

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Med-QUEST Division
Health Care Services Branch
Quality and Member Relations Improvement Section
P. O. Box 700190
Kapolei, Hawaii 96709-0190

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

March 4, 2025


MEMORANDUM

MEMO NO.

2501]

QI-2501A [Update to QI-

TO: QUEST Integration Health Plans
Home and Community-Based Services Providers

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

SUBJECT: FEE FOR SERVICE RATES FOR HOME AND COMMUNITY-BASED SERVICES (HCBS)
EFFECTIVE JANUARY 1, 2025

UPDATED GUIDANCE

This memorandum modifies memo QI-2501 and the text of this memo is incorporated into this revision identified as memo QI-2501A. Updated guidance is inserted in shaded text. Voided text from QI-2501 is stricken.

Please find the 2025 fee for service (FFS) Medicaid HCBS provider reimbursement rates for Self-Directed Services, Adult Day Health, Adult Day Care, Home-Delivered Meals, Personal Assistance Services, Personal Emergency Response System, Skilled Nursing Services, Specialized Case Management, Assisted Living Facilities (ALFs), Community Care Foster Family Home (CCFFH) and Expanded-Adult Residential Care Home (E-ARCH) listed below. These FFS rates are effective for service dates beginning on January 1, 2025.

The reimbursement rates paid by QUEST Integration (QI) managed care organizations (MCO)

may differ from these amounts, may vary across MCOs and by procedure code and modifier, and may also include different procedure code and modifier combinations. When rates are provided with only procedure codes (without modifiers), these rates are the average base service rates and may need to be adjusted up or down when billed in combination with different modifiers.

Excluded from this memo are rates for the 1915(c) Intellectual and Developmental Disabilities Waiver services.

HCBS members residing in CCFFHs/E-ARCHs shall be reimbursed at the “Supplemental Security Income (SSI) Domiciliary Care Standards” rate. These SSI members fall into the rate code grouping “No Cost Share/SSI”.

HCBS members who are citizens of the Republic of the Marshall Islands, the Republic of Palau, the Federated States of Micronesia, and certain other immigrant populations who are not eligible for SSI shall be reimbursed at the “Cost Share, Spousal, and non-eligible SSI” rate.

Finally, there is a neighbor island rate differential for all CCFFH/E-ARCH procedure codes.

If you have any questions, please contact HCSBINquiries@dhs.hawaii.gov.

Procedure Code	Modifier 1	Modifier 2	Modifier 3	Type of Service	Hourly Rate *
Self-Directed Services					
S5130	U1			Chore, self-direct	\$14.00
S5135	U1			Companion, self-direct	\$14.00
S9122	U1	U2		Personal assistance, self-direct	\$15.25
S9122	U1	U4	U2	Personal assistance, self-direct, nurse delegated task	\$19.75

*Payroll service provider will calculate the 15-minute unit rate based upon the hourly rate.

Procedure Code	Type of Service	Unit	Service Rate
Adult Day Health			
S5101	Day Care Services, Adult	Per half day	\$43.61
S5102	Day Care Services, Adult	Per diem	\$87.21
Adult Day Care			
S5105	Day Care Services, Center Based; Services Not Included in Program Fee	Per diem	\$63.06
Home Delivered Meals			
S5170	Home-Delivered Meals, Including Preparation	Per meal	\$10.50
Personal Assistance Services			
S5125	Attendant Care Services	Per 15 minutes	\$16.32
S5130	Homemaker Service, NOS	Per 15 minutes	\$6.13
T1019	Personal Care Services, Not For An Inpatient or Resident Of A Hospital, Nursing Facility, ICF/MR or IMD, Part Of The Individualized Plan of Treatment	Per 15 minutes	\$13.28
S9122	Home Health Aide or Certified Nurse Assistant, Providing Care In The Home	Per 15 minutes	\$7.28
Personal Emergency Response System (PERS)			
S5160	Emergency Response System; Installation and Testing	Per service / per month	\$54.06
S5161	Emergency Response System; Service Fee	Per month	\$44.09
S5185	Medication Reminder Service, Non-Face-To-Face	Per month	\$87.32
Skilled Nursing (SN) Services			
S9123	Nursing Care, In The Home (Registered Nurse)	Per 15 minutes / per visit	\$21.80

S9124	Nursing Care, In The Home (Licensed Practical Nurse)	Per 15 minutes / per visit	\$11.17
Case Management			
T2022	Case Management	Per diem	\$14.60

Procedure Code	Modifier	Type of Service	Unit	Service Rate
Residential Care Services				
T2031		Assisted living facility services	Per diem	*See note 1
Residential Care Services – Oahu				
S5140		CCFFH Level 1: Cost Share/Spousal & non-eligible SSI	Per diem	\$65.50
T2033	U1	E-ARCH Level 1: Cost Share/Spousal & non-eligible SSI	Per diem	\$65.50
S5140	TG	CCFFH Level 2: Cost Share/Spousal & non-eligible SSI	Per diem	\$105.45
T2033	U2	E-ARCH Level 2: Cost Share/Spousal & non-eligible SSI	Per diem	\$105.45
S5140	TF	CCFFH Level 1: No Cost Share/SSI	Per diem	\$28.40
T2033	TF	E-ARCH Level 1: No Cost Share/SSI	Per diem	\$28.40
S5140	22	CCFFH Level 2: No Cost Share/SSI	Per diem	\$68.36
T2033	22	E-ARCH Level 2: No Cost Share/SSI	Per diem	\$68.36
Residential Care Services – Neighbor Islands				
S5140		CCFFH Level 1: Cost Share/Spousal & non-eligible SSI	Per diem	\$70.50
T2033	U1	E-ARCH Level 1: Cost Share/Spousal & non-eligible SSI	Per diem	\$70.50
S5140	TG	CCFFH Level 2: Cost Share/Spousal & non-eligible SSI	Per diem	\$110.45
T2033	U2	E-ARCH Level 2: Cost Share/Spousal & non-eligible SSI	Per diem	\$110.45
S5140	TF	CCFFH Level 1: No Cost Share/SSI	Per diem	\$33.40
T2033	TF	E-ARCH Level 1: No Cost Share/SSI	Per diem	\$33.40
S5140	22	CCFFH Level 2: No Cost Share/SSI	Per diem	\$73.36
T2033	22	E-ARCH Level 2: No Cost Share/SSI	Per diem	\$73.36

*Note 1 – Assisted Living Facility service rate is pending funding approvals.

Community Care Foster Family Home (CCFFH)/Expanded-Adult Residential Care Home (E-ARCH) Service Rates Effective Date: January 1, 2025
Rate Instructions:
1. Rates are inclusive of all applicable taxes.
2. Medicaid HCBS are not billable during periods of member institutionalization or periods of HCBS suspensions.
3. Total CCFFH/E-ARCH caregiver payment for all Level 1 members is nearly the same regardless of whether member receives SSI or not. (R&B + Medicaid service payment)
4. Total CCFFH/E-ARCH caregiver payment for all Level 2 members is nearly the same regardless of whether member receives SSI or not. (R&B + Medicaid service payment)
5. Daily Rate Calculation: Based on 31 days
6. Neighbor Island Rates: Additional \$5.00 per day.
7. Personal Needs Allowance (PNA): \$75.00 per month for all CCFFH and E-ARCH residents.
8. Room & Board for Cost Share/Spousal and Non-eligible SSI members: \$394.00 \$418.00 per month (\$493.00 \$469.00 - \$75.00 (PNA) = \$418.00 \$394.00)
9. Room & Board for SSI Members: \$1,678.00 \$1,676.00 per month (\$1,751.00 \$1,753.00 - \$75.00 (PNA) = \$1,676.00 \$1,678.00)