

HAWAII

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Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Hawaii regulates one facility type:

- A *Special Treatment Facility (STF)* is defined as a facility “which provides a therapeutic residential program for care, diagnoses, treatment or rehabilitation services for socially or emotionally distressed persons, mentally ill persons, persons suffering from substance abuse, and developmentally disabled persons.”
 - Included on a list of accredited STFs were two detoxification facilities.

Unregulated Facilities: There are no unregulated STFs in the state. The Hawaii DOH Adult Mental Health Division website¹ references Licensed Crisis Residential Services, but no separate regulations were located for those, suggesting that they fall under the STF licensure regulations. The DOH Alcohol and Drug Abuse Division website² indicates that it provides “accreditation of substance abuse treatment programs,” but researchers did not locate regulations or policies regarding that process. The Hawaii Office of Health Care Assurance website³ also links to regulations for Adult Residential Care Homes, which do not appear to be treatment facilities and are therefore excluded from this summary.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): Researchers located Department of Health (DOH) licensing regulations⁴ for Special Treatment Facilities (STFs) which are residential facilities providing treatment for mental or substance use conditions (defined above). The DOH Office of Planning Policy and Program Development website⁵ indicates that those regulations (11-98) will be repealed and replaced with new regulations (11-98-1). This summary uses the existing rules. The Office of Planning Policy and Program Development website also indicates that regulations will be promulgated (11-92) for Therapeutic Living Programs (TLPs). Those

¹ See <https://health.hawaii.gov/amhd/files/2013/06/SCR117-Appendix-2.pdf>.

² See <https://health.hawaii.gov/substance-abuse/>.

³ See <http://health.hawaii.gov/ohca/type-of-hawaii-state-licensed-and-or-federal-certified-facilities-or-agencies/>.

⁴ See <https://health.hawaii.gov/opppd/files/2015/06/11-98.pdf>.

⁵ See <https://health.hawaii.gov/opppd/department-of-health-administrative-rules-title-11/>.

regulations are not yet in place and, therefore, TLPs are not included in this summary. The Hawaii Office of Health Care Assurance website⁶ indicates that TLPs are regulated as STFs, although those regulations do not include a definition of TLPs.

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD):

- For STFs, licensure by the Department of Health is required for operation. Licensure duration is one year, at which time a renewal application is required. A renewal application must be submitted 90 days prior to the anniversary date of the license. In order to obtain licensure, a facility must provide county building department, county zoning, county fire department, and sanitation branch clearances, as well as submit to a survey of the facility by the Office of Health Care Assurance branch of the department. Should any deficiencies be found, an acceptable plan of correction must be submitted.
- No requirements related to facility accreditation were found.
- A Certificate of Need is required.

Cause-Based Monitoring

Mental Health (MH) and Substance Use Disorder (SUD): The department may require a monthly, quarterly, or annual summary report to recap program activities. In addition to any other appropriate action to enforce state regulations, the director may initiate procedures for invoking fines, or to withdraw the license, or both. Infractions subject to these actions include, but are not limited to: (1) Operation of a special treatment facility without a license granted by the department; and (2) Substantive violations of state regulations which are found as a result of routine or unannounced inspection of a special treatment facility which has a license.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state regulations.

⁶ See <http://health.hawaii.gov/ohca/type-of-hawaii-state-licensed-and-or-federal-certified-facilities-or-agencies/>.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): All facilities are required to develop written personnel policies, procedures, and practices, “including the qualifications, duties and responsibilities for each staff position, hiring, suspension, dismissal, assignment, promotion, grievance procedures and other related personnel matters.” As part of licensure requirements, there shall be a facility administrator who will be responsible for the overall operation of the program/facility and a program director for the residential program.

There shall also be a sufficient number of trained and qualified staff to meet resident needs and program requirements, and there shall be a minimum 1:8 staff to resident ratio. All staff shall have a preemployment and annual health evaluation by a physician. Additionally, the administrator shall arrange for staff development that includes orientation and training.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): Every STF must have a current written plan that includes a statement of the geographic area to be served, ages and kinds of residents to be served, anticipated average length of stay of its residents, and the limitations and scope of service for which the facility is established. Within 21 days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file.

Researchers did not locate reference to ASAM or LOCUS requirements.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Within 30 days of admission, a written individualized rehabilitation plan with specific objectives, which are measurable and subject to evaluation, shall be prepared by an appropriate rehabilitation staff in cooperation with each resident. The plans shall include: (A) Those services planned for meeting the resident's needs; (B) Referrals for services not provided by the program; (C) How the resident will participate in the development of the plan; (D) Regular review and necessary update by staff and resident at least monthly; and (E) The staff person responsible for monitoring the plan implementation.

Additional requirements as part of licensure are the creation of a discharge summary or transfer summary. This summary will include the following: (A) The reason for the discharge or transfer, if identifiable; (B) Documentation that a guardian, when applicable, has been notified prior to discharge or transfer. This provision may be waived in emergency situations but in this case the guardian must be notified as soon as practical. If the resident leaves without permission of the administrator, the guardian shall be notified promptly; (C) Current physical

and emotional status report of the resident; (D) Plans or goals for the resident; and (E) Current diet, medication, and activity as applicable.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): For all facilities, rehabilitation services shall be appropriate to the individual in the facility and may include: (1) Psychiatric services to provide care or program consultation; (2) Psychological services to provide testing for individual assessment purposes, program evaluation and research; (3) If the staff feels it to be advisable for a resident, or residents, to receive nutritional instruction, a dietitian shall be consulted; (4) Social rehabilitation services to provide opportunities for individuals to learn social and self-care skills to foster independent living and which may include recreational, educational and vocational activities; (5) Education services for children to provide and meet the scholastic requirements for school age children and youth; (6) Counseling; and (7) Other services to provide for planned leisure time activities and constructive therapeutic activities that enhance social and motor skills.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): Administrative and statistical reports are required to be developed and submitted to the department, including written occurrences of fire safety and disaster drills for inspection and detailed incident reports of any bodily injury to a resident written by a person responsible for the resident at the time of the accident.

Written policies regarding the rights and responsibilities of residents and services to be provided to residents during their stay in the facility shall also be established and made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall: (1) Be fully informed, documented by signed acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules governing resident conduct; and (2) Be fully informed, prior to or at the time of admission and during stay, of services available in or through the facility and of related charges, including any charges for services not covered by the facility's basic per diem rate.

Researchers did not locate any regulations related to restraint or seclusion.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): As a condition of licensure, facilities are required to develop a written statement of the program's goals and objectives. This statement

shall serve as the basis for program evaluation. The evaluation plan shall include: mechanisms for assessing the attainment of the program's goals and objectives; mechanisms for documenting program achievements not related to original goals and objectives; mechanisms for assessing the effective utilization of staff and program resources toward the attainment of the program's goals and objectives; and criteria to be applied in determining whether established goals and objectives are achieved. The plan shall be reviewed and updated at least annually. It should be available to all facility personnel and the Department, and the results shall become part of the continuous planning process.

Governance

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state regulations.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state regulations.

Location of Regulatory and Licensing Requirements

Hawaii Title 11, Department of Health, Chapter 98, Special Treatment Facility⁷; Hawaii Accredited Special Treatment Facilities⁸. Regulatory data collected May 17, 2019.

Other Information Sources

J. Lam (DOH); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

⁷ See <https://health.hawaii.gov/opppd/files/2015/06/11-98.pdf>.

⁸ See <https://health.hawaii.gov/substance-abuse/files/2018/10/AccreditedTreatmentFacility2017-2019.pdf>.

HAWAII MEDICAID

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): The Hawaii Department of Human Services (DHS) oversees the state Medicaid program. Specialized behavioral health services may be provided under the Hawaii Behavioral Health Managed Care (BHMC) Plan for enrollees with serious mental illness (SMI). Hawaii does rely on the in lieu of provision to pay for some services provided in IMDs, but not on Disproportionate Share Hospital (DSH) payments. Hawaii's current Section 1115 waiver does not allow for reimbursement for services in an IMD.

Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Hawaii offer specialized behavioral health services in community-based residential programs and crisis residential services, neither of which are defined.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): Providers who wish to be part of the fee for service program must apply to be certified to participate, supply all required information, maintain all appropriate licensure, and enter into a provider agreement with the Medicaid agency. Providers may have enrollment denied, suspended, or terminated.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Location of Medicaid Requirements

HAWAII DEPARTMENT OF HUMAN SERVICES ADMINISTRATIVE RULES, HRS Chapter 91, TITLE 17⁹; Hawaii Behavioral Health Services Manual¹⁰. Regulatory data collected January 6, 2020.

⁹ See <http://humanservices.hawaii.gov/admin-rules-2/admin-rules-for-programs/>.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019. <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report **“State Residential Treatment for Behavioral Health Conditions: Regulation and Policy”**. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

¹⁰ See <https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/provider-manuals/PMChp15.pdf>.