

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION

PUBLIC NOTICE

Pursuant to 42 C.F.R. §447.205, the Department of Human Services (DHS), Med-QUEST Division (MQD) hereby notifies the public that the MQD intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS).

Under the provisions of federal law, the state is required to issue public notice of proposed changes to statewide methods and standards for setting Medicaid payment rates.

Section 5121 of the Consolidated Appropriation Act of 2023 (CAA, 2023) mandates that state Medicaid programs provide specific screening and diagnostic services and targeted case management (TCM) including referrals for at least 30 days post release for eligible juveniles who are inmates of a public institution, post adjudication or legal decision is made.

Hawaii is submitting SPA 26-0003 “Section 5121 Mandatory Youth Reentry Services” to meet these requirements. The following sections are new or have been amended in the Hawaii Medicaid State Plan:

Targeted Case Management Services for eligible juveniles effective 01/01/2025:

1. Attachment 3.1-M pg. 1-2

States must indicate compliance with the following areas:

- a. State has an internal operational plan.
- b. Provides eligible Juveniles the following:
 - i. Screenings and Diagnostic Services
 - ii. Targeted Case Management Services
- c. State Acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g. boot camps or wilderness camps)

2. Supplement 1 to Attachment 3.1-A pg. 15-22

Details:

- a. Where services are provided.
- b. Defines what services are provided.
- c. How the services are monitored.
- d. Who can provide the services.
- e. How the services can be accessed.
- f. If any limitations.

Attachment 4.19-B pg. 1.1-Payment methodology effective 07/01/2026

Payments for Targeted Case Management Services for eligible juveniles are paid based on a state developed fee schedule which can be found <https://medquest.hawaii.gov/en/plans-providers/provider-memo.html>

SPA 26-0003 is expected to have minimal effect on the annual aggregate expenditures.

The proposed changes will be submitted to the federal government for review as a Medicaid SPA.

A printed copy of the proposed changes and special accommodation (i.e., interpreter, large print, or taped materials) can be arranged if requested by contacting the Policy and Program Development Office at (808) 692-8058 no later than seven (7) working days before the comment period ends.

Comments should be received **within 30 days** of the time this notice is posted. Individuals may submit written comments using the following methods:

By email: PPDO@dhs.hawaii.gov (Please identify in the subject line: State Plan Amendment 26-0003)

By mail:

Department of Human Services
Med-QUEST Division
Attention: Policy and Program Development Office
P.O Box 700190
Kapolei, Hawaii 96709

DEPARTMENT OF HUMAN SERVICES, MED-QUEST DIVISION
MEREDITH NICHOLS
MED-QUEST DIVISION ADMINISTRATOR

**Mandatory Coverage for
Eligible Juveniles who are
Inmates of a Public Institution
Post Adjudication of Charges**

State/Territory: Hawaii

General assurances. State must indicate compliance with all four items below with a check.

In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: HI 26-0003
Supersedes
TN: NEW

Approval Date: _____
Effective : 01/01/2025

Additional information provided (optional):

No

Yes [provide below]

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or under specific circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan identifying any specific facilities and/or the circumstances in which it determines that providing the required services during the pre-release period is not feasible. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

The state will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: HI 26-0003
Supersedes
TN: NEW

Approval Date: _____
Effective : 01/01/2025

State Plan under Title XIX of the Social Security

Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

State will provide TCM beyond the 30-day post release requirement.

The state will provide post release TCM beyond 30 days as needed to attain health and health-related goals in the individual's reentry care plan, for a period of up to 12 months after release.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:26-0003
Supersedes TN: NEW

Approval Date: _____

Effective : 01/01/2025

State Plan under Title XIX of the Social Security
Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- 1 month
- 3 months
- 6 months
- 12 months
- Other frequency [explain]: Reassessments will occur at least annually or more frequently, as needed, based on changes in health or health-related needs identified during regular monitoring and follow-up.

❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual’s authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual;

❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:

- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

❖ Monitoring and follow-up activities are: activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual’s needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, [at least one annual monitoring, to determine whether the following conditions are met:]

- services are being furnished in accordance with the individual’s care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective :01/01/2025

State Plan under Title XIX of the Social Security

Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:
As needed but at least once per month.

Specify the type and frequency of monitoring (check all that apply)

Telephonic.: as needed

In-person. : as needed

Other: Telehealth as needed and use of other forms of communication, as appropriate (e.g., email, text messaging, etc.)

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective :01/01/2025

**State Plan under Title XIX of the Social Security
Act State/Territory: HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

The following state credentialed practitioners may furnish Reentry Targeted Case Management Services in accordance with their scope of practice as defined in state law:

- Licensed Clinical Social Worker (LCSW)
- Licensed Social Worker (LSW)
- Licensed Bachelor Social Worker (LBSW) in an agency setting under supervision
- Licensed Mental Health Counselor
- Associate Mental Health Counselor or Licensed Associate Mental Health Counselor under the supervision of a Licensed Mental Health Counselor
- Licensed Marriage and Family Therapist
- Associate Marriage and Family Therapist or Licensed Associate Marriage and Family Therapist under clinical supervision
- Agency-Affiliated Counselor
- Agency-Affiliated Social Worker
- Licensed Registered Nurse working within a healthcare facility or practice
- Licensed Psychologist
- Other licensed practitioners working within health care facilities (e.g., Medical Doctor [MD], Doctor of Osteopathic Medicine [DO], Advanced Practice Registered Nurse [APRN])
- Associate Psychologist working under the supervision of a licensed psychologist

The state will allow additional providers with appropriate qualifications to provide Reentry Targeted Case Management under the supervision of a state credentialed Reentry Targeted Case Management provider listed above. In such instances, the following provider qualifications apply:

- Relevant certification from a Hawaii State Agency, such as the Hawaii Alcohol and Drug Abuse Division, including but not limited to:
 - o Certified Substance Abuse Counselor;
 - o Certified Prevention Specialist;
 - o Certified Clinical Supervisor;
- Certified Criminal Justice Professional; or Bachelor’s degree in human services, nursing, criminal justice, or related field; or
- Equivalent education and experience in case management or social services for individuals who have complex health or human service needs, such as two years of case management experience.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective : 01/01/2025

State Plan under Title XIX of the Social Security

Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual’s free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective : 01/01/2025

State Plan under Title XIX of the Social Security
Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual’s access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency’s authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual’s release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

The state assures providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective :01/01/2025

State Plan under Title XIX of the Social Security

Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Limitations:

The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective : 01/01/2025

**State Plan under Title XIX of the Social Security
Act State/Territory: HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c)) FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a) (25) and 1905(c))

State has additional limitations

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective : 01/01/2025

State Plan under Title XIX of the Social Security

Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

State will provide TCM beyond the 30-day post release requirement.

The state will provide post release TCM beyond 30 days as needed to attain health and health-related goals in the individual’s reentry care plan, for a period of up to 12 months after release.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual’s needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:26-0003
Supersedes TN: NEW

Approval Date: _____

Effective :01/01/2025

State Plan under Title XIX of the Social Security
Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- 1 month
- 3 months
- 6 months
- 12 months
- Other frequency [explain]: Reassessments will occur at least annually or more frequently, as needed, based on changes in health or health-related needs identified during regular monitoring and follow-up.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual’s authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;

- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

- ❖ Monitoring and follow-up activities are: activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual’s needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, [at least one annual monitoring, to determine whether the following conditions are met:]
 - services are being furnished in accordance with the individual’s care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective :01/01/2025

State Plan under Title XIX of the Social Security

Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:
As needed but at least once per month.

Specify the type and frequency of monitoring (check all that apply)

Telephonic.: as needed

In-person. : as needed

Other: Telehealth as needed and use of other forms of communication, as appropriate (e.g., email, text messaging, etc.)

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective :01/01/2025

**State Plan under Title XIX of the Social Security
Act State/Territory: HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

The following state credentialed practitioners may furnish Reentry Targeted Case Management Services in accordance with their scope of practice as defined in state law:

- Licensed Clinical Social Worker (LCSW)
- Licensed Social Worker (LSW)
- Licensed Bachelor Social Worker (LBSW) in an agency setting under supervision
- Licensed Mental Health Counselor
- Associate Mental Health Counselor or Licensed Associate Mental Health Counselor under the supervision of a Licensed Mental Health Counselor
- Licensed Marriage and Family Therapist
- Associate Marriage and Family Therapist or Licensed Associate Marriage and Family Therapist under clinical supervision
- Agency-Affiliated Counselor
- Agency-Affiliated Social Worker
- Licensed Registered Nurse working within a healthcare facility or practice
- Licensed Psychologist
- Other licensed practitioners working within health care facilities (e.g., Medical Doctor [MD], Doctor of Osteopathic Medicine [DO], Advanced Practice Registered Nurse [APRN])
- Associate Psychologist working under the supervision of a licensed psychologist

The state will allow additional providers with appropriate qualifications to provide Reentry Targeted Case Management under the supervision of a state credentialed Reentry Targeted Case Management provider listed above. In such instances, the following provider qualifications apply:

- Relevant certification from a Hawaii State Agency, such as the Hawaii Alcohol and Drug Abuse Division, including but not limited to:
 - o Certified Substance Abuse Counselor;
 - o Certified Prevention Specialist;
 - o Certified Clinical Supervisor;
- Certified Criminal Justice Professional; or Bachelor’s degree in human services, nursing, criminal justice, or related field; or
- Equivalent education and experience in case management or social services for individuals who have complex health or human service needs, such as two years of case management experience.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective :01/01/2025

State Plan under Title XIX of the Social Security

Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual’s free choice of providers in violation of section 1902(a)(23) of the Act.

- 1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
- 2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective :01/01/2025

State Plan under Title XIX of the Social Security
Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual’s access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency’s authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual’s release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

The state assures providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective :01/01/2025

State Plan under Title XIX of the Social Security

Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Limitations:

The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective : 01/01/2025

State Plan under Title XIX of the Social Security

Act State/Territory: **HAWAII**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a) (25) and 1905(c))

State has additional limitations

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act

Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

TN:26-0003

Approval Date: _____

Supersedes TN: NEW

Effective : 01/01/2025

C. Requests for payments shall be submitted on a form specified by the Department and shall include:

- (i) Date of Service;
- (ii) Beneficiary's name and identification number,
- (iii) Name of the provider and person who provided the service;
- (iv) Nature, procedure code, units of service; and;
- (iv) Place of service.

3. Payments shall be limited to agencies that are authorized Medicaid providers for the following case management services;

A. Case Management- Inpatient hospital for ventilator dependent/tracheotomized child prior to initial discharge to home/community require authorization.

B. Case Management for ventilator dependent/tracheostomized child living in the home/community- requires authorization

C. Case Management for non-ventilator dependent/non tracheostomized child with significant medical needs requires authorization.

D. Maintenance Case Management for children with significant medical needs whose caregivers are able to access services and supplies with little assistance from case managers - requires authorization.

E. Additional case management hours to address changing medical needs -requires authorization and a report.

4. Payments for Targeted Case Management Services for eligible juveniles are paid based on a state developed fee schedule which can be found <https://medquest.hawaii.gov/en/plans-providers/provider-memo.html>

(o) Community Mental Health Services

TN No. 26-0003

Supersedes

Approval Date: _____

Effective Date: 07/01/2026

TN No. 23-0008

C. Requests for payments shall be submitted on a form specified by the Department and shall include:

- (i) Date of Service;
- (ii) Beneficiary's name and identification number,
- (iii) Name of the provider and person who provided the service;
- (iv) Nature, procedure code, units of service; and;
- (iv) Place of service.

3. Payments shall be limited to agencies that are authorized Medicaid providers for the following case management services;

A. Case Management- Inpatient hospital for ventilator dependent/tracheotomized child prior to initial discharge to home/community require authorization.

B. Case Management for ventilator dependent/tracheostomized child living in the home/community- requires authorization

C. Case Management for non-ventilator dependent/non tracheostomized child with significant medical needs requires authorization.

D. Maintenance Case Management for children with significant medical needs whose caregivers arc able to access services and supplies with little assistance from case managers - requires authorization.

E. Additional case management hours to address changing medical needs -requires authorization and a report.

4. Payments for Targeted Case Management Services for eligible juveniles are paid based on a state developed fee schedule which can be found <https://medquest.hawaii.gov/en/plans-providers/provider-memo.html>

(o) Community Mental Health Services

TN No. 26-0003
~~[23-0008]~~

Supersedes

Approval Date:

Effective Date: 07/01/2026
~~[01/01/2024]~~

TN No. 23-0008
~~[02-007]~~