

12d. Same as 6b.

13a. Diagnostic Services, except as otherwise provided under this subpart, includes any medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under State law, to enable the provider to identify the existence, nature, or extent of illness, injury, or other health deviation in a beneficiary.

The diagnostic procedures or out of state procedures requiring prior authorization are:

- Psychological testing
- Neuropsychological testing
- Standardized cognitive testing

13b. Screening service means the use of standardized tests given under medical direction in the mass examination of a designated population to detect the existence of one or more diseases or health deviations or to identify for more definitive studies individuals suspected of having certain diseases.

13c. Preventive Services

1. Preventive Services mean services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to:
 - a. Prevent disease, disability, or other health conditions or their progression;
 - b. Prolong life; and
 - c. Promote physical and mental health and efficiency.
2. Preventive services assigned a grade A or B recommendation by the United States Preventive Services Task Force (USPSTF), approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP), preventive care and screening of infants, children and adolescents recommended by Health Resources & Services Administration HRSA's Bright Futures program and additional preventive services for women recommended by the National Academy of Medicine (NAM) formally known as the Institute of Medicine (IOM) will be covered without cost-sharing in accordance with section 2713 of the Public Health Service Act, which is in alignment with the Alternative Benefit Plan.
3. The state will maintain documentation supporting expenditures claimed for and ensure that coverage and billing codes comply with USPSTF or ACIP recommendations, in accordance with section 4106 of the Affordable Care Act.
4. Vaccines and Vaccine Administration as described in section 1905(a)(13)(B) of the Act are covered effective 10/01/2023. As changes are made to ACIP recommendations, the state will update their coverage and billing codes to comply with those revisions.
5. Preventive services are covered under the rural health clinic, federally qualified health center, EPSDT, family planning services and supplies for individuals of child-bearing age, physician, other licensed practitioner, clinic, preventive, nurse midwife and nurse practitioner service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B for such services.

6.

6. Smoking cessation counseling and pharmacotherapy shall be consistent with the Treating Tobacco Use and Dependence practice guidelines issued by the Agency for Healthcare Research and Quality. Two quit attempts per benefit period and a minimum of four in person counseling sessions per quit attempt provided by trained and licensed providers practicing within their scope of practice shall constitute each quit attempt. Two effective components of counseling, practical counseling and social support delivered as part of the treatment is emphasized. Settings where services will be delivered are in outpatient hospital/clinics and physician/provider offices. Limits may be exceeded based on medical necessity.
7. Smoking cessation counseling services can be provided by the following licensed providers: psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses (APRN), dentist, licensed mental health counselors (MHC) in behavioral health and Certified Tobacco Treatment Specialists under the supervision of a licensed provider and the supervision is within the scope of practice of the licensed practitioner.
8. Community 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.

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.

A. Areas of the State to be Covered

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

B. Comparability of Services

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

C. 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 in accordance with the Preventative Services benefit.

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

- I. Care plan development and implementation that is aligned with patient and family goals;
- II. Clinical services provided through an interdisciplinary team;
- III. Comprehensive management; and
- IV. Care coordination and communication.

The specific services are provided based on medical necessity.

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

D. Qualifications of Providers

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

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 are established by the State. The team members are described in Supplement 4 to Attachment 3.1-A and 3.1-B

E. 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.

13d. Rehabilitation services, except as otherwise provided under this subpart, includes any medical and remedial services recommended by a physician or licensed practitioner of the healing arts, within their scope of practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level.

Rehabilitative services are subject to the limitations specified on these supplement pages for particular services, i.e., physical therapy, speech therapy, etc.

Community Mental Health Rehabilitative Services:

The covered Community Mental Health Rehabilitative Services will be available to all Medicaid eligibles who are medically determined to need mental health and/or drug abuse/alcohol services. These services must be recommended by a physician or other licensed practitioner to promote the maximum reduction and/or restoration of a recipient to his/her best possible functional level relevant to their diagnosis of mental illness and/or abuse of drugs/alcohol.

These services are to be provided by the following qualified mental health professionals: licensed psychiatrist, licensed psychologist, licensed clinical social worker (CSW) with experience in behavioral health, licensed advance practical nurse (APRN) in behavioral health, or a licensed Marriage and Family Therapist (LMFT) with experience in behavioral health. Additionally, provider qualification must be in

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- a. Prevent disease, disability, or other health conditions or their progression;
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2. Preventive services assigned a grade A or B recommendation by the United States Preventive Services Task Force (USPSTF), approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP), preventive care and screening of infants, children and adolescents recommended by Health Resources & Services Administration HRSA's Bright Futures program and additional preventive services for women recommended by the National Academy of Medicine (NAM) formally known as the Institute of Medicine (IOM) will be covered without cost-sharing in accordance with section 2713 of the Public Health Service Act, which is in alignment with the Alternative Benefit Plan.

3. The state will maintain documentation supporting expenditures claimed for and ensure that coverage and billing codes comply with USPSTF or ACIP recommendations, in accordance with section 4106 of the Affordable Care Act.

4. Vaccines and Vaccine Administration as described in section 1905(a) (13) (B) of the Act are covered effective 10/01/2023. As changes are made to ACIP recommendations, the state will update their coverage and billing codes to comply with those revisions.

4.5. Preventive services are covered under the rural health clinic, federally qualified health center, EPSDT, family planning services and supplies for individuals of child-bearing age, physician, other licensed practitioner, clinic, preventive, nurse midwife and nurse practitioner service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B for such services.

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~~[01/01/2021]~~
TN No. 21-0002 ~~[12-004]~~

6. Smoking cessation counseling and pharmacotherapy shall be consistent with the Treating Tobacco Use and Dependence practice guidelines issued by the Agency for Healthcare Research and Quality. Two quit attempts per benefit period and a minimum of four in person counseling sessions per quit attempt provided by trained and licensed providers practicing within their scope of practice shall constitute each quit attempt. Two effective components of counseling, practical counseling and social support delivered as part of the treatment is emphasized. Settings where services will be delivered are in outpatient hospital/clinics and physician/provider offices. Limits may be exceeded based on medical necessity.

7. Smoking cessation counseling services can be provided by the following licensed providers: psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses (APRN), dentist, licensed mental health counselors (MHC) in behavioral health and Certified Tobacco Treatment Specialists under the supervision of a licensed provider and the supervision is within the scope of practice of the licensed practitioner.

8. Community Palliative Care

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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.

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.~~

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

A. Areas of the State to be Covered

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

B. Comparability of Services

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

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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 in accordance with the Preventative Services benefit. ~~(42 CFR 418.3).~~

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

- I. Care plan development and implementation that is aligned with patient and family goals;
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- III. Comprehensive management; and
- IV. Care coordination and communication.

The specific services are ~~determined by the State~~ provided based on medical

necessity.

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

Reimbursement Methodology

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

D. 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. The team members are described in Supplement 4 to Attachment 3.1-A and 3.1-B

E. 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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13d. Rehabilitation services, except as otherwise provided under this subpart, includes any medical and remedial services recommended by a physician or licensed practitioner of the healing arts, within their scope of practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level.

~~The state will maintain documentation supporting expenditures claimed for and ensure that coverage and billing codes comply with USPSTF or ACIP recommendations, in accordance with section 4106 of the Affordable Care Act.~~

~~Preventive services are covered under the rural health clinic, federally qualified health center, EPSDT, family planning services and supplies for individuals of child bearing age, physician, other licensed practitioner, clinic, preventive, nurse midwife and nurse practitioner service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B for such services.~~

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These services are to be provided by the following qualified mental health professionals: licensed psychiatrist, licensed psychologist, licensed clinical social worker (CSW) with experience in behavioral health, licensed advance practical nurse (APRN) in behavioral health, or a licensed Marriage and Family Therapist (LMFT) with experience in behavioral health. Additionally, provider qualification must be in