

**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).

The SPA proposes to establish palliative care services provided in non-hospital settings. Currently, palliative care services in hospital settings are covered, and MQD is seeking to change the administrative aspects of this optional benefit to expand the benefit to allow members to receive the services in community settings (non-hospital settings).

The proposed benefit is consistent with federal regulations including 42 U.S.C. § 1396a and 42 CFR 418.3. Hawaii is submitting five (5) new SPA pages to include community palliative care provisions, definition of palliative services provided in non-hospital settings and the reimbursement methodology.

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.

SPA 22-0013 is expected to have minimal effect on the annual aggregate expenditures. The proposed change 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](mailto:PPDO@dhs.hawaii.gov) (Please identify in the subject line: State Plan Amendment 22-0013)

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

State of Hawaii

Citation 3.1(c)(3) Amount, Duration, and Scope of Services:  
Categorically Needy (Continued)

1905(a)

X Community Palliative Care Benefit as described in  
Supplement to Attachment 3.1-A and 3.1-B

**TN No.** 22-0013 **Approval Date:** \_\_\_\_\_ **Effective Date:** 10/15/2022  
**Supersedes**  
**TN No.** NEW

State of Hawaii

Citation 3.1(c)(3) Amount, Duration, and Scope of Services:  
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**TN No.** 22-0013 **Approval Date:** \_\_\_\_\_ **Effective Date:** 10/15/2022  
**Supersedes**  
**TN No.** NEW

State: Hawaii

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
CATEGORICALLY NEEDY GROUP(S)

30. Community Palliative Care Benefit as described in Supplement to  
Attachment 3.1-A and 3.1-B

Provided: X

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**Supersedes**  
**TN No.** NEW

State: Hawaii

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S)

30. Community Palliative Care Benefit as described in Supplement to Attachment 3.1-A and 3.1-B

Provided: X

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## 30. Community Palliative Care

**Palliative Care**

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided in hospital and non-hospital settings across the continuum of care.

**A. Target Group**

The target group includes individuals with serious illnesses. A serious illness is defined as a health condition that carries a high risk of mortality and negatively impacts daily functioning, or quality of life, or excessively strains caregivers.

Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

The specific conditions and clinical criteria are determined by the State.

**B. Areas of the State to be Covered**

The areas of the state that will be covered is the entire state.

**C. Comparability of Services**

Services are provided in accordance with section 1902 (a) (10) (B) of the Act.

**D. Definition of Services**

Palliative care is defined as patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and to facilitate patient autonomy, access to information, and choice ([42 CFR 418.3](#)).

The community palliative care benefit includes, but is not limited to, the following services:

1. Care plan development and implementation that is aligned with patient and family goals;
2. Clinical services provided through an interdisciplinary team;
3. Comprehensive management; and
4. Care coordination and communication.

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The specific services are determined by the State.

Member can concurrently receive curative services, and those services are paid separately.

**E. Reimbursement Methodology**

The reimbursement methodology is based on per member per month case rate(s) and is established by the State. The case rate(s) and billing codes are included in the FFS schedule. Other services may be covered that are billed separately from the case rate(s) such as initial assessments and reassessments.

**F. Qualifications of Providers**

Palliative care is provided by healthcare providers that are legally authorized to deliver healthcare services by the State of Hawaii.

In addition to the State of Hawaii requirements, the Medicaid agency will establish additional credentials and/or criteria for healthcare providers to provide community palliative care services.

Palliative care is provided by a team of healthcare professionals and paraprofessionals with a range of skills to treat individuals with serious illnesses. The credentials and/or criteria for required members of the palliative care team will be established by the State.

**G. Freedom of Choice**

The State assures that the provision of community palliative care services will not restrict an individual's free choice of providers in Violation of Section 1902(a) (23) of the Act.

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**TN No.** NEW

- (j) Routine Patient Cost for Items and Services in connection with participation by Medicaid Beneficiaries in qualifying clinical trials under 1905(a)(30).

Hawaii Medicaid Fee Schedule is based on a combination of sixty percent of the 2006 to current Medicare Fee Schedule as applicable. Services not covered by Medicare in 2006 are paid at sixty percent of the Medicare Fee Schedule on the first year in which the code/service is covered by Medicare, whichever is later. The Medicaid Fee Schedule is located at <https://medquest.hawaii.gov>

Reimbursement rates, except as specified below and other parts of this Attachment, for providers of medical care who are individual practitioners and other providing non-institutional items and services shall not exceed the maximum permitted under federal laws and regulations and shall be the lower of the Medicare Fee Schedule as described above.

- (k) Community Palliative Care Benefit.

Reimbursement is based on per member per month case rate(s) in accordance with the Hawaii Medicaid Fee Schedule. Other services may be covered that are billed separately from the case rate(s) such as initial assessments and reassessments.

The Hawaii Medicaid Fee schedule is located at <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>.

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<b>Supersedes</b>	<u>[<del>22-0004</del>]</u>		<u>[<del>01/01/2022</del>]</u>
<b>TN No.</b>	<u>22-0004 [NEW]</u>	<b>1.2</b>	



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