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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



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**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](mailto:blake.holt@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures



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.

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<b>TN No.</b>	<u>21-0015</u>	<b>Approval Date:</b>	<u>10/25/2021</u>	<b>Effective Date:</b>	<u>10/01/2021</u>
<b>Supersedes</b>					
<b>TN No.</b>	<u>10-003</u>				

**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.

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