State of Hawaii
Department of Human Services
MED-QUEST DIVISION

MEDICAID STATE PLAN
SPA MEMO NO.: 22-03
DATE: 12/01/22
ORIGINATOR: POLICY AND PROGRAM DEVELOPMENT OFFICE

TO: Custodian of Med-QUEST Division Medicaid State Plan

FROM: Judy Mohr Peterson, PhD JMP
Med-QUEST Division Administrator

SUBJECT: APPROVAL OF AMENDMENT UNDER THE MEDICAID STATE PLAN

EXPLANATION:

The State of Hawaii received approval from the Centers for Medicare & Medicaid Services (CMS) for State Plan Amendment (SPA) Number 22-0003.

This amendment adds a new Child and Adolescent Mental Health Division (CAMHD) Fee Schedule to include code descriptions, updated rates and description of modifiers. The amendment also adds additional description and CMS recommendations to the Peer Support Services section in the Hawaii Medicaid State Plan.

FILING INSTRUCTIONS:

Review and file the amended Medicaid State Plan pages in your Medicaid State Plan Manual as follows:

Remove:
Supplement to Attachment 3.1-A and 3.1-B pg. 4.4a
Attachment 4.19-B pg. 6
Attachment 4.19-B pg. 8.3a

File new:
Supplement to Attachment 3.1-A and 3.1-B pg. 4.4a and 4.4b
Attachment 4.19-B pg. 6 and 6a
Attachment 4.19-B pg. 8.3a
Supplement 3 to Attachment 4.19-B pg. 1-6

The Med-QUEST Division amendment described above has been incorporated into the electronic version of the Medicaid State Plan located at the Department of Human Services (DHS) website link for public transparency below:

http://humanservices.hawaii.gov/reports/hawaii-medicaid-state-plan/

Attachments

C: Attorney General's Office
Audit, Quality Control & Research Office/Quality Control Staff
Clinical Standards Office
Department of Health/Child & Adolescent Mental Health Division
Department of Health/State Planning Council Developmental Disabilities
Department of Health/Developmental Disabilities Division
Department of Human Services /Adult Protective and Community Services Branch
Department of Human Services/Policy and Program Development Office
Eligibility System Project (KOLEA)
Finance Office
Hawaii Document Center/HI State Library
Hawaii Legislative Reference Bureau Library
Health Care Services Branch
Legal Aid Society of Hawaii

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 are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self- sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities. Peer support providers are self-identified consumers who are in recovery from mental illness, physical illness and/or substance use disorders.

Peer support services are delivered directly to Medicaid beneficiaries with mental health, physical illness and/or substance use disorders. Peer support services furnished to parents/caretakers/family members are for direct benefit of the beneficiary.

Peer support services may be provided to Medicaid consumers and their family members (or parents/caretakers) by a peer support 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 peer support program established by another State agency that meets existing and established national peer support criteria.

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.

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.

Peer support services include one or more of the following service components:

- Educational Skill Building Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement means Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in treatment. Engagement may include supporting beneficiaries in their transitions and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

Limitations (continued)

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 services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010

The payment to an emergency room physician for the screening and assessment of a patient who receives who receives non-emergency care in the emergency room shall not exceed the payment for a problem focused history, examination, and straight forward medical decision making.

r. The upper limits on payments for non-institutional items and services shall be established by the department in accordance with the section 346-59, Hawaii Revised Statute (HRS), and other applicable state statutes.

s. Medicaid reimbursement for behavioral services provided by the Child and Adolescent Mental Health Division (CAMHD) under Department of Health (DOH) shall be reimbursed in accordance with the fee schedule described in Supplement 3 to Attachment 4.19-B.

If there are services provided by CAMHD that are not listed on the CAMHD Fee Schedule in Supplement 3 to Attachment 4.19-B, reimbursement rates are located on the Medicaid Fee Schedule at https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html in accordance to agreements between CAMHD and MQD.

3. PAYMENT FOR COVERED OUTPATIENT DRUGS AND PROFESSIONAL DISPENSING FEES

a. Payment for covered outpatient drugs:

1. Payment for ingredient cost of prescription and covered outpatient drugs:

A. For single source drugs, reimbursement shall be the lowest of:
   i. The submitted ingredient cost, plus a professional dispensing fee;
   ii. The provider’s usual and customary charge to the general public;
   iii. The Wholesale Acquisition Cost (WAC), plus a professional dispensing fee; or
   iv. The National Average Drug Acquisition Cost (NADAC), plus a professional dispensing fee.

B. For multiple source drugs, reimbursement shall be the lowest of:
   i. The submitted ingredient cost, plus a professional dispensing fee;
   ii. The provider’s usual and customary charge to the general public;
   iii. WAC, plus a professional dispensing fee;
   iv. Federal Upper Limit (FUL) price, plus a professional dispensing fee;
   v. The State Maximum Allowable Cost (SMAC), plus a professional dispensing fee; or
   vi. The NADAC, plus a professional dispensing fee.

C. 340B-purchased drugs shall be reimbursed at the 340B submitted ingredient cost but no more than the 340B Ceiling Price, plus a professional dispensing fee.
   i. Drugs acquired through the federal 340B drug pricing program and dispensed by 340B contract pharmacies are not covered unless the 340B contract pharmacy requests in writing and receives approval from the state to use these drugs for Medicaid beneficiaries.

D. For clotting factor, reimbursement shall be the lowest of:

i. The submitted ingredient cost, plus a professional dispensing fee;
ii. The provider's usual and customary charge to the general public;
iii. WAC, plus a professional dispensing fee;
iv. FUL price, plus a professional dispensing fee;
v. SMAC, plus a professional dispensing fee; or
vi. The NADAC, plus a professional dispensing fee.

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 according to the Child and Adolescent Mental Health Division (CAMHD) Fee Schedule located on Supplement 3 to Attachment 4.19-B

Child and Adolescent Mental Health Division (CAMHD) Fee Schedule

CODE	DESCRIPTION	MODIFER	PROVIDER TYPE	UNIT	MQD rate billed to CAMHD
A0100	Transportation-Ground (car rental not included)				By report
A0140	Transportation-Air Travel	UC-client U1-first family member or attendant **No modifier**-In State TN Out of State			By report
A0180	Transportation-Lodging for attendant			per diem	By report
A0190	Transportation-Meals for attendant			per diem	By report
H0017	Behavioral health, residential (HBR) (hospital residential treatment program), without room and board, per diem		ALL	Per diem	$960.96
H0018	Transitional Family Home (TFH)		ALL	Per Diem	$211.80
H0018	Transitional Family Home (TFH)-Bed Hold	**HA** – Bedhold	ALL		$211.80
H0018	Transitional Family Home (TFH)-Therapeutic Pass	**HK** – Therapeutic Pass	ALL		$211.80
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem Residential treatment for adolescents, out-of-state. (CBR OOS)	**HK** – Bed hold **HA** – Therapeutic Pass	**ALL**	Per diem	$236.14
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem Residential treatment for adolescents that have sexually offended; most	**U1**-Medicaid level of care 1, as defined by each state **HA** – Bed hold **HK** – Therapeutic Pass	ALL	Per diem	$236.14

	often court ordered. (CBR1)				
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem Residential treatment for adolescents with sexualized behaviors; not adjudicated (CBR2)	**U2**-Medicaid level of care 2, as defined by each state **HA** - Bed hold **HK** - Therapeutic Pass	ALL	Per diem	$236.14
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem General residential treatment services (CBR3)	**U3**-Medicaid level of care 3, as defined by each state **HA** - Bed hold **HK** - Therapeutic Pass	ALL	Per diem	$236.14
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem General residential treatment services (CBR3 SA)	**U4**-Medicaid level of care 4, as defined by each state **HA** - Bed hold **HK** - Therapeutic Pass	ALL	Per diem	$236.14
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem Residential treatment services for girls sex traffic confirmed and at risk. (CBR3 CSEC)	**U5**-Medicaid level of care 5, as defined by each state **HA** - Bed hold **HK** - Therapeutic Pass	ALL	Per diem	$236.14
H0019	Residential treatment program where stay is typically longer than 30	**U6**-Medicaid level of care 6, as defined by each state	ALL	Per diem	$236.14

	days without room and board per diem Residential Crisis Stabilization Program limited to 30 days. (RCSP)	**HA** – Bed hold **HK** – Therapeutic Pass			
H0019	Community-Based Residential treatment- where stay is 30-60 days and treats youth who do not meet criteria for inpatient acute hospital level of care, and are near that threshold of treatment. Provided in either a hospital or outpatient residential setting. (Subacute)	**U7-Medicaid level of care 7 as defined by each state** **HA** – Bed hold **HK** – Therapeutic Pass	ALL	Per diem	$236.14
H0035	Intensive Outpatient Hospitalization (IOH) Also known as Partial Hospitalization or day treatment, the youth go from their residence to the program during the day.		ALL	Per Diem	$286.11
H0036	Community psychiatric supportive treatment face-to-face, per 15min Intensive In-Home Intervention	**HO** **95**	**MHP** (Mental Health Professional)	15 min	$24.15
H0036	Community psychiatric supportive treatment face-to-face, per 15min Intensive In-Home Intervention	**HN** **95**	**PARA** (PARA Professional)	15 min	$14.04
H0036	Community psychiatric supportive treatment face-to-face, per 15min Intensive Independent Living Skills The same as above with an	**HP** **HE** **95**	QMHP	15 min	$27.15

	emphasis on transition to adulthood.				
H0036	Community psychiatric supportive treatment face-to-face, per 15min Intensive Independent Living Skills The same as above with an emphasis on transition to adulthood.	**HO** **HE** **95**	MHP	15 min	$24.15
H0036	Community psychiatric supportive treatment face-to-face, per 15min Intensive Independent Living Skills The same as above with an emphasis on transition to adulthood.	**HN** **HE** **95**	PARA-II	15 min	$14.04
H0036	Community psychiatric supportive treatment face-to-face, per 15min Adaptive Behavioral Intervention	**HI** **HP** **95**	QMHP	15 min	$27.15
H0036	Community psychiatric supportive treatment face-to-face, per 15min Adaptive Behavioral Intervention	**HI** **HO** **95**	MHP	15 min	$24.15
H0036	Community psychiatric supportive treatment face-to-face, per 15min Adaptive Behavioral Intervention	**HI** **HP** **95**	PARA-II	15 min	$14.04
H0037	Therapeutic Crisis Home (TCH) Community psychiatric supportive treatment program, per diem A short-term home for a youth in crisis, often used by CMO.		ALL	Per diem	$228.66
H0038	Peer Support Services (PSS)	**HA**-Child/Adolescent	Cert. peer	15 min	

		program **95**	Specialist		$15.19
H0038	Peer Support Services (PSS)	**HB**-Adult Program- Non-Geriatric **95**	Cert. Peer Specialist	15min	$15.19
H0045	Therapeutic Respite Home (TRH) A short-term home for respite purposes to protect the long-term home.		ALL		$211.80
H2011	Crisis Mobile Outreach (CMO)		ALL	15 min	$27.50
H2015	Comprehensive Community Support Services (Transitional Support Services-TSS)	**HP** **HO** **95**	QMHP, MHP	15 min	$24.15
H2019	Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter A proprietary evidence-based family therapy model	**95**	QMHP led team	15 min	$55.00
H2033	Multisystemic Therapy (MST) A proprietary evidence-based family and community-based treatment model.	**95**	QMHP led team	15min	$50.00
T1013	Interpreter Services	**95**	ALL	15min	$9.36
T1017	Targeted Case Management (TCM)-case assessment	**HA**-Child/Adolescent program HP HO **95**	QMHP, MHP	15 min	$9.75
T1017	Targeted Case Management (TCM)-case planning	**U1**-Medicaid level of care 1, as defined by each state (tracking modifier "Mental health program") HP	QMHP, MHP	15 min	$9.75

		HO **95**			
T1017	Targeted Case Management (TCM)-ongoing monitoring	**U2**-Medicaid level of care 2, as defined by each state HP HO **95**	QMHP, MHP	15 min	$9.75

Modifier	Modifier Description
95	Synchronous telehealth via real-time interactive audio and video
HA	Child/Adolescent Program and Bed Hold
HK	Specialized mental health programs for high-risk populations and Therapeutic Pass
HP	QMHP Doctoral Degree (or no mod)
HO	MHP - Master Degree
HN	PARA - Bachelor Degree
HI	Integrated mental health and intellectual disability/developmental disabilities program
HE	Mental Health Program
HB	Adult Program
U1	Medicaid Level of Care 1
U2	Medicaid Level of Care 2
U3	Medicaid Level of Care 3
U4	Medicaid Level of Care 4
U5	Medicaid Level of Care 5
U6	Medicaid Level of Care 6
U7	Medicaid Level of Care 7