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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 24-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) 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

July 11, 2024

Dr. Judy Mohr Peterson
State of Hawaii Department of Human Services
Office of the Director
PO Box 339
Honolulu, HI 96809-0339

Re: Hawaii State Plan Amendment (SPA) 24-0003

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0003. This amendment proposes to update coverage for transportation services to comply with the Consolidated Appropriations Act of 2021.

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's Medicaid SPA TN 24-0003 was approved on July 11, 2024 with an effective date of May 1, 2024.

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,

Ruth
Hughes -S

Digitally signed by
Ruth Hughes -S
Date: 2024.07.11
20:22:55 -05'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Jodeen Enesa
Edie Mayeshiro

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



Medicaid and CHIP Operations Group

July 11, 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) 24-0003

Dear Dr. Mohr Peterson:

This letter is sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of Hawaii (HI) state plan amendment Transmittal Number (TN) 24-0003, which updates the non-emergency medical transportation service benefits to reflect requirements delineated in state Medicaid director letter 23-006. During our review of HI 24-0003, we identified two same page review concerns on Supplement to Attachment 3.1-A and 3.1-B, Page 5 that need to be addressed.

- Section 1905(a)(32) of the Act and implementing regulations at 42 CFR §440.170(d) authorizes nursing facility (NF) services for individuals under age 21. NF services for individuals under age 21 follow implementing regulations at 42 CFR §440.40(a)(1)(i) for the NF benefit including the cross reference at 42 CFR §409.31 that outline Level of Care (LOC) requirements for NF services. As such, NF services for individuals under age 21 must be ordered by a physician. Further, section 1919(e)(7) of the Act and implementing regulations at 42 CFR Part 483 Subpart C require preadmission screening for applicants to a NF. 42 CFR section 483.104 specifies that as a condition of approval of the State plan, the state must operate a Preadmission Screening and Resident Review (PASRR) program that meets the federal requirements under 42 CFR Part 483 Subpart C.
- CMS determined that HI 24-0003 does not conclusively comply with the NF regulation for LOC, including NF services are ordered by a physician. In addition, CMS determined the requirement for preadmission screening is absent from HI 24-0003.

Supplement to Attachment 3.1-A and 3.1-B, Page 5

NF Services

The state includes individuals under age 21 must meet LOC requested by a physician and approved by its medical consultant. Since federal LOC regulations specify NF services are ordered by a physician, the state must revise the language to specify the services are ordered by a physician.

The state does not specify preadmission screening must be completed prior to admission to a NF. The state must specify preadmission screening is required prior to NF admission.

CMS welcomes the opportunity to work with you and your staff to resolve these issues. Please contact Brian Zolynas at (415) 744-3601 or by email at Brian.Zolynas@cms.hhs.gov if you have any questions.

Sincerely,

Ruth

Hughes -S

Ruth A. Hughes, Acting Director
Division of Program Operations

Digitally signed by
Ruth Hughes -S

Date: 2024.07.11
20:23:24 -05'00'

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

1. TRANSMITTAL NUMBER 2 4 — 0 0 0 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
May 01, 2024

5. FEDERAL STATUTE/REGULATION CITATION
1902(a)(4)(A), Consolidated Appropriations Act (CAA) 2021 (Section 209(a))


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 3.1 pg. 24
Attachment 3.1-D pg. 1-1a.
Supplement to Attachment 3.1-A and 3.1-B pg. 5
Attachment 4.19-B pg. 8.1-8.2.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Section 3.1 pg. 24
Attachment 3.1-D pg. 1
Supplement to Attachment 3.1-A and 3.1-B pg. 5
Attachment 4.19-B pg. 8.1-8.2.

9. SUBJECT OF AMENDMENT
Non-Emergency Medical Transportation 2024

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
04/26/24

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
April 26, 2024

17. DATE APPROVED
July 11, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 1, 2024

19. SIGNATURE


20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

State/Territory: HAWAII

<u>Citation</u>	3.1 <u>Amount, Duration, and Scope of Services</u> (continued)
42 CFR 431.53	(c) (1) Assurance of Transportation Provision is made for assuring necessary transportation of beneficiaries to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.
42 CFR 483.10	(c) (2) Payment for Nursing Facility Services The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

TN No. 24-0003

Supersedes

Approval Date: 07/11/2024

Effective Date: 05/01/2024

TN No. 94-0009

SUPPLEMENT to ATTACHMENT 3.1-A and 3.1-B

- 18. Authorization by the Department's medical consultant is required for services during a transitional period.
- 20.a. & b. Extended services to pregnant women includes all major categories of services provided for the categorically needy recipients, as long as the services are determined to be medically necessary and related to the pregnancy.
- 22. Prior authorization is required by the medical consultant for the provision of respiratory care services for ventilator-dependent individuals.
- 23. Nurse practitioner services shall be limited to the scope of practice a nurse practitioner is legally authorized to perform under State law.

24a. Transportation:

Emergency Medical Transportation Services

- a. Ground or air ambulance service is provided in emergencies or when a beneficiary, as determined by medical necessity criteria, is unable to travel by other non-emergency medical transportation mode.
- b. Out of state travel is covered consistent with 42 CFR 431.52

Non-Emergency Medical Transportation Services

- a. Non-emergency medical transportation modes, which includes taxi, wheelchair van, stretcher car, transportation network company and commercial carrier transportation, is provided for beneficiaries residing in areas not served by a bus or public transportation system, or when travel by bus or public transportation would be either hazardous or cause extreme hardship to a beneficiary based on state medical necessity criteria.
- b. Air transportation is provided when required specialized medical services are not available on the island of beneficiary's residence.
- c. Out of state travel is covered consistent with 42 CFR 431.52.
- d. The state covers related travel expenses when necessary for accessing covered services.
- e. Except for emergencies, prior authorization is required for air transportation and other non-emergency transportation modes.

- 24d. Must meet the skilled nursing level of care requested by a physician and approved by the department's medical consultant.

TN No. 24-0003 Approval Date: 07/11/2024 Effective Date: 05/01/2024

Supersedes 11-007

TN No.

State: HAWAII

Transportation:

To assure necessary transportation for beneficiaries and their approved attendants to and from providers of covered services, several types of transportation are used to meet the beneficiary's transportation needs.

Described below are the methods used:

1. Non-Emergency Medical Transportation (NEMT) Types:

- a. These services are covered as an administrative activity and not included as an optional medical service:
 - i. Bus and public transportation are provided for beneficiaries residing in areas served by the bus and public transportation system.
 - ii. Mileage reimbursement is provided for participating drivers who drive a beneficiary to and from a Medicaid-covered service in a personal car.
- b. These services are covered as an optional medical service consistent with 42 CFR 440.170(a).
 - i. As described in Supplement to Attachment 3.1-A and 3.1-B pg.5 under Transportation.
 - ii. The state covers related travel expenses (including meals, lodging, and attendant) when necessary for accessing covered services.

2. Emergency Medical Transportation

As described in Supplement to Attachment 3.1-A and 3.1-B pg.5 under Transportation services are covered as an optional medical service consistent with 42 CFR 440.170(a)

3. Non-Emergency Medical Transportation Models

Non-emergency medical transportation (NEMT) is provided through two models and authorities:

- a. Medicaid beneficiaries in a managed care model by managed care organizations under the authority of the Section 1115 Demonstration waiver and section 1915(a) of the Social Security Act; and
- b. Medicaid beneficiaries in a fee-for-service model under the provisions of 42 C.F.R. §431.53 and 440.170(a).

4. Single State Agency Responsibilities

This single state agency is responsible for determining each beneficiary's Medicaid eligibility, NEMT eligibility and benefit coverage. The single agency ensures the following:

- a. Transportation services are provided only by contracted or enrolled Medicaid transportation providers.
- b. Transportation services are provided only in conjunction to a Medicaid-covered service.
- c. Medicaid is the payor of last resort, with certain exceptions allowed by federal regulations or law.
- d. Medicaid beneficiary is informed about rights and responsibilities.

- e. All Medicaid beneficiaries (including Early Periodic Screening and Developmental Testing beneficiaries) have a means of being informed of transportation and other benefit coverage.
- 8. Program Limitations
Covered transportation is limited to trips for Medicaid beneficiaries, and their approved attendants, to and from Medicaid-covered services.
- 9. Program Monitoring and Oversight
Transportation program oversight includes monitoring of complaints made by beneficiaries related to transportation access and quality including, but not limited to, courteous and respectful drivers and scheduling staff, clean vehicles, and timely rides. The state holds accountable the operational organizations that administer day-to-day transportation, such as transportation companies, managed care organizations, and drivers.

TN No. 24-0003

Supersedes

Approval Date: 07/11/2024

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TN No. NEW

11. In compliance with section 1927(b)(2) of the Social Security Act invoice reports will be submitted to each qualifying rebate manufacturer and the Department of Health and Human Services Secretary within sixty days after the end of each calendar quarter including information on the total number of dosage units of each covered outpatient drug dispensed under the rebate plan. This report will be consistent with the standard reporting format established by the Secretary and include the total number of dosage units of each covered outpatient drug dispensed under the plan during the quarter.

b. Payments for transportation services are limited as follows:

1. Payments for ground ambulance and air ambulance services are limited to billed charges, the rate negotiated by the Department or the Medicare reasonable charge, whichever is lower. In the case of neonatal ground transportation, the upper limit on payment shall be at a rate set by the Department;
2. Except for a beneficiary who is a stretcher patient, payment for air transportation shall not exceed the inter-island or out-of-state airfare charged the other persons on the beneficiary's flight, or a contracted amount previously agreed upon between the airlines and the Department for emergency chartered flights. For transportation of a stretcher patient by the scheduled carrier, payment shall not exceed the airfare charged for four seats on the beneficiary's flight.
3. A round trip airfare shall be paid for an attendant whose services are recommended by the attending physician or are required by the airline. Prior approval of the Department's medical consultant is necessary, except in emergency situations, when the attending physician's authorization is sufficient, subject to the Department's medical consultant's review. In addition, payment shall be made for the attendant's service, provided the attendant is unrelated to the patient. The amount of payment for the attendant's service shall not exceed the following applicable rates:

(a) Leave and return same day..... \$20

TN No. 24-0003
Supersedes
TN No. 01-011

Approval Date: 07/11/2024

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- (b) Requiring overnight stay.....
\$40
4. Payments for emergency air ambulance services shall be based upon prearranged contracted rates between the air carrier and the Department not to exceed the rates charged the general public or the amounts paid by Medicare, whichever is lowest. The emergency trip shall be authorized by the attending physician using the form by the department;
5. Payments for emergency ground ambulance services shall be based upon prearranged contracted rates between the provider and the Department. not to exceed rates charged the general public or the amounts paid by Medicare, whichever is lowest. Additional amounts shall be paid for life-saving measures administered in the ambulance such as oxygen. The charge shall not exceed the provider's customary charge to the general public, the rate set by the Department, or Medicare's reimbursement level for the same service. Beneficiary's requiring ambulance service shall have the emergency trip authorized by the attending physician using the form designated by the Department or by the medical consultant of the Department;
6. Payments for medical taxi services shall be by purchase order issued by the branch office and only for trips to or from a physician's office, clinic, hospital, or airport (for covered medical transportation) and the patient's home for Medicaid-covered benefits and services.

Further limitations on reimbursement for such services include:

- (a) No detours or side trips shall be permitted;
- (b) The amount of payment shall be made not to exceed on the basis of metered rates charged to the public; or
- (c) Payments shall not include compensation for the driver's waiting time at the clinic, hospital, physician's office, or a location of other providers of medical services, or other provider locations as determined by the Department.

TN No. 24-0003

Supersedes

Approval Date: 07/11/2024

Effective Date: 05/01/2024

TN No. 99-003