

**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 Provisions of federal law, the state is required to issue public notice of proposed changes in statewide methods and standards for setting Medicaid payment rates. The proposed changes are amended as provided under the Child and Adolescent Mental Health Division (CAMHD):

1. Supplement to Attachment 3.1-A and 3.1-B pg. 4.4a clearly defines who can receive, provide, and qualify Peer Support services.
2. Attachment 4.19-B pg. 6 defines how CAMHD services are reimbursed and where the rates can be found.
3. Attachment 4.19-B pg. 8.3a. clarifies where the reimbursement rate for certified peer specialist is located in the state plan.
4. Supplement 3 to Attachment 4.19-B are new pages specific to the CAMHD Fee Schedule to include H codes, description of each code, modifiers to be used, provider type and unit/rate.

SPA 22-0003 is expected to have minimal effect on the annual aggregate expenditures.

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

A printed copy of the proposed changes and special accommodations (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** from 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 22-0003)

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
JUDY MOHR PETERSON, PhD
MED-QUEST DIVISION ADMINISTRATOR

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 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 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. 22-0003
 Supersedes 13-004e Approval Date: _____ Effective Date: 05/01/2022
 TN No. _____

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.

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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.	22-0003 [13-004e]	Approval Date:	Effective Date:
Supersedes			05/01/2022
TN No.	13-004e [NEW]		[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 according to the Child and Adolescent Mental Health Division (CAMHD) Fee Schedule located on Supplement 3 to Attachment 4.19-B

TN No.	<u>22-0003</u>	Approval Date:	_____	Effective Date:	<u>05/01/2022</u>
Supersedes	_____				
TN No.	<u>13-004</u>				

- 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 [~~at \$15.19 per 15 minute unit intervals.~~]

TN No.	22-0003 [13-004e]		
Supersedes		Approval Date:	Effective Date: 05/01/2022 [10/05/2015]
TN No.	13-004 [NEW]		

- 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.

TN No. 22-0003
Supersedes _____ Approval Date: _____ Effective Date: 05/01/2022
TN No. NEW

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.

TN No.	22-0003 [19- 0003]			
Supersedes		Approval Date:		Effective Date: 05/01/2022 [06/01/19]
TN No.	19-0003 [11- 000]			

- 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.

TN No. 22-0002
Supersedes _____ Approval Date: _____ Effective Date: 05/01/2022
TN No. NEW

Child and Adolescent Mental Health Division (CAMHD) Fee Schedule					
CODE	DESCRIPTION	MODIFER	PROVIDER TYPE	UNIT	MQD rate billed to CAMHD
H0036	Community psychiatric supportive treatment face-to-face, per 15min	95	QMHP (Qualified Mental Health Professional)	15 min	\$27.15
H0036	Community psychiatric supportive treatment face-to-face, per 15min	HK -Specialized mental health programs for high-risk populations 95	MHP (Mental Health Professional)	15 min	\$24.15
H0036	Community psychiatric supportive treatment face-to-face, per 15min	HA -Child/adolescent program 95	PARA (PARA Professional)	15 min	\$14.04
H0036	Community psychiatric supportive treatment face-to-face, per 15min	U1 -Medicaid level of care 1, as defined by each state (tracking modifier "Mental health program") 95	QMHP	15 min	\$27.15
H0036	Community psychiatric supportive treatment face-to-face, per 15min	U1 -Medicaid level of care 1, as defined by each state (tracking modifier "Mental health program") HK -Specialized mental health programs for high-risk populations 95	MHP	15 min	\$24.15

TN No. 22-0003

Supersedes

Approval Date:

Effective Date:

05/01/2022

TN No.

NEW

SUPPLEMENT 3 TO ATTACHMENT 4.19-B

H0036	Community psychiatric supportive treatment face-to-face, per 15min	U1 -Medicaid level of care 1, as defined by each state (tracking modifier "Mental health program") HA -Child/adolescent program 95	PARA-II	15 min	\$14.04
H0036	Community psychiatric supportive treatment face-to-face, per 15min	U2 -Medicaid level of care 2, as defined by each state (tracking modifier "Mental health program") 95	QMHP	15 min	\$27.15
H0036	Community psychiatric supportive treatment face-to-face, per 15min	U2 -Medicaid level of care 2, as defined by each state (tracking modifier "Mental health program") HK -Specialized mental health programs for high-risk populations 95	MHP	15 min	\$24.15
H0036	Community psychiatric supportive treatment face-to-face, per 15min	U2 -Medicaid level of care 2, as defined by each state (tracking modifier "Mental health program") HA -Child/adolescent program 95	PARA-ii	15 min	\$14.04
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem (CBR OOS)	- HK - Bedhold HA - Therapeutic Pass	ALL (QMHP, MHP, PARA, PARA-II)	Per diem	\$236.14
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem	U1 -Medicaid level of care 1, as defined by each state HK - Bedhold	ALL	Per diem	\$236.14

TN No.

22-0003

Supersedes

Approval Date:

Effective Date:

05/01/2022

TN No.

NEW

	(CBR1)	HA - Therapeutic Pass			
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem (CBR2)	U2 -Medicaid level of care 2, as defined by each state HK - Bedhold 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 (CBR3)	U3 -Medicaid level of care 2, as defined by each state HK - Bedhold 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 (CBR4)	U4 -Medicaid level of care 4, as defined by each state HK - Bedhold 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 (RCSP)	U5 -Medicaid level of care 5, as defined by each state HK - Bedhold 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 (CBR3 SA)	U6 -Medicaid level of care 6, as defined by each state HK - Bedhold HA - Therapeutic Pass	ALL	Per diem	\$236.14
H0017	Behavioral health, residential (HBR) (hospital residential treatment program), without room and board, per diem		ALL	Per diem	\$960.96
H2019	Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter		QMHP	15 min	\$55.00
H2019	Functional Family Therapy (FFT)-Provide		MHP	15 min	\$55.00

TN No.

22-0003

Supersedes

Approval Date:

Effective Date:

05/01/2022

TN No.

NEW

SUPPLEMENT 3 TO ATTACHMENT 4.19-B

	coordinated care to multiple or severely handicapped children, per encounter				
H2019	Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter		PARA	15 min	\$55.00
H0037	Therapeutic Crisis Home (TCH) Community psychiatric supportive treatment program, per diem		ALL	Per diem	\$228.66
H2011	Crisis Mobile Outreach (CMO)		ALL	15 min	\$27.50
H0038	Peer Support Services (PSS)	HA-Child/Adolescent program 95	Cert. peer Specialist	15 min	\$15.19
H0038	Peer Support Services (PSS)	HB-Adult Program- Non Geriatric 95		15min	\$15.19
T1017	Targeted Case Management (TCM)-case assessment	HA-Child/Adolescent program 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") 95	QMHP, MHP	15 min	\$9.75
T1017	Targeted Case Management (TCM)-ongoing monitoring	U2-Medicaid level of care 2, as defined by each state 95	QMHP, MHP	15 min	\$9.75
H0018	Transitional Family Home (TFH)		ALL	Per Diem	\$211.80
H0018	Transitional Family Home (TFH)-Bed Hold	HK - Bedhold	ALL		\$211.80

TN No. 22-0003

Supersedes

Approval Date:

Effective Date:

05/01/2022

TN No.

NEW

SUPPLEMENT 3 TO ATTACHMENT 4.19-B

H0018	Transitional Family Home (TFH)-Therapeutic Pass	HA - Therapeutic Pass	ALL		\$211.80
H0035	Intensive Outpatient Hospitalization (IOH)		ALL	Per Diem	\$286.11
H0045	Therapeutic Respite Home (TRH)		ALL	Per Diem	\$211.80
H2033	Multisystemic Therapy (MST)		QMHP	15min	\$50.00
H2033	Multisystemic Therapy (MST)	HK -Specialized mental health programs for high-risk populations	MHP	15min	\$50.00
H2033	Multisystemic Therapy (MST)	HA -Child/Adolescent program	PARA	15min	\$50.00
T1013	Interpreter Services		ALL	15min	\$9.36
A0140	Transportation-Air Travel	UC-client U1-first family member or attendant No modifier -In State TN Out of State			By report
A0100	Transportation-Ground (car rental not included)				By report
A0180	Transportation-Lodging for attendant			per diem	By report
A0190	Transportation-Meals for attendant			per diem	By report

TN No. 22-0003
Supersedes NEW **Approval Date:** _____ **Effective Date:** 05/01/2022
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