term care and intended to relieve family members or others caring for the individual.
- 5. General inpatient hospice care which is short term and intended for pain control or acute or chronic symptom management which cannot be provided in other settings.
- 6. Service Intensity Add-on (SIA) will be made for a visit by a social worker or a registered nurse (RN), when provided during routine home care provided in the last 7 days of a Medicaid member's life. The SIA payment is in addition to the routine home care rate. The SIA Medicaid reimbursement will be equal to the Continuous Home Care hourly payment rate (as calculated annually by CMS), multiplied by the amount of direct patient care hours provided by an RN or social worker for up to four (4) hours total that occurred on the day of service, and adjusted by the appropriate hospice wage index published by CMS.

Section 3004 of the Affordable Care Act amended the Social Security Act to authorize a Medicare quality reporting program for hospices. In accordance with Sections 1814(i)(5)(A)(i)of the Social Security Act, the market basket update will be reduced by 2 percentage points for any hospice that does not comply with the quality data submission requirements

Hospice nursing facility room and board per diem rates are reimbursed to the hospice provider at a rate equal to 95% of the skilled nursing facility rate, less any Post Eligibility Treatment of Income (PETI) amount, for Medicaid clients who reside in a nursing facility and receive hospice services.

The hospice provider is responsible for passing the room and board payment through to the nursing facility.

For each hospice, the total number of inpatient days (both for general inpatient care and inpatient respite care) must not exceed 20 percent of the aggregate total number of days of hospice care provided to all Medicaid members enrolled in the hospice during the same period, beginning with services rendered October 1 of each year and ending September 30 of the next year.

TN No.	21-0015				
Supersedes		Approval Date:	10/25/2021	Effective Date:	10/01/2021
TN No.	NEW			_	