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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 13-004c

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

Patricia McManaman
Director, Department of Human Services
P.O. Box 339
Honolulu, HI 96809-0339

DEC 16 2013

Dear Ms. McManaman:

Enclosed is an approved copy of Hawaii's State Plan Amendment (SPA) 13-004c, which was submitted to CMS as part of SPA 13-004 on July 12, 2013. Hawaii SPA 13-004c provides for coverage of substance abuse services that are furnished by Certified Substance Abuse Counselors and for Peer Support Services. The effective date of the SPA is October 5, 2013.

Enclosed is a copy of the new State Plan pages to be incorporated into Hawaii's approved State plan:

- Supplement to Attachment 3.1-A and 3.1-B, page 4.4a
- Attachment 4.19b, page 8.3a

If you have any questions, please contact Christy Bonstelle at (415)744-3522, or christy.bonstelle@cms.hhs.gov.

Sincerely,

/s/

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Kenny Fink, Med-QUEST Administrator
Tom Duran, CMS Pacific Area Representative

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-004c	2. STATE HAWAII
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2013. October 5, 2013		

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. 433.145, 435.310, 440.40, 440.60, and 440.130 Section 1902	7. FEDERAL BUDGET IMPACT: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">FFY 2014</td> <td style="text-align: right;">Under XXXXX \$999,999</td> </tr> <tr> <td>FFY 2015</td> <td style="text-align: right;">Under XXXXX \$999,999</td> </tr> </table>	FFY 2014	Under XXXXX \$999,999	FFY 2015	Under XXXXX \$999,999
FFY 2014	Under XXXXX \$999,999				
FFY 2015	Under XXXXX \$999,999				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 3.1-C Attachment 2.2-A, page 26 Attachment 2.6-A, page 3a Supplement 4 to Attachment 2.6-A, page 1 Supplement 5 to Attachment 2.6-A, page 1 Supplement 3b to Attachment 2.6-A, page 1 Supplement to Attachment 3.1-A and 3.1-B, pages 2 and 3.2-b, 4 and 4.4a Attachment 4.19-B, pages 8 3a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):				

10. SUBJECT OF AMENDMENT:

The amendments to the State Plan pages relate to ~~changes under the medically needy group assignment of rights, methods for determining income and resources, updates drug coverage,~~ expands the standard benefits package related to ~~other practitioners' services and~~ rehabilitative services, and establishes payment rates for new types of providers and services.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 AS APPROVED BY GOVERNOR
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: PATRICIA MCMANAMAN	STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES OFFICE OF THE DIRECTOR P.O. Box 339 HONOLULU, HAWAII 96809-0339
14. TITLE: DIRECTOR OF HUMAN SERVICES	
15. DATE SUBMITTED: July 12, 2013	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: July 12, 2013	18. DATE APPROVED: December 16, 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 5, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>
21. FULL NAME: Gloria Nagle	22. TITLE: Associate Regional Administrator
23. REMARKS: Pen and ink changes per e-mail from Aileen Bettef 9/13/13 and 9/24/13	

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 may be provided by a peer 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 program that meets the criteria established by the AMHD. 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 providers are self-identified consumers who are in recovery from mental illness and/or substance use disorders. Peer support providers meet the following minimum requirements for supervision, care coordination and training: 1) Supervision is provided by a mental health professional (as defined by the State); 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.

Limitations (continued)

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. Services provided must be medically necessary. Prior approval is required.

TN No. 13-004c
 Supersedes
 TN No. NEW

Approval Date: **DEC 16 2013** Effective Date: 10/05/2013

- d. Services provided by a certified substance abuse counselor are reimbursed at fifty per cent of the Medicaid reimbursement rate for a psychologist as specified in Attachment 4.19-B, page 1, item 1(d).
- e. Services provided by a certified peer specialist shall be reimbursed at \$15.19 per 15 minute unit intervals.

TN No. 13-004c

Supersedes

TN No. NEW

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