State of Hawaii
Department of Human Services
MED-QUEST DIVISION

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**MEDICAID STATE PLAN**
**SPA MEMO NO.:** **21-02**
**DATE:** **05/21/2021**
**ORIGINATOR:** **POLICY AND PROGRAM DEVELOPMENT OFFICE**

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TO: Custodian of Med-QUEST Division Medicaid State Plan

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

SUBJECT: APPROVAL OF AMENDMENT UNDER THE MEDICAID STATE PLAN

**EXPLANATION:**

The State of Hawaii received approval from the Centers for Medicare & Medicaid Services for State Plan Amendment (SPA) Number 21-0002.

This amendment removes the limits on smoking cessation counseling and pharmacotherapy services on Supplement to Attachment 3.1-A and 3.1-B pg. 2.1 and identifies smoking cessation services available under Preventative Services Supplement to Attachment 3.1-A and 3.1-B (13c.) pg. 4 in the State Plan.

**FILING INSTRUCTIONS:**

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

| File | Remove |
|---|---|
| File Supplement to Attachment 3.1-A and 3.1-B pg. 2, 2.1 and 4. | Remove Supplement to Attachment 3.1-A and 3.1-B pg. 2, 2.1 and 4 (TN 21-0002). |

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

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

Attachments

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

6a. Podiatry services are provided with the following limitations:

1) Hospital inpatient services and appliances costing more than $100.00 require prior approval by the department.

6b. Routine eye exams provided by qualified optometrists are authorized once in a one-year period for individuals under the twenty-years and once in a two-year period for adults age twenty-one years and older. Visit done more frequently may be prior authorized and covered when medically necessary. Emergency eye care shall be covered without prior authorization. The following limitations apply:

1) Approval required for contact lenses, subnormal visual aids costing more than $50.00 and to replace glasses or contacts within one year for individuals under age twenty-one years and within two years for adults age twenty-one and older. Medical justification required for bifocal lenses.
2) Trifocal lenses are covered only for those currently wearing these lenses satisfactorily and for specific job requirements.
3) Bilateral plano glasses covered as safety glasses for persons with one remaining eye.
4) Individuals with presbyopia who require no or minimal distance correction shall be fitted with ready made half glasses instead of bifocals.

6d. Services of a Psychologist are provided with the following limitations:

1) Testing is limited to a maximum of 4 hours once every 12 months or to 6 hours, if a comprehensive test is justified.

2) Prior authorization is required for all psychological testing except for tests that are requested by the department's professional staff.

The providers for SAT services are psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses (APRN), marriage and family therapists (MFT), and licensed mental health counselors (MHC), in behavioral health. Settings where services will be delivered are in outpatient hospitals/clinics including methadone clinics, and physician/provider offices. Only professional fees are paid when services are provided in an outpatient or clinic setting and are paid at or below the Medicare fee schedule rate.

SAT services that are medically necessary shall be provided with no limits on the number of visits in accordance with the parity law. SAT services that are medically necessary shall be reimbursed with the existing approved Medicaid fee Schedule or PPS methodology.

7a to d. Home health services mean the following items and services, provided to a recipient at his/her place of residence on physician's order as part of a written plan of care:

1) Nursing services (as defined in the State Nurse Practice Act and subject to the limitations set forth in 42 CFR 440.70(b)(1));
2) Home health aide service provided by a home health agency;
3) Medical supplies, equipment, and appliances suitable for use in the home (subject to an annual review by a physician of need for the service); and
4) Physical therapy, occupational therapy, or speech pathology and audiology services, provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services.

Home health services shall be reimbursed on the basis of "per visit"; Daily home visits permitted for home health aide and nursing services in the first two weeks of patient care if part of the written plan of care; No more than three visits per week for each service for the third week to the seventh week of care; No more than one visit a week for each service from the eighth week to the fifteenth week of care; No more than one visit every other month for each service from the sixteenth week of care. Services exceeding these parameters shall be prior authorized by the medical consultant or it's authorized representative. Medical social services not covered.

Medical supplies, equipment and appliances require prior authorization by the department when the cost exceeds $50.00 per item.
Physical and occupational therapy and services for speech, hearing and language disorders are subject to the limitations set forth in #11.

Initial physical therapy and occupational therapy evaluations do not require prior approval. However, physical and occupational therapy and reevaluations require approval of the medical consultant providing diagnosis, recommended therapy including frequency and duration, and for chronic cases, long term goals and a plan of care.

All speech, hearing, and language evaluations and therapy require authorization by the medical consultant including rental or purchase of hearing aids.

9. Limitations on the amount, duration or scope of clinic services are the same as the limitations included for state plan outpatient services listed in Attachment 3.1-A and 3.1-B of the state plan, not to include inpatient services (hospital, nursing facility, psychiatric facility services for individuals under 22 years of age, emergency hospital services). Physicians that provide direction/supervision of others in the clinic assume professional responsibility for the care of the patients.

12d. Same as 6b.

13a. The diagnostic procedures or out of state procedures requiring prior authorization are:

- Psychological testing
- Neuropsychological testing
- Standardized cognitive testing

13c. 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 HRSA's Bright Futures program and additional preventive services for women recommended by 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.

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.

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 practicingwithin 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.

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.

13d. 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