

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Hawaii

B. Waiver Title:

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| Hawaii 1915(c) Home and Community Based Services for People with Intellectual and Developmental Disabilities (I/DD Waiver) |
|--|

C. Control Number:

| |
|----------------|
| HI.0013.R07.04 |
|----------------|

D. Type of Emergency (The state may check more than one box):

| | |
|-------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | Pandemic or Epidemic |
| <input type="checkbox"/> | Natural Disaster |
| <input type="checkbox"/> | National Security Emergency |
| <input type="checkbox"/> | Environmental |
| <input type="checkbox"/> | Other (specify): |

D. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

- 1) On March 13, 2020, President Donald J. Trump issued a “Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak” under presidential authority and the laws of the United States of America, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5). The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19. It allowed the Secretary of

HHS to exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children’s Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the COVID-19 outbreak.

2) As of March 20, 2020, there are 3,039 individuals enrolled in the 1915(c) waiver. The Department of Health, Developmental Disabilities Division (DOH-DDD) is the operating agency for the 1915(c) waiver through a Memorandum of Agreement with the Department of Human Services, Med-QUEST Division (DHS-MQD). The DOH-DDD has implemented a protocol for identifying those most at risk using Centers for Disease Control criteria, Supports Intensity Scale assessment results, and living setting. Participants identified with highest risk include:

- Those who live on their own, AND who are elderly and/or have underlying health conditions, AND who depend on a direct support worker (DSW) to meet basic needs.
- Those who live in any setting AND who depend on one or more DSWs to prevent harm to themselves or others.
- Those whose families need exceptional supports in order to care for their family member.

Case review has identified the participants in each of these categories.

3) DOH-DDD is the single agency that operates the 1915(c) statewide waiver through a network of private provider agencies across the islands of Oahu, Kauai, Maui, Molokai, Lanai and Hawaii Island.

4) Hawaii seeks temporary changes to the 1915(c) waiver to accommodate potential issues with staffing shortages and need for service provision outside of approved service descriptions to ensure participant health and safety needs can be accommodated during the emergency.

F. Proposed Effective Date: Start Date: 3/01/2020 Anticipated End Date: 2/28/2021

G. Description of Transition Plan.

Participants will be supported participants will be supported to transition to enhanced services as needed due to the impacts of COVID-19. Once the emergency ends, participants will be supported to transition to waiver services that meet their needs. All due process rights will be provided.

H. Geographic Areas Affected:

On March 4, 2020, Governor David Ige declared a state of emergency in Hawaii in response to the emerging public health threat posed by COVID-19 pursuant to Hawaii Revised Statutes Chapter 127A. The Governor issued a supplementary proclamation on March 16, 2020.

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

https://dod.hawaii.gov/hiema/files/2017/08/HI-EOP.FINAL_Version-May-2017.pdf

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

N/A

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

N/A

b. X Services

i. X Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

Prior Authorizations

Additional Residential Supports (ARS), Adult Day Health (ADH), Chore, Community Learning Service-Individual/Group (CLS-I, CLS-G), Discovery & Career Planning (D&CP), Individual Employment Supports (IES), Non-Medical Transportation (NMT), Personal Assistance/Habilitation (PAB), Private Duty Nursing (PDN), Residential Habilitation (ResHab), Respite, Specialized Medical Equipment and Supplies (SMES), Training & Consultation (T&C), Waiver Emergency Services

To ensure participant health and safety needs can be met in a timely manner, the prior authorization and/or exception review process may be modified as deemed necessary by DOH-DDD.

- a. In emergent situations where the participant's immediate health and safety needs must be addressed, retrospective authorization may be completed.
- b. Documentation of verbal approval or email approval of changes and additions to individual plans will suffice as authorization for providers to deliver services while awaiting data input into the case management system and MMIS.

Services in Appendix C1/C3

Private Duty Nursing:

Suspend the per-day limits and short-term time limits on Private Duty Nursing as needed to protect participant health and safety.

Additional Residential Supports:

Expand the allowable use of the service to provide supports in licensed and certified settings when needed to replace community services that the participant can no longer access.

Respite:

Suspend the annual limit of 760 hours of Respite when needed to address potential health and safety issues due to the unavailability of services and/or natural supports that the participant has been receiving.

Specialized Medical Equipment and Supplies:

Expand allowable purchases to include personal protective equipment (PPE) and infection control supplies when not otherwise covered in the Medicaid state plan.

Appendix C-4

Grant exceptions to the individual budget limits described in Appendix C-4 when needed to accommodate changes in service availability for a variety of circumstances that may arise from COVID-19 (e.g., instances when participants are forced to substitute group services with one-to-one services such as when a participant's ADH program closes due to COVID-19 and they convert to using PAB, or when paid supports are needed to substitute for natural supports that become unavailable).

- iii. **Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the**

scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Adult Day Health (ADH):

ADH may be provided in participants' homes, whether in a licensed or certified setting or a private home. When provided in a licensed or certified setting, the service cannot be provided by a member of the household.

Respite:

Respite services may be provided in any non-institutional setting where the participant is located (e.g., hotel/ motel or in someone else's home with a staff person). Services in these expanded settings will be reimbursed based on the current rate methodology, which does not include room and board expenses.

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

N/A

c. ___ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

N/A

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Staff qualification requirements other than being 18 years of age and legally able to work in the United States (e.g., criminal history check, staff training, CPR and first aid certification, etc.) will be suspended during a declared public health emergency. Providers may choose to provide training on-line in lieu of in-person training. Trainings may also be conducted by telehealth. Telehealth that meets privacy requirements must be used to conduct participant-specific training in the ISP.

Personal Assistance/Habilitation, Additional Residential Supports, Community Learning Services, Respite, Private Duty Nursing, Chore:

Expand provider qualifications to include any provider agencies enrolled in QUEST Integration health plan networks performing similar work.

Adult Day Health (ADH), Personal Assistance/Habilitation (PAB), Individual Employment Supports (IES), Discovery & Career Planning (D&CP), Training & Consultation (T&C), Waiver Emergency Services – Emergency Outreach:

These services may be provided through telehealth that meets privacy requirements when the type of supports meets the health and safety needs of the participant.

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

N/A

iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Adult Day Health, Community Learning Services – Group:

Minimum staffing ratios as required by the waiver service definition, provider standards and/or specified in the Individualized Service Plan (ISP) may be exceeded due to staffing shortages.

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

Allow the initial level of care evaluation to be conducted using telehealth, in accordance with HIPAA requirements, in lieu of face-to-face visits.

Level of care annual redeterminations may be extended for up to one year past the due-date of the approved DHS1150-C during the declared public health COVID-19 pandemic.

f. ___ Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

N/A

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

1. Case Managers may use telehealth that meets privacy requirements in lieu of face-to-face meetings to conduct Individualized Service Plan (ISP) meetings, assessments, individual monitoring and check-ins.
2. The State may modify timeframes or processes for completing the Individualized Service Plan (ISP) as described below.
 - a) Adjustments to the ISP may be approved with a retroactive approval date for service needs identified to mitigate harm or risk directly related to COVID-19 impacts.
 - b) The use of e-signatures that meets privacy and security requirements will be added as a method for the participant or legal guardian signing the ISP to indicate approval of the plan. Services may start while waiting for the signature to be returned to the case manager, whether electronically or by mail. Signatures will include a date reflecting the ISP meeting date.
3. In order to limit the transmission of COVID-19, suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities) and for individuals' right to choose with whom to share a bedroom. The I/DD waiver program will adhere to all local, state and federal requirements for social distancing and other approaches to limit transmission of COVID-19. These limits do not require modifications to the ISP during the declared public health emergency. Other limits not required by the COVID-19 pandemic will be addressed through the ISP process.

h. X Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

Modify verbal and written timelines for reporting as deemed necessary by DOH-DDD and DHS-MQD (e.g., limiting the focus to the most critical adverse incident reports requiring both verbal and written notification). Permit the case manager assessment and 24 hour face-to-face visits for instances of suspected abuse or neglect to be conducted using telehealth that meets privacy requirements unless an onsite assessment is deemed necessary by DOH-DDD. The DOH-DDD staff will be alert for potential evidence of abuse, neglect and exploitation through their remote strategies for oversight.

i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

Additional Residential Supports (ARS), Personal Assistance/Habilitation (PAB) :

Temporarily permit payment for certain waiver services provided to participants who are in a hospital or other short-term facility (excluding ICF/IID). Such payments shall not exceed 30 consecutive days. For participants residing in their own home or their family's home, the authorized service is PAB. For participants residing in licensed or certified settings, the authorized service is ARS. These services will include assistance with communication and behavior support. The provider will document that these services are not covered in the settings where the participant is located. The case manager will review the continued need for this service monthly during the participant's stay in the hospital or short-term facility.

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Residential Habilitation:

DDD will make retainer payments to Residential Habilitation providers when an individual is absent from the home for more than 21 days. Such retainer payments will be limited to the lesser of 30 days or the number of days for which Hawaii authorizes similar payments in nursing facilities.

Adult Day Health, Community Learning Services – Group and Individual Employment Supports:

In order to preserve shared day service programs and employment programs that include a personal care component and that may not be provided during the declared public health emergency and to maintain a stable workforce, DDD will make retainer payments for Adult Day Health (ADH), Community Learning Service-Group (CLS-G) supports, and Individual Employment Supports (IES). Retainer payments will be billed at 75 percent of the current rates for authorized and scheduled hours from which the participant is absent. Such retainer payments will be limited to the lesser of 30 days or the number of days for which Hawaii authorizes similar payments in nursing facilities. Since the retainer payments include the goal of maintaining a stable workforce, providers will need to attest that they did not layoff staff in any month for which they receive a retainer payment.

Personal Assistance/Habilitation – Consumer Directed (CD PAB):

DDD will make retainer payments to consumer-directed workers for the authorized hours per week not to exceed 40 hours per week when the participant they serve is unable to receive services. Such retainer payments will be limited to the lesser of 30 days or the number of days for which Hawaii authorizes similar payments in nursing facilities.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

N/A

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

N/A

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Annual on-site provider validations and reviews for quality management, performance measure reporting, and financial audits may be delayed or cancelled during the declared public health COVID-19 pandemic. Reviews by desk audit or other methods may be used as deemed appropriate by DOH-DDD.

Allow participants to receive fewer than one waiver service per month for a period of 120 days without being subject to discharge. The case manager will provide monthly monitoring to ensure the plan continues to meet the participant's needs. Monitoring may be done using telehealth that meets privacy requirements.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Judy
Last Name Mohr Peterson, PhD
Title: Administrator
Agency: Department of Human Services, Med-QUEST Division
Address 1: 601 Kamokila Blvd. Suite 506A
Address 2: Click or tap here to enter text.
City Kapolei
State Hawaii
Zip Code 96707
Telephone: 808-692-8085
E-mail jmohrpeterson@dhs.hawaii.gov
Fax Number Click or tap here to enter text.

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Mary
Last Name Brogan
Title: Administrator
Agency: Hawaii State Department of Health, Developmental Disabilities Division
Address 1: 1250 Punchbowl Street
Address 2: Room 463
City Honolulu
State Hawaii
Zip Code 96813
Telephone: 808-586-5840
E-mail mary.brogan@doh.hawaii.gov
Fax Number 808-586-5844

Signature:

Date: 03/20/20

_____/S/_____
State Medicaid Director or Designee

First Name: Pankaj
Last Name Bhanot
Title: Director
Agency: Hawaii Department of Human Services
Address 1: 1390 Miller Street, Room 209
Address 2: Click or tap here to enter text.
City Honolulu
State Hawaii
Zip Code 96813
Telephone: 808- 586-4999
E-mail PBhanot@dhs.hawaii.gov
Fax Number Click or tap here to enter text.

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification

Service Title: Additional Residential Supports

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

This service provides a short-term hourly direct support worker to assist the Residential Habilitation (ResHab) caregiver when a participant experiences a physical or behavioral change **or an urgent situation where the caregiver or substitute caregiver are unavailable to provide services during times when the participant would typically have been able to access daytime activities, such as Adult Day Health.** This service exceeds the required level of care the caregiver must provide in accordance with licensure or certification requirements. The outcome of this service is to stabilize a participant's placement in the ResHab home, support the family unit, prevent loss of placement and/or prevent a crisis. The service is intended to be short-term (defined as less than 60 days) **but may be extended during a declared public health emergency.**

Additional Residential Supports may be used to provide an additional staff person on a time-limited basis where a participant's documented physical or behavioral change prevents the ResHab caregiver from implementing the goals identified in the Individualized Service Plan (ISP) for assistance with adaptive skill development, assistance with activities of daily living and instrumental activities of daily living, community inclusion, and social and leisure skill development **or to support participants in instances where the caregiver or substitute caregiver are unavailable to provide services during times when the participant would typically have been able to access daytime activities, such as Adult Day Health.** This additional staff support may be used for changes to the participant's physical abilities due to a significant change in health condition caused by illness, injury, surgery or where a change in the participant's behaviors requires an additional staff to implement the behavior strategies while the participant is assessed to identify any physical, environmental or mental health issues impacting the change in behavior. **During a period of a declared public health emergency, Additional Residential Supports may be used to allow the ResHab provider to support a participant who is temporarily hospitalized or placed in an institution.**

The service must be specified in the Individualized Service Plan (ISP). Additional Residential Supports is a distinct and separate service that can be billed in 15-minute increments during the ResHab day. The service is only available when documented needs exceed the staffing level assumed and funded in the rate model for the participant's applicable ResHab rate. When requesting the service, the provider must submit a proposed staffing schedule that illustrate the baseline ResHab staffing and the Additional Residential Supports hours being requested.

Providers will be required to maintain daily staffing logs, timesheets, and/ or other documentation that demonstrates total staffing hours including those hours that exceed the ResHab requirements.

A request for Additional Residential Supports must include documentation that the provider is providing the full amount of staffing hours already funded in the applicable Residential Habilitation rate model. The DOH/DDD review of the request will consider total staffing funded in the rates for each participant because staff hours are generally shared across residents. The provider will also submit documentation outlining the reasons for needing additional staff hours and a plan for phasing-out the extra staff hours.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The caregiver or any other member of the household is prohibited from being the provider of Additional Residential Supports.

The provider must contact the DOH-DDD case management unit and request a verbal authorization if Additional Residential Supports is requested for the enhanced scope during the COVID-19 pandemic to support participants in instances where the caregiver or substitute caregiver are unavailable to provide services during times when the participant would typically have been able to access daytime activities.

Additional Residential Supports is limited to certified Adult Foster Homes (AFH), Developmental Disabilities Domiciliary Homes (DD Doms), Adult Residential Care Homes (ARCH), Expanded Adult Residential Care Homes (E-ARCH), and Therapeutic Living Programs (TLP).

This service must be prior authorized by DOH/DDD based on clinical review. Redetermination of extensions to the short-term authorization shall be made on an individual basis by DOH/DDD.

Payment for services is based on compliance with billing protocols and completed supporting documentation as required by the Medicaid Waiver Standards.

Provider Specifications

| | | | | |
|--|--------------------------|----------------------------|--|-------------------------------------|
| Provider Category(s) <i>(check one or both):</i> | <input type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | | | DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement | |
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input type="checkbox"/> | Legally Responsible Person | <input type="checkbox"/> | Relative/Legal Guardian |

Provider Qualifications *(provide the following information for each type of provider):*

| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> |
|--|--------------------------|------------------------------|---|
| DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement | | | Meet Standards in Provider Services Agreement, e.g., staff must be at least 18 years of age, pass criminal history check, be able to work in the United States, trained in the ISP/IP and be able to perform the assigned tasks. Each provider agency must be approved by DOH/DDD and DHS/MQD in order to provide the waiver service and adhere to staffing qualifications in terms of training, education and certification/licensure stated in waiver standards. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA); possess the applicable tax licenses in the State of Hawaii through the Department of Taxation and have a tax license for General Excise Tax (GET). Each agency must be able to enter into contracts with the State. |

Verification of Provider Qualifications

| | | | | |
|--|--------------------------------------|---|---|------------------|
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification | |
| DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement | DOH/DDD | | Prior to and after service delivery OR 1st month of service for initial evaluation and every succeeding 12th month thereafter | |
| Service Delivery Method | | | | |
| Service Delivery Method <i>(check each that applies):</i> | <input type="checkbox"/> | Participant-directed as specified in Appendix E | x | Provider managed |

Service Specification

Service Title: Private Duty Nursing

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Private Duty Nursing (PDN) services are defined as services determined medically necessary to support an adult (21 years of age and older) with substantial complex health management support needs. PDN services must be specified in the ISP. PDN services are within the scope of the State's Nurse Practice Act and require the education, continuous assessment, professional judgment, nursing interventions and skilled nursing tasks of a registered nurse (RN), or licensed practical nurse (LPN) under the supervision of an RN. The RN and LPN are licensed to practice in the State of Hawaii.

PDN services are provided to participants who meet all of the following:

- require continuous but less than 24 hours-per-day nursing care on an ongoing long-term basis;
- have complex health management support needs for their medical condition based on a functional needs assessment;
- PDN services have been determined medically necessary if it is recommended by the treating physician or treating licensed health care provider and is approved by DOH/DDD; and
- require a nursing care plan that is incorporated into the Individualized Service Plan, which determines the frequency of review for continued need of this service.

The nurse provides detailed notes of interventions, judgments and assessments and makes documentation available at the frequency specified in the ISP for the DOH/DDD case manager and upon request, review by DOH/DDD and DHS/MQD.

PDN services may be provided in the participant's home or at locations in the community.

Complex means scheduled, hands-on nursing interventions. Observation in case an intervention is required is not considered complex skilled nursing and is not covered by the Medicaid I/DD Waiver as medically necessary PDN services.

Continuous means nursing assessments requiring interventions are performed at least every two or three hours during the period PDN services are provided.

Substantial means there is a need for interrelated nursing assessments and interventions. Interventions not requiring an assessment or judgment by a licensed nurse are not considered substantial.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

PDN services are provided to participants age 21 and older up to a limit maximum of 8 hours on average per day during the authorization period. PDN services are not intended to provide all of the supports a participant requires to live at home.

PDN services must be prior authorized by DOH/DDD.

PDN cannot be provided at the same time (same 15-minute period) as another waiver service, except when the participant has been assessed to require 2:1 supports based on the results of a functional needs assessment when

- the participant requires a nurse for health care needs and a second staff performing distinct and separate duties for training in activities of daily living; or
- requires a nurse while also **receiving-attending** employment or adult day health activities; or c) requires a nurse while also participating in community learning activities. **During a declared public health emergency, the functional assessment may be completed by telehealth and/or record review.**

The services under Private Duty Nursing are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

All medically necessary private duty nursing for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Private duty nursing in this waiver is only provided to individuals age 21 and over and only when the limits of this waiver service furnished under the approved state plan are exhausted.

PDN services must not duplicate services available to a participant under the Medicaid State Plan, any third-party payer, a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (30 U.S.C. 1401 et seq.).

PDN services shall not be provided during transportation to and from school or during all instruction activities specified in the Individual Education Plan.

PDN services may be provided by a qualified family member who is employed by a waiver provider or a qualified caregiver who is an independent contractor of Residential Habilitation services under a waiver provider. "Qualified" means the family member or caregiver must meet the requirements (licensed RN or LPN under the supervision of a RN).

PDN services shall not be used for respite services, companionship, or transportation to medical appointments.

PDN services shall not be authorized when the purpose of having a licensed nurse with the participant is only for observation or monitoring in case an intervention is required. PDN services shall not be used when the nursing care activities can be delegated to qualified direct support workers.

During a declared public health emergency, the participant may receive PDN without also being required to receive ~~must also require~~ at least one of the following habilitative services as specified in the ISP:

- Personal Assistance/Habilitation (PAB): The service must focus on a habilitative goal and outcome to improve or maintain abilities. Personal care may be a component but must not comprise the entirety of the service to meet the requirement for a habilitative service;
- Community Learning Service (CLS);
- Discovery & Career Planning;
- Individual Employment Supports; or

- Adult Day Health: The service must focus on a habilitative goal and outcome to improve or maintain abilities. Personal care/assistance may be provided when incidental to the delivery of PDN as necessary to meet the needs of a participant but may not comprise the entirety of the service.

If DOH/DDD authorizes a short-term increase above the 8 hours-per-day limit, the authorized increase shall not exceed 30 days. The DOH/DDD case manager must be notified immediately when an exception request is made for a short-term increase in PDN hours above the limit. **During a declared public health emergency, the 8-hours-per day limit and 30 day short-term limit are suspended if increases in amount or duration of PDN are needed to protect participant health and safety.**

~~A participant may be eligible for a short term increase in PDN service when he or she meets one of the following significant changes in condition:~~

~~a. participant has increased medical support needs, such as new trach or technology, immediately post discharge from hospital, to accommodate the transition and the need for training of informal caregivers. Services will generally start at a higher number of PDN hours and be reduced slowly over the course of the 30 days.~~

~~b. An acute, temporary change in condition causing increased amount and frequency of nursing interventions.~~

~~e. A family emergency or temporary inability of the informal caregiver to provide care due to illness or injury.~~

Provider Specifications

| | | | | |
|--|--------------------------|-------------------------|--|-------------------------------------|
| Provider Category(s) (check one or both): | <input type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | | | DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement | |

| | | | | |
|---|--------------------------|----------------------------|--------------------------|-------------------------|
| Specify whether the service may be provided by (check each that applies): | <input type="checkbox"/> | Legally Responsible Person | <input type="checkbox"/> | Relative/Legal Guardian |
|---|--------------------------|----------------------------|--------------------------|-------------------------|

Provider Qualifications (provide the following information for each type of provider):

| | | | |
|----------------|-------------------|-----------------------|--------------------------|
| Provider Type: | License (specify) | Certificate (specify) | Other Standard (specify) |
|----------------|-------------------|-----------------------|--------------------------|

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|--|---|--|---|
| DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement | Licensed Registered Nurse per Chapter 457, Hawaii Revised Statutes Licensed Practical Nurse per Chapter 457, Hawaii Revised Statutes | | Meet Standards in Provider Services Agreement, e.g., staff must be at least 18 years of age, pass criminal history check, be able to work in the United States, trained in the ISP/IP and be able to perform the assigned tasks. Each provider agency must be approved by DOH/DDD and DHS/MQD in order to provide the waiver service and adhere to staffing qualifications in terms of training, education and certification/licensure stated in waiver standards. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA); possess the applicable tax licenses in the State of Hawaii through the Department of Taxation and have a tax license for General Excise Tax (GET). Each agency must be able to enter into contracts with the State. |
|--|---|--|---|

Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|--|--------------------------------------|---|
| DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement | DOH/DDD | Prior to and after service delivery OR 1st month of service for initial evaluation and every succeeding 12th month thereafter |

Service Delivery Method

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|---|--------------------------|---|---|------------------|
| Service Delivery Method <i>(check each that applies):</i> | <input type="checkbox"/> | Participant-directed as specified in Appendix E | x | Provider managed |
|---|--------------------------|---|---|------------------|

Service Specification

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|----------------|---------|
| Service Title: | Respite |
|----------------|---------|

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Respite services are only provided to participants living in family homes and are furnished on a short-term basis to provide relief to those persons who normally provide uncompensated care for the participant for at least a portion of the day. Respite may be provided in the participant’s own home, the private residence of a respite care worker, DD Domiciliary Home, DD Adult Foster Home, Adult Residential Care Home, or Expanded Adult Residential Care Home.

If the participant requires nursing assessment, judgment and interventions during Respite, the service may be provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) under the supervision of a RN.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Multiple episodes of respite may occur during the year. However, any episode of respite is limited to 14 consecutive days. The total annual amount of Respite is limited to limit of 760 hours may be exceeded when needed during the period of the public health emergency. The authorization of additional Respite above the annual limit is for the purpose of addressing potential health and safety issues due to the unavailability of services and/or natural supports that the participant has been receiving due to COVID-19 impacts. The DOH/DDD will perform further authorization on a case-by-case basis.

Respite services provided by a RN or LPN are available only to participants receiving Private Duty Nursing (PDN), through QUEST Integration EPSDT services (for children under age 21) or through the 1915(c) I/DD waiver service (for adults age 21 and older). Respite services provided by a RN or LPN must be obtained from a Medicaid Waiver provider. Respite services provided by a nurse must be provided using the 15-minute code only. Respite services provided by a nurse shall not be authorized to supplement PDN hours on a regular scheduled basis.

Respite services provided by a RN or LPN cannot be consumer-directed.

Federal financial participation is not claimed for the cost of room and board in any of these settings. Respite is not available in long-term care facilities.

Respite cannot be used during times when the person providing care is being paid to deliver another waiver service, such as PAB or CLS. It is limited to providing for relief during times when the person is not being paid to provide care to the participant.

Daily Respite is limited to those services provided in licensed or certified residential homes. Respite provided in the participant’s own home or the private residence of a respite care worker must use the 15-minute Respite code.

Respite services provided on an hourly basis are not delivered during the same time (same 15-minute period) that the following face-to-face services are delivered: PAB, ADH, Discovery & Career Planning, Individual Employment Supports, Private Duty Nursing (PDN) or Community Learning Services.

A guardian or legally responsible adult (parent of a minor aged 17 and younger or spouse of the participant) cannot be the Respite worker. An individual serving as a designated representative for a waiver participant using the consumer-directed option may not provide Respite.

Payment for services is based on compliance with billing protocols and completed supporting documentation is required as proof of delivery of services as required by the Medicaid Waiver Standards.

Provider Specifications

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| <input type="checkbox"/> | Individual. List types: | x | Agency. List the types of agencies: |
|--------------------------|-------------------------|---|-------------------------------------|

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|--|---|--|---|-------------------------------------|
| Provider Category(s) <i>(check one or both):</i> | | DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement | | |
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input type="checkbox"/> | Legally Responsible Person | <input type="checkbox"/> | Relative/Legal Guardian |
| Provider Qualifications <i>(provide the following information for each type of provider):</i> | | | | |
| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> | |
| DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement | If Respite services are delivered by a nurse employed by the agency: Licensed Registered Nurse per Chapter 457, Hawaii Revised Statutes Licensed Practical Nurse per Chapter 457, Hawaii Revised Statutes | | Meet Standards in Provider Services Agreement, e.g., staff must be at least 18 years of age, pass criminal history check, be able to work in the United States, trained in the ISP/IP and be able to perform the assigned tasks. Each provider agency must be approved by DOH/DDD and DHS/MQD in order to provide the waiver service and adhere to staffing qualifications in terms of training, education and certification/licensure stated in waiver standards. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA); possess the applicable tax licenses in the State of Hawaii through the Department of Taxation and have a tax license for General Excise Tax (GET). Each agency must be able to enter into contracts with the State. | |
| Provider Specifications | | | | |
| Provider Category(s) <i>(check one or both):</i> | <input checked="" type="checkbox"/> | Individual. List types: | <input type="checkbox"/> | Agency. List the types of agencies: |
| | | Consumer Directed Direct Support Worker (DSW) | | |
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/ Legal Guardian |
| Provider Qualifications <i>(provide the following information for each type of provider):</i> | | | | |
| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> | |
| Consumer Directed Direct Support Worker (DSW) | | | Consumer-Directed: at least 18 years of age, complete criminal history check, be able to work in the United States, meet qualifications in job description – trained and supervised by the participant/designated representative | |

| Verification of Provider Qualifications | | |
|--|---|--|
| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
| DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement | DOH/DDD | 1st month of service for initial evaluation and every succeeding 12th month thereafter |
| Consumer-Directed Direct Support Worker | Employer/Designated Representative | 1st month of service for initial evaluation and every succeeding 12th month thereafter |

Service Specification

Service Title: Specialized Medical Equipment and Supplies

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Specialized medical equipment and supplies include:

- 1) devices, controls, appliances, equipment and supplies, specified in the plan of care, which enable participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live;
- 2) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items;
- 3) such other durable and non-durable medical equipment not available under the State Plan that are necessary to address participant functional limitations; and
- 4) necessary medical supplies, **including personal protective equipment (PPE) and infection control supplies when not otherwise covered in the Medicaid state plan.**

There must be documented evidence that the item is the most cost-effective alternative to meet the participant's need. All items must be ordered on a prescription. An order is valid one year from the date it was signed. **The purchase of PPE and infection control supplies to address COVID-19 impacts do not require a prescription.**

All items shall meet applicable standards of manufacture, design and installation.

Nutritional diet supplements, such as Ensure and Pediasure, are only covered by the waiver if the participant is able to eat by mouth (no feeding tube) and is at risk for weight loss that will adversely impact the participant's health. Prior to authorization, the plan includes a request from a medical provider and measurable weight goals and a follow-up plan.

Additional diapers, pads and gloves over the amount covered by the State Plan may be covered by the waiver only on a temporary or intermittent basis. Temporary is defined as a period of three months or less. Intermittent is defined as occurring at irregular intervals, sporadic and not continuous.

Assessment and training related to the Specialized Medical Equipment and Supplies are completed under another waiver service, Training & Consultation and are not included in this service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Specialized Medical Equipment and Supplies under the waiver may not replace the medical supplies equipment and appliances covered by other insurances or under the State Plan through the home health benefit, including EPSDT medically necessary equipment and supplies for waiver participants under age 21. All applicable private insurance, Medicare and/or Medicaid requirements for the procurement of durable medical equipment and supplies must be followed. This service may not be used to purchase equipment or supplies that would have been covered by another program if the program's rules were followed, including using network providers that participate with that program and adhering to prior authorization requirements of that program. **The purchase of PPE and infection control supplies to address COVID-19 impacts do not require denials from other insurance or the State Plan.**

Specialized Medical Equipment and Supplies exclude those items that are not of direct medical or remedial benefit to the participant or are considered to be experimental.

"Direct medical or remedial" benefit is a prescribed specialized treatment and its associated equipment or supply that are essential to the implementation of the ISP and without which the participant would be at high risk of institutional or more restrictive placement. "Experimental" means that the validity of the use of the adaptation and associated equipment has not been supported in one or more studies in a refereed professional journal.

Eye glasses, hearing aids, and dentures are not covered.

Payment for services is based on compliance with billing protocols and completed supporting documentation is required as proof of delivery of services as required by the Medicaid Waiver Standards.

Provider Specifications

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|---|--------------------------|-------------------------|---|--|
| Provider Category(s) <i>(check one or both):</i> | <input type="checkbox"/> | Individual. List types: | x | Agency. List the types of agencies: |
| | | | | DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement |

| | | | | |
|--|--------------------------|----------------------------|--------------------------|-------------------------|
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input type="checkbox"/> | Legally Responsible Person | <input type="checkbox"/> | Relative/Legal Guardian |
|--|--------------------------|----------------------------|--------------------------|-------------------------|

Provider Qualifications *(provide the following information for each type of provider):*

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|----------------|--------------------------|------------------------------|---------------------------------|
| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> |
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| | | | |
|--|--|--|---|
| DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement | | | Meet Standards in Provider Services Agreement, e.g., staff must be at least 18 years of age, pass criminal history check, be able to work in the United States, trained in the ISP/IP and be able to perform the assigned tasks. Each provider agency must be approved by DOH/DDD and DHS/MQD in order to provide the waiver service and adhere to staffing qualifications in terms of training, education and certification/licensure stated in waiver standards. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA); possess the applicable tax licenses in the State of Hawaii through the Department of Taxation and have a tax license for General Excise Tax (GET). Each agency must be able to enter into contracts with the State. |
|--|--|--|---|

Provider Specifications

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|---|--------------------------|-------------------------|---|---|
| Provider Category(s) <i>(check one or both):</i> | <input type="checkbox"/> | Individual. List types: | x | Agency. List the types of agencies: Medical Supply Company |
|---|--------------------------|-------------------------|---|---|

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|--|--------------------------|----------------------------|--------------------------|-------------------------|
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input type="checkbox"/> | Legally Responsible Person | <input type="checkbox"/> | Relative/Legal Guardian |
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Provider Qualifications *(provide the following information for each type of provider):*

| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> |
|-------------------------|--|------------------------------|---|
| Medicaid Supply Company | State of Hawaii Department of Commerce & Consumer Affairs, if applicable State General Excise Tax license | | Must be licensed to do business in the State of Hawaii and able to enter into contracts with the State. |

Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|--|--------------------------------------|---|
| DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement | DOH/DDD | Prior to and after service delivery OR 1st month of service for initial evaluation and every succeeding 12th month thereafter |
| Medical Supply Company | DOH/DDD | Prior to and after service delivery |

| Service Delivery Method | | | | |
|---|--------------------------|---|-------------------------------------|------------------|
| Service Delivery Method <i>(check each that applies):</i> | <input type="checkbox"/> | Participant-directed as specified in Appendix E | <input checked="" type="checkbox"/> | Provider managed |



ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.