

**MEDICAID
WAIVER
PROVIDER
STANDARDS
MANUAL**

**State of Hawaii
Department of Health
Developmental Disabilities Division
July 1, 2011**

MEDICAID WAIVER PROVIDER STANDARDS MANUAL

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Note: Use of the term Intellectual Disabilities

All references to individuals with Developmental Disabilities and/or Mental Retardation (DD/MR) are replaced with Developmental Disabilities and/or Intellectual Disabilities (DD/ID) unless statutorily required or related to a diagnosis. The Honorable Neil Abercrombie, Governor for the State of Hawaii signed this into law (Act 220) on July 11, 2011.

The term "Intellectual Disability" uses people first language which honors individuals with respect and dignity. The federal government changed references of Mental Retardation to Intellectual Disabilities throughout the health, education and labor laws in response to Rosa's Law or P.L. 111-256 signed by President Obama on October 5, 2010.

Chapter 1 GENERAL INFORMATION

1.1 Medicaid Waiver General Information

1.1.1 Medicaid Program

Title XIX of the Social Security Act is a program that provides medical assistance for certain individuals and families with low income and resources. The program, known as Medicaid, became law in 1965 as a jointly funded cooperative venture between the Federal and State governments to assist States in the provision of adequate medical care to financially eligible needy persons. Medicaid is the largest program providing medical and health-related services to America's poorest people. Within broad national guidelines, which the Federal government provides, each of the States:

1. Establishes its own eligibility standards;
2. Determines the type, amount, duration and scope of services;
3. Sets the rate of payment for services; and
4. Administers its own program.

1.2 Administering State Agency

1.2.1 Department of Human Services (DHS)

The Department of Human Services is the single State agency that is responsible for administering the Medicaid program for the State of Hawaii.

1.2.2 Med-QUEST Division (MQD)

Medical assistance to qualified indigent, uninsured and underinsured individuals is provided through the State administered fee-for-service program, the Section 1115 demonstration program known as QUEST, QUEST Expanded Access, QUEST ACE and the QUEST-Net program and the 1915 (c) Medicaid Waiver Program(s). The Med-QUEST Division (MQD) under the DHS administers these medical assistance programs,

and is responsible for overall administration of the Hawaii Medicaid program.

1.3 Operating State Agency

1.3.1 Department of Health (DOH)

The Department of Health is the State agency that is responsible for providing services to individuals with developmental disabilities and/or intellectual disabilities.

1.3.2 Developmental Disabilities Division (DDD)

The Developmental Disabilities Division (DDD) within the DOH has statutory responsibilities to “develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system of supports and services for persons with developmental disabilities and/or mental retardation within the limits of state or federal resources allocated or available ...” [HRS § 333F-2]

The DDD operates the Home and Community Based Services (H&CBS) Medicaid Waiver Services Program for persons with developmental disabilities and intellectual disabilities (DD/ID Medicaid Waiver Services Program).

1.4 Responsibilities of State Agencies

1.4.1 DHS Responsibilities

Specific responsibilities of DHS related to the DD/ID Medicaid Waiver Services Program include the following:

1. Submit the Medicaid Waiver Services Program applications and amendments to the Centers for Medicare and Medicaid Services (CMS); operate as the conduit between the DOH–DDD and CMS.
2. Transfer to DOH the Federal portion of claims for appropriately and accurately billed services rendered by contracted PROVIDERS.
3. Certify initial intermediate care facility for persons with mental retardation (ICF/MR) level of care for applicants applying for the Medicaid Waiver Services Program prior to their admission.

4. Verify or determine Medicaid eligibility of applicants applying for services from the Medicaid Waiver Services Program prior to admission.
5. Maintain a PARTICIPANT and fiscal information system capturing waiver service expenditures and related PARTICIPANT data for the Medicaid Waiver Services Program according to Federal requirements.
6. Submit an annual 372 report to CMS; monitor the number of PARTICIPANTS served by the Medicaid Waiver Services Program as well as the average per capita costs and total expenditure ceilings approved by CMS.
7. Oversee DOH's quality assurance program including the compliance reviews of all contracted PROVIDERS of the Medicaid Waiver Services Program. Report to CMS the summary of results on a regular basis.
8. Cooperate with CMS during reviews of the Medicaid Waiver Services Program; compile fiscal records and other Medicaid Waiver Services Program data and provide these records to CMS upon request.
9. Support DOH billing efforts by:
 - a. Processing and maintaining PROVIDER agreements with each PROVIDER deemed qualified by DOH to serve PARTICIPANTS in the Medicaid Waiver Services Program;
 - b. Maintaining the DHS Hawaii Prepaid Medicaid Management Information System (HPMMIS) information on PROVIDERS, authorized services, and rates, and providing information to DOH on a timely basis;
 - c. Collaborating with DOH on the resolution of Medicaid Waiver Services Program PROVIDER and PARTICIPANT inquiries on a timely basis.
10. Conduct fair hearings to ensure due process to DD/ID Medicaid Waiver Services Program PARTICIPANTS and PROVIDERS.

1.4.2 DOH Responsibilities

Specific responsibilities of DOH related to the Medicaid Waiver Services Program include the following:

1. Certify annually the ICF/MR level of care for waiver program PARTICIPANTS.
2. Provide targeted case management services to Medicaid Waiver Services Program PARTICIPANTS, including assessment, individualized service plan development, needs identification, service authorization, ongoing monitoring and service coordination.
3. Promote freedom of choice for Medicaid Waiver Services Program PARTICIPANTS by informing them of feasible alternatives for services under the DD/ID Medicaid Waiver Services Program and providing information regarding available alternatives among institutional and HCBS services.
4. Provide the State match funds from general fund budget appropriations for the Medicaid Waiver Services Program as is available within the DOH-DDD budget in accordance with Chapter 333F, Hawaii Revised Statutes (HRS).
5. Serve as the lead in developing and drafting of the Medicaid Waiver Services Program proposal(s) and amendments, including service definitions, service standards, program policies and procedures, guidelines, and criteria for rate setting; collaborate with DHS and stakeholder groups (i.e., persons with developmental and intellectual disabilities, advocates, PROVIDERS, and other interested persons).
6. Determine eligibility for applicants seeking services under the Medicaid Waiver Services Program that is consistent with Chapter 333F, HRS.
7. Provide consultation to DHS on services, programs, and best practices for services and supports for persons with DD/ID and provide consultation to DHS on related costs as needed.

8. Provide orientation to prospective PROVIDERS of Medicaid Waiver Services Program services, review PROVIDER proposals, and recommend PROVIDERS to DHS for authorization to provide services.
9. Provide technical assistance to Medicaid Waiver Services Program PROVIDERS to ensure these PROVIDERS render services in accordance with the Medicaid Waiver Provider Standards Manual (as provided in Chapter 5) as well as best practices that are recognized by the national DD community.
10. Cooperate and support activities to recover any overpayments or inappropriate payments from Medicaid Waiver Services Program PROVIDERS:
 - a. Cooperate and assist the DHS MQD Fraud Unit by providing requested information;
 - b. Monitor Medicaid Waiver Services Program PROVIDERS for potential fraud or abuse and report any suspected fraudulent activity to DHS MQD and the Department of Attorney General, Medicaid Fraud Control Unit within thirty (30) calendar days of discovery.
11. Review all complaints and Adverse Event Reports (AER) and maintain a database of all reports; respond to complaints and reports as needed; refer problems that require review and/or possible action to the Department of Attorney General.
12. Conduct quality assurance reviews of DD/ID Medicaid Waiver Services Program PARTICIPANTS and PROVIDERS to ensure compliance with the CMS performance measures.
13. Cooperate with DHS in the performance of investigations, audits, quality assurance reviews of PROVIDERS, and with CMS requests.

Chapter 2 ELIGIBILITY REQUIREMENTS

2.1 Eligible Population

2.1.1 DHS Eligibility Determination

Individuals seeking to receive services from the Medicaid Waiver Services Program must be eligible for medical assistance under the Federal reimbursement Hawaii Medicaid program, meet ICF/MR level of care, and have a developmental or intellectual disability. DHS-MQD determines Medicaid and initial ICF/MR level of care eligibility.

2.1.2 DOH Eligibility Determination

DOH-DDD determines DDD eligibility according to the definitions defined in HRS §333F-1 and Title 11, Chapter 88, Hawaii Administrative Rules (HAR). Eligibility for the Medicaid Waiver Services Program is made by DOH-DDD after determination of Medicaid and ICF/MR level of care by DHS-MQD.

An ICF/MR level of care re-evaluation is required annually. A PARTICIPANT shall be placed on suspension if a physician's evaluation (or physical exam (PE) form) is not submitted annually to the DOH-DDD Case Manager (CM) and the current re-evaluation has expired. The CM shall send a Notice of Action (NOA) prior to suspending the PARTICIPANT.

2.2 Medicaid Eligibility Determination

2.2.1 General Medicaid Eligibility Requirements

Medicaid eligibility of each person receiving services under the Medicaid Program is determined by the DHS-MQD, and is dependent on financial factors (income and assets) and other public assistance criteria (e.g., certain physical conditions such as blindness, disability, age, and other socio-economic factors such as a family with low income and dependent children).

2.2.2 Medicaid "Cost Share"

Some PARTICIPANTS who do not fully meet the financial requirements for Medicaid eligibility due to the amount of their monthly income may be required to

pay a portion of their expenses each month, in order to be eligible for Medicaid. The portion of expenses the PARTICIPANT must pay each month is referred to as their “cost share.” These clients become Medicaid eligible once they have met their “cost share” requirement.

If a PARTICIPANT has a monthly “cost share” amount, the cost share shall be assigned to a waiver PROVIDER agency (ies) that is servicing the participant. The PROVIDER agency shall adjust the monthly billing amounts for waiver services by the PARTICIPANT’S “cost share.”

All Medicaid Waiver Services Program PARTICIPANTS are eligible for services on the first of each month.

2.2.3 Eligibility for Children

Children may be eligible for participation in the Medicaid Waiver Services Program if they have been determined to meet criteria by DOH-DDD and to require an ICF/MR level of care by DHS-MQD.

1. The child may be Hawaii Medicaid eligible if their family is Hawaii Medicaid eligible.
2. If the child’s family is not Hawaii Medicaid eligible, but the child with DD/ID has “institutional status” (or requires an ICF/MR level of care), the income of the parents may be included (deeming) in determining eligibility and the applicable cost share. The parental deeming shall end in the month following the initial month of eligibility and the child may be eligible with no cost share from the second month of eligibility.

2.3 Medicaid Recipient Identification

2.3.1 Hawaii Medicaid Identification Card

A plastic Hawaii Medicaid identification card (ID card) will be issued by the Medicaid fiscal agent to each PARTICIPANT when initial Medicaid eligibility has been determined by DHS-MQD. The ID card will only list the PARTICIPANT’S name, Medicaid number and date of birth. The ID card will not list the PARTICIPANT’S eligibility dates. As a result, the ID cards will not serve as evidence of current eligibility as PARTICIPANTS will keep their ID card throughout any changes in eligibility dates. PROVIDERS must verify each PARTICIPANT’S eligibility.

PARTICIPANTS who have lost their ID card should be directed to contact the Enrollment Call Center at DHS. Contact information is contained in the Assistance Directory in Appendix 1.

2.3.2 Verification of Medicaid Eligibility

The Medicaid program will only reimburse PROVIDERS for services rendered to eligible Medicaid PARTICIPANTS. If a Medicaid Waiver Services Program PROVIDER is unable to verify a PARTICIPANT'S eligibility at the time of service, the PROVIDER renders the service at his/her own risk.

To assist PROVIDERS in verifying PARTICIPANT eligibility, DHS has developed several options for a PROVIDER to verify eligibility, Automated Voice Response System (AVRS) and DHS Medicaid Online (DMO). Contact information is available in the Assistance Directory in Appendix 1.

2.4 PARTICIPANT Access

A PARTICIPANT may voluntarily choose to receive services under the DD/ID Medicaid Waiver Services Program in the community.

Admission to the DD/ID Medicaid Waiver Services Program shall be initiated by the DOH-DDD CM and authorized by the DHS.

DOH-DDD CM shall inform PARTICIPANTS of all options regarding services under the DD/ID Medicaid Waiver Services Program and PROVIDERS available.

At a minimum, one (1) service under the DD/ID Medicaid Waiver Services Program shall be provided on the day of admission. In the event of unforeseen circumstances precluding the provision of waiver service delivery on the date of admission, the DOH-DDD CM may suspend the PARTICIPANT until service can be provided.

The PARTICIPANT and/or parent/guardian are required to notify the DOH-DDD CM when the PARTICIPANT does not or will not receive any waiver service(s).

2.5 Service Authorization

2.5.1 Individualized Service Plan (ISP)

All PARTICIPANTS admitted into the Medicaid Waiver Services Program shall have an Individualized Service Plan (ISP) authorizing services by the DOH-DDD CM.

The ISP is the written plan required by HRS § 333F-6 that is developed by the PARTICIPANT, with the input of family, friends, and other persons identified by the PARTICIPANT as being important to the planning process. The plan shall be a written description of what is important to the person, how any issue of health or safety shall be addressed, and what needs to happen to support the PARTICIPANT in his/her desired life.

The ISP is operationalized as the form used by the DOH-DDD CM to document the information above and includes an “action plan” which describes the services and supports, both paid and unpaid, to meet the goals and outcomes identified by the PARTICIPANT. A copy of the ISP is sent to the PROVIDER within thirty (30) days with the following documents, if applicable:

1. Physician’s orders for the use of physical or chemical restraints or for waiver services such as Skilled Nursing or Training or Consultation, if applicable.
2. Positive Behavioral Supports (PBS) plan/behavioral intervention plan should be implemented in accordance with the PROVIDERS’ written behavior support policies and procedures based on best practices and state directives to ensure the behavioral interventions are implemented appropriately. These requirements should be used in conjunction with “An ISP’s Team’s Introductions to Functional Behavioral Assessment and Behavioral Intervention/Support Plans” (see Appendix 4).
3. Individualized Educational Plan (IEP), if relevant to implement the current IP.
4. Assessments and recommendations of health professionals (e.g. physical and speech occupational therapists, and psychologists), if necessary to implement the current IP.

The PARTICIPANT shall be placed on suspension if the PARTICIPANT/parent/legal guardian refuses to sign the ISP and the current ISP has expired. The suspension period shall be up to 90 calendar days from the ISP renewable date. The CM shall send a NOA prior to suspending the PARTICIPANT. If after 90 days, the ISP is not signed, the PARTICIPANT shall be discharged.

2.5.2 Individual Plan (IP)

Upon receipt of the ISP, the PROVIDER shall develop an Individual Plan (IP) based on the goals outlined in the ISP. The IP shall identify the specific measurable goals and objectives that will be implemented with the PARTICIPANT. Through on-site and quarterly reports from the PROVIDER, the DOH-DDD CM will monitor the PARTICIPANT'S achievement of these goals and objectives.

The PROVIDER shall assure IPs for all PARTICIPANTS are developed and written based on the ISP and/or Waiver Action Plan (WAP), incorporating verbal and written information received from the PARTICIPANT, the DOH-DDD CM, other agencies, the PARTICIPANT'S family, or the PARTICIPANT'S legal or designated representative for the following services:

- Chore
- Personal Assistance/Habilitation
- Residential Habilitation
- Adult Day Health
- Employment
- Respite
- Skilled Nursing
- DD/ID Emergency Outreach, Respite and Shelter

1. The IP:

- a. Shall be developed and shall be approved by a service supervisor as defined in the STANDARDS and shall be based on the ISP and/or WAP;
- b. Shall include the PARTICIPANT, the DOH-DDD CM, and members of the PARTICIPANT'S circle of supports in its development, and shall be approved by the PARTICIPANT and/or legal guardian;
- c. Shall be developed, written and implemented within thirty (30) calendar days of the service start date; the ISP and/or WAP shall serve as the interim IP until the IP is finalized;
- d. Shall detail the specific activities, methods, or approaches with timeframes for achievement to be implemented, including behavioral supports, to achieve the desired goals and outcomes identified in the ISP and/or WAP;
- e. Shall meet the requirements as specified in the STANDARDS of each service under the DD/ID Medicaid Waiver Services Program;
- f. Shall be written in terms easily understood by the PARTICIPANT, the primary caregiver, and direct support worker.

2. The PROVIDER shall assure that:

- a. Direct support workers required to implement the IP are adequately and appropriately trained as identified in the PROVIDER qualifications;
- b. The training be conducted prior to the implementation of the IP;
- c. The training be documented;
- d. The PARTICIPANT or the PARTICIPANT'S legal or designated representative, and the DOH-DDD CM receive copies of the IP within seven (7) calendar days of its initiation and subsequent revisions;
- e. The distribution of copies of the IP shall be documented.

2.5.3 Medication

1. The following as identified in the ISP shall apply to medications ingested or administered during the hours the PARTICIPANT is in a DD/ID Medicaid Waiver Services Program or receiving services under the DD/ID Medicaid Waiver Services Program from a PROVIDER:
 - a. Physician prescribed medications may be self-administered by a PARTICIPANT when the PARTICIPANT is physically and cognitively able to do so;
 - b. The PARTICIPANT may self-inject prescribed medications when the physician has written orders to permit this;
 - c. The PARTICIPANT may be assisted with medications when:
 - 1) The medication has been pre-measured;
 - 2) The medication is in individual doses;
 - 3) The container is clearly labeled by the PARTICIPANT'S caregiver, pharmacist, physician, RN or LPN with the PARTICIPANT'S name and the time and route for the medication; and
 - 4) The PARTICIPANT is able to take the single dose of medication independently. The PROVIDER staff assisting with the medication shall not place the medication in the PARTICIPANT'S mouth.
2. Assistance with medication includes, but is not limited to, the following:
 - a. Placing the labeled container with the pre-measured medication in the PARTICIPANT'S hand;

- b. Assisting the PARTICIPANT with opening the container and dropping the medication into the PARTICIPANT'S hand when needed;
 - c. Instructing the PARTICIPANT to take the medication;
 - d. Helping the PARTICIPANT to drink a liquid in order to swallow the medication;
 - e. Watching and observing the PARTICIPANT to ensure that the medication has been swallowed; and
 - f. Documenting the assistance with medication in the PARTICIPANT'S chart.
3. Medication administration shall be performed by a RN or a LPN under the supervision of a RN:
 - a. When the PARTICIPANT is unable physically or cognitively to self-administer his or her own medications, even with assistance; and
 - b. For injectable medications except when the physician has written orders to permit this as specified in paragraph 2.5.3 Medication, 1.b.
4. The PARTICIPANT'S record shall include the following information for each prescribed medication that the PARTICIPANT will take during the PROVIDER'S service hours:
 - a. General information on recommended dosages and the medication's effect;
 - b. Instructions for PARTICIPANT monitoring;
 - c. Potential drug or food interactions;
 - d. Use of physical and chemical restraints shall be by physician's orders that specify the duration and circumstances under which the restraints are to be used;
 - e. The PROVIDER shall follow the procedures for reporting adverse events (see PROVIDER Quality Assurance) observed by the PROVIDER, including medication errors and unexpected reactions to drugs or treatment, as specified in the STANDARDS.

2.5.4 Prior Authorizations

All approved Medicaid waiver services written into the ISP will be authorized by the DOH-DDD CM. The PROVIDER shall receive a prior authorization notice before the delivery of services. The lack of a prior authorization will result in a denied claim for payment.

The PROVIDER shall follow-up with the DOH-DDD CM if a prior authorization form has not been received and is identified in the ISP.

Chapter 3 PROVIDER REQUIREMENTS

3.1 Definitions

General definitions used throughout the DD/ID Medicaid Waiver Provider Standards Manual are found in Appendix 2. Additional definitions that are specific to a waiver service are found in Chapter 5, Service Standards.

3.2 General Information

Payment for covered goods, care, and services shall only be made to PROVIDERS recommended by the Department of Health to the Department of Human Services, Med-QUEST Division, to participate in the Medicaid Waiver Services Program. An authorized PROVIDER is an individual, an institution, or an organization that meets all of the following requirements for participation.

3.3 General Requirements for Participation as a Medicaid Waiver Services Program PROVIDER

The following are general requirements for an applicant to become a Medicaid Waiver Services Program PROVIDER:

3.3.1 License or Certification

If required, and in accordance with Hawaii State law, any individual PROVIDER must be licensed to practice within the scope of his/her profession. Permits, temporary licenses or any form of license or permit that requires supervision of the licensee do not serve to qualify a PROVIDER as an eligible PROVIDER of services under the Hawaii Medicaid Program.

DOH-DDD certifies Adult Foster Homes and the DOH-Office of Health Care Assurance (OHCA) licenses Developmental Disabilities Domiciliary Homes, Adult Residential Care Homes, Extended Care Adult Residential Care Homes, assisted living facilities, and special treatment facilities/therapeutic living programs. PROVIDERS of any other health care services must comply with standards and all licensure, certification, and other requirements as applicable.

3.3.2 Application for Participation

1. Any PROVIDER (practitioner, institution, or organization) wishing to participate as a Medicaid Waiver Services Program PROVIDER must complete and submit a DOH Medicaid Waiver Services Program Proposal Application.
2. Current Medicaid Waiver Services Program PROVIDERS requesting additional services to be included in their array of services must complete and submit a DOH Medicaid Waiver Services Program Addendum Application.
3. The Medicaid Waiver Services Program Proposal Application and Addendum Application may be obtained from DOH-DDD's Contracts and Resource Development Section. See Assistance Directory, Appendix 1 for contact information.
4. DOH-DDD's Medicaid Waiver Services Program Proposal Application shall be reviewed by the DOH-DDD for programmatic and fiscal requirements.
5. Upon receipt of the Medicaid Waiver Services Program Proposal Application or Addendum Application, the submitting agency will receive acknowledgement of receipt of the proposal. The DOH-DDD will then notify the PROVIDER or potential PROVIDER of their findings within 90 business days of submission. The applicant may revise their proposal after findings are rendered. The DOH-DDD will respond with their findings within 90 business days of resubmission. A site visit to the PROVIDER'S facility will be scheduled as needed to assist in the review process. If the findings are favorable, the DOH-DDD will submit their recommendations to the DHS for final approval and execution of the written PROVIDER Agreement.

3.3.3 Written PROVIDER Agreement

PROVIDERS participating in the Medicaid Waiver Services Program must have a current and valid written PROVIDER Agreement on file with DHS-MQD, and comply with all of the terms of the PROVIDER Agreement. The completed and executed PROVIDER Agreement and any attachments shall constitute the full written agreement.

3.4 PROVIDER Requirements

3.4.1 Personnel Requirements

The PROVIDER shall be responsible for:

1. Ensuring that staff requirements are met prior to service provision and shall remain current during service delivery, see Appendix 3 for a summary of Service Qualifications for each service and also in Chapter 5, Service Standards;
2. Documenting the following for all direct support workers or service supervisors:
 - a. Current tuberculosis (TB) clearance according to DOH Standards;
 - b. First aid and cardiopulmonary resuscitation (CPR) training;
 - c. Criminal History check and Fingerprinting according to the Standards set forth by the DHS;
 - d. APS and/or CPS checks according to the Standards set forth by the DHS;
 - e. Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor, as stated in the STANDARDS, prior to service delivery and in the event of any changes to the IP;
 - f. Orientation for new direct support workers to include, but not be limited to, the following topics:
 - 1) Overview of individuals with DD/ID
 - 2) Orientation to DD/ID Medicaid Waiver Services
 - 3) Personal Centered Planning and Support
 - 4) Overview of ISP/IP process
 - 5) Detailed review of assigned PARTICIPANT'S ISP/IP documents and other personal support information required to ensure satisfactory service delivery
 - 6) Basic Health and Safety
 - 7) Positive Behavior Supports
 - 8) Preventing Abuse and Neglect
 - 9) Documentation
 - 10) Communication (agency, family, participants, DDD staff)
 - 11) Job Responsibilities
 - 12) Adverse Events Reporting
 - 13) Ethical Conduct
 - 14) Agency Policies and Procedures
 - 15) Emergency Preparedness
 - 16) Participant Rights, Grievances and Responsibilities

- g) Ongoing continuing education for direct support workers and/or service supervisors, shall include, at a minimum two or more of the topics listed above in f. 1) through 15) annually. All changes related to State and agency policies affecting the operations of the DD/ID Medicaid Waiver Services Program (e.g. new forms or procedures shall also be included in the continuing education program).
3. Ensuring that staff-to-PARTICIPANT ratios are in accordance with service requirements, see also Appendix 3, Summary of Qualifications and Chapter 5, Service Standards; and
4. Maintaining sufficient number of qualified personnel or subcontractors to ensure optimal health and safety of PARTICIPANTS and to ensure continuity of services for PARTICIPANTS.

3.4.2 Personnel File

The PROVIDER shall maintain a personnel file for all staff (supervisors and direct support workers) providing services under the Medicaid Waiver Services Program that documents qualifications and employment/contractual requirements, as applicable. Qualifications and employment/contractual requirements shall include, but are not limited to, the following:

1. Current Hawaii professional licenses, certificates, and liability insurance;
2. Appropriate education and/or work experience;
3. Minimum age requirements as defined by Hawaii State labor laws;
4. Current valid driver's license in accordance with Hawaii State Law and access to a vehicle. The vehicle shall have current motor vehicle registration, safety check, and insurance;
5. Current job descriptions. Additionally, the agency shall maintain an updated central file showing all the Direct Service Workers' and Service Supervisors' personnel qualifications (this file shall be made available to inspection by DOH, DDD);
6. The provision of an orientation to the Medicaid Waiver Services Program and job responsibilities, agency policies and procedures including emergency protocols, alcohol and drug-free workplace policy, and policies

to protect PARTICIPANT rights and confidentiality of PARTICIPANT records;

7. A signed statement, updated annually, indicating no history of any criminal conviction such as convictions of theft, abuse, neglect, or assault.

3.4.3 Supervision Requirements

The PROVIDER shall be responsible for the supervision activities of the service supervisor or direct support worker. Supervision activities shall be documented by the PROVIDER. Supervision shall include, but not be limited to, the following:

1. On-site monitoring of services being delivered to PARTICIPANT. This supervision shall take place either on a scheduled or non-scheduled basis;
2. Documentation of supervision shall minimally include the following:
 - a. Assessing the quality of service implementation and activities as specified in the IP including PARTICIPANT'S responsiveness and progress toward achieving outcomes; such assessments shall be documented in the PARTICIPANT'S record;
 - b. Ensuring that each direct support worker is trained in the manner and method of providing service to the PARTICIPANT before the direct support worker works independently with the PARTICIPANT;
 - c. Ensuring that each direct support worker is made aware of any and all information from the PARTICIPANT'S record that is essential for the direct support worker to work effectively and safely with the PARTICIPANT;
 - d. Identifying barriers to services and achieving outcomes including recommendations for IP interventions and/or discussion with the DOH-DDD CM and circle of support for IP revisions, as necessary.
3. Ensuring that the needs of each PARTICIPANT are matched with a direct support worker who has received training in the services to be provided to the PARTICIPANT and is knowledgeable about the needs and preferences of the PARTICIPANT; and,
4. Ensuring that the place in which the service is delivered is suitable to the activity and is able to physically accommodate the PARTICIPANT in a safe, comfortable manner, and that the PARTICIPANT'S privacy and preferences are known to direct support workers and are respected.

3.4.4 Quality Assurance Requirements

All PROVIDERS shall be responsible to document all quality assurance activities and shall be subject to review and oversight by DOH.

1. Internal Quality Assurance

- a. In keeping with the Quality Management Strategy set forth by the Centers for Medicare and Medicaid Services (CMS), each PROVIDER shall have an internal quality management program to ensure the following processes: discovery, remediation, and improvement.
 - 1) Discovery processes: involves collecting data and documentation of PARTICIPANT experiences, e.g., satisfaction survey/interview, in order to assess the ongoing implementation of the services and supports, identifying strengths and opportunities for improvement.
 - a) Data sources must be identified, e.g., Adverse Event Reports, IP for service outcomes;
 - b) Timelines for reviews must be identified, e.g., frequency of reviews;
 - c) Person(s) responsible for reviews must be identified, e.g., staff, committee membership.
 - 2) Remediation: taking action to remedy specific problems or concerns that arise.
 - a) Process of reviews and recommendations;
 - b) Process for follow up of recommendations;
 - c) Process for documentation of review, recommendations and follow up completed;
 - d) Types of remediation;
 - e) Trending analysis process.
 - 3) Continuous Improvement: utilizing data and quality information to engage in actions that lead to continuous improvement of services and supports.
 - a) Quarterly reports to the DOH:
 - i. PARTICIPANT'S status/improvements;
 - ii. Discovery information;
 - iii. Remediation efforts;
 - iv. Continuous improvement status;
 - v. Problems and concerns.
 - b) System improvement:
 - i. Issues resolved;

ii. Recommendations.

2. Internal Quality Management Program

The internal quality management program shall describe the processes and policies and procedures for the focus areas:

a. PARTICIPANT-centered service planning and delivery

- 1) The IP for each service address goals and outcomes for which PROVIDER services have been identified to meet.
- 2) Each service is delivered in accordance with the IP for the service, including type, scope, amount, duration, and frequency specified in the IP.
- 3) The IP for each service aligns with PARTICIPANT'S preferences, personal goals, needs and abilities, and health status.
- 4) PARTICIPANTS have the authority and are supported to direct and manage their own service(s) to the extent they wish.
- 5) Significant changes in the PARTICIPANT'S needs or circumstances promptly trigger consideration of modifications in each IP for service(s), e.g., health status deteriorates, increased frequency of behaviors, outcomes met.

b. PROVIDER Capacity and Capabilities

- 1) PROVIDER demonstrates that required licensure and/or certification standards are met and adheres to other standards prior to their furnishing waiver services.
- 2) PROVIDER shall have policies and procedures to administer and implement the DD/ID Medicaid Waiver Services Program.
- 3) PROVIDER demonstrates that training is provided in accordance with State requirements and these STANDARDS.
- 4) PROVIDER demonstrates that direct support workers possess the requisite skills, competencies and qualifications to support PARTICIPANTS effectively.

- 5) PROVIDER demonstrates the ability to provide services and supports in an efficient and effective manner consistent with the IP(s) for service(s).

c. PARTICIPANT Safeguards

- 1) PARTICIPANT health risk and safety considerations are assessed and potential interventions identified that promote health, independence, and safety with the informed involvement of the PARTICIPANT.
- 2) There are systematic safeguards in place to protect PARTICIPANTS from critical incidents and other life-endangering situations.
- 3) Behavioral interventions are implemented according to approved behavioral support plans.
- 4) Medications are managed efficiently and appropriately in accordance with applicable State laws.
- 5) There are safeguards in place to protect and support PARTICIPANTS in the event of natural disasters or other public emergencies.

d. PARTICIPANT Rights and Responsibilities

- 1) PARTICIPANTS are informed and supported to freely exercise their fundamental constitutional and federal and state statutory rights that shall include, but not be limited to:
 - a) Being treated with understanding, dignity, and respect;
 - b) Being free from exploitation, neglect, and abuse;
 - c) Receiving individually defined and appropriate services and supports;
 - d) Privacy and confidentiality including privacy in treatment and in personal care;
 - e) Freedom of choice of services and supports and PROVIDERS;
 - f) Being fully informed, prior to or at the time of service start date, of services to be provided by the PROVIDER;
 - g) Being informed of the PROVIDER'S policies and procedures governing PARTICIPANT conduct;

- h) Being given advance notice of at least two (2) weeks of PROVIDER change in services (transfer) or discharges, except in an emergency.
- 2) PARTICIPANTS are informed of and supported to freely exercise their Medicaid due process rights.
- 3) PARTICIPANTS are informed of how to register grievances and complaints and are supported in seeking their timely resolution.

e. PARTICIPANT Outcomes and Satisfaction

- 1) PARTICIPANTS achieve desired (positive) outcomes.
- 2) PARTICIPANTS and their families/guardians, as appropriate, express satisfaction with their services and supports (i.e. surveys, face-to-face meetings).

f. System Performance as related to quality improvement and financial integrity

- 1) System supports PARTICIPANTS efficiently and effectively and constantly strives to improve quality.
- 2) Financial accountability shall assure that claims are made for services that have been rendered to eligible waiver PARTICIPANTS, authorized in the ISP and/or WAP, provided by qualified PROVIDERS:
 - a) Monthly verification of Medicaid eligibility of PARTICIPANTS through DHS MedQuest phone or website;
 - b) All invoices are verified as correct;
 - c) Payment for services shall only be made when the identical service is not authorized through the Medicaid State Plan, from start date of service provision by a PROVIDER and shall not include reimbursement for any DD/ID Medicaid waiver services while a PARTICIPANT is suspended from the DD/ID Medicaid Waiver Services Program;
 - d) Claims are consistent with DOH-DDD prior authorizations and ISP and/or WAP for services under the DD/ID Medicaid Waiver Services Program;
 - e) Reimbursement for services shall not be provided prior to admission to the DD/ID Medicaid Waiver Services Program;

- f) All claims shall be traceable to documented and verified service delivery (e.g. timesheets shall indicate time in and time out for service delivery).

3. Requirements

a. Adverse Event Reporting

- 1) The PROVIDER shall notify the DOH-DDD CM and DHS of the following adverse events:
 - a) Changes in the PARTICIPANT'S condition requiring medical treatment;
 - b) Hospitalization of the PARTICIPANT;
 - c) Death of the PARTICIPANT;
 - d) All bodily injuries sustained by the PARTICIPANT for which medical treatment (i.e., treatment rendered by a physician, nurse practitioner, ambulance or emergency medical personnel, or emergency room medical staff) and/or follow up is necessary, regardless of cause or severity;
 - e) All reports of abuse and neglect made to APS and/or CPS;
 - f) All medication errors and unexpected reactions to drugs or treatment;
 - g) Situations where the PARTICIPANT'S whereabouts are unknown; or
 - h) Situations where PARTICIPANT'S behavior requires plan of action/intervention.
- 2) The PROVIDER shall provide a fax or verbal report of an adverse event to the DOH-DDD CM or its designee within twenty-four (24) hours or the next business day of an adverse event.
- 3) The PROVIDER shall then submit to the DOH-DDD CM within seventy-two (72) hours of the adverse event the details of the adverse event and actions taken on the DOH Adverse Event form (Form 28-3), revised 12/10. Narrative portions of the report shall be either type written or completed in legible print.
- 4) Comments on initial actions taken by the DOH-DDD CM shall be made on the DOH Adverse Event form (Form 28-3), revised 12/10, and returned to the PROVIDER within five (5) days. Final report shall be submitted within two (2) weeks.

- 5) The PROVIDER'S plan of action addressing each Adverse Event Report (AER) shall include timelines for implementation.

b. Emergency Management Procedures

- 1) The PROVIDER shall have Emergency Management Plans that specify protocols, procedures, and responsibilities of staff that impact PARTICIPANTS' care, including at a minimum, the following:
 - a) Sudden illness or injury;
 - b) Accident;
 - c) PARTICIPANT whereabouts unknown;
 - d) Death;
 - e) Violent acts or abuse;
 - f) Natural disasters;
 - g) Fire;
 - h) Disruption of service that may jeopardize PARTICIPANT'S health and safety;
 - i) Communicate with DOH-DDD (CRDS designated staff) on the status of any evacuations, emergency needs, and operational status following an emergency;
 - j) Follow directives provided by State and county Civil Defense.
- 2) The PROVIDER shall document training and periodic reviews and/or random drills conducted for appropriate staff to ensure timely and appropriate actions taken in such emergencies.

c. All files shall be available for evaluation or review

The PROVIDER shall:

- 1) Cooperate with the State DOH and DHS, and the United States Department of Health and Human Services or their authorized representatives when evaluations or reviews are conducted, both announced and unannounced, on the quality, adequacy, and timeliness of services provided. Such evaluations may be in-person or shall require the

PROVIDER to submit copies of records or files by secured mail. Evaluations or review may include:

- a) Review of administrative, fiscal, and personnel records;
 - b) Review of PARTICIPANT'S service delivery notes and records;
 - c) Review of documentation of service delivery time and efforts for PARTICIPANTS;
 - d) Observations of service delivery; and
 - e) Interviews with PARTICIPANTS and direct support workers and supervisors.
- 2) Develop and implement adequate measures for corrective actions required, according to agreed upon timelines.

3.4.5 Records and Service Delivery Documentation

The PROVIDER shall maintain a confidential case file for each PARTICIPANT.

1. The individual case file shall include current information, but not limited to the following:
 - a. Emergency and personal identification information including, but not limited to, the following:
 - 1) PARTICIPANT'S address, telephone number;
 - 2) Names and telephone numbers of the family, licensed or certified care PROVIDER, relative, designated representative and/or guardian;
 - 3) Physician's name(s) and telephone number(s);
 - 4) Pharmacy name, address and telephone number if necessary to assure PARTICIPANT health and safety;
 - 5) Health plan information.
 - b. The PARTICIPANT'S ISP and/or WAP and IP;
 - c. Medical information, which shall include, but is not limited to:
 - 1) Medical orders as applicable for waiver services;
 - 2) Precautions for participation in an activity;
 - 3) Diagnoses or conditions;
 - 4) Infections, contagious or communicable conditions;
 - 5) Current medications;
 - 6) Known allergies;
 - 7) Special health care needs; and
 - 8) Special nutritional needs.

- d. Crisis contingency plan, if one is necessary, for the PARTICIPANT;
 - e. PBS plan, if one is necessary, for the PARTICIPANT;
 - f. Documentation that the PARTICIPANT and/or family/guardian acknowledge that he/she has been informed of the PARTICIPANT'S rights, responsibilities, and grievance procedures.
2. The PROVIDER shall maintain service delivery documentation, records and reports for all PARTICIPANTS that include, at a minimum, the following:
 - a. Date, time (in and out), duration, and location of service delivery;
 - b. Documentation of activities or type of service rendered during service delivery:
 - 1) Progress notes, contact logs, attendance and other service delivery documentation;
 - 2) Data collected that measures PARTICIPANT progress in relation to the PARTICIPANT'S IP objectives, if applicable.
 - c. Name of direct support worker providing services; and
 - d. Date, time, location, name and title of supervisor conducting the required on-site supervision and/or telephone contacts.
 3. The PARTICIPANT record is a legal document that shall be kept in detail to permit effective professional review and provide information for necessary follow-up and care.
 - a. Individual PARTICIPANT records shall be kept in a manner that ensures legibility, order, timely signing and dating of each entry in black or blue ink.
 - b. Documentation of verbal or written reports and follow-up, as necessary, received from other agencies, the PARTICIPANT'S family, the PARTICIPANT'S legal, designated representative, or caregiver to determine whether action needs to be taken by the PROVIDER.

3.5. Behavior Support Requirements for PROVIDERS

3.5.1. Development of written Behavioral Support policies and procedures:

This section applies only to PROVIDERS who have PARTICIPANTS with behavioral support plans. The PROVIDER shall appoint a committee to develop and implement written policies and procedures that support and assist individuals receiving services.

These policies and procedures shall:

1. Focus on positive teaching and support strategies and encourage use of the least restrictive method and least intrusive forms of services.
2. Specify a hierarchy of these teaching and support strategies, ranging from most positive or least intrusive to least positive or most intrusive, including approvals and review procedures.
3. Be developed in accordance with relevant State and Federal statutes and regulations.
4. Shall acknowledge that the purpose of behavior support is to promote the growth, development and independence of those individuals and promote individual choice in daily decision-making, emphasizing self-determination and self-management, and with consideration and respect to cultural factors.

The PROVIDER shall ensure the following:

1. Medical factors may include issues regarding the nature of a disability(s) are considered when individuals display challenging behaviors, and in the development of behavior support plans.
2. A functional behavior assessment is completed prior to implementation of any written behavior support plan in order to identify the causes for a behavior and to determine the most appropriate teaching and support strategies. The behavior support plan shall be developed to follow the findings of the behavior assessment, and the PROVIDER shall ensure adequate training of staff on the plan, and supervision of staff to ensure the plan is implemented as written.
3. Behavior support methods are integrated into IPs and are designed to provide a systematic approach to helping the individual learn new, positive behaviors while reducing undesirable behaviors.
4. Restraint and time-out are only used with behaviors that are dangerous to self or others and only when all other conditions of these requirements are met.

5. Policies and procedures, including administrative resolution of complaints procedures in accordance with Hawaii Administrative Rules (HAR), are available to all staff, individuals receiving services from the PROVIDERS, parents of minor children, and legal guardians and PROVIDERS.
6. Behavior support methods are employed with sufficient safeguards and supervision to ensure that the safety, welfare, due process, and civil and human rights of individuals receiving DD/ID Medicaid Waiver Services Program services are adequately protected.
7. Restrictive behavior support methods are never used for retaliation, for staff convenience, or as a substitute for an active treatment program (interdisciplinary teams developed and are approved according to IPs).
8. Positive and less restrictive procedures, teaching, and support strategies are demonstrated to be ineffective prior to use of more intrusive procedures.
9. PROVIDERS shall use a designated **Behavioral Review Committee (BRC)** (see Appendix 2 for complete definition) which reviews and approves restrictive procedures that may involve potential risks to the individual's rights and protections. **The State DDD Behavior Support Review Committee (BSRC) approves the use of all timeout or restraint procedures.** Any additional restraint method, or increase in the amount approved in the original plan, would require a new review by this committee.

A behavior support plan includes a case history (including medical information), results of the functional behavior assessment, baseline data, behaviors to be increased and decreased, procedures to be used (including positive, restricted, or crisis), persons responsible for implementation, review requirements, timelines, and signature/date blocks including space for dissenting opinions.

Behaviors are examined when using an Applied Behavioral Analysis (ABA) approach. Functional Behavioral Assessments (FBA) elicit and chart: 1) antecedents that lead (slowly or rapidly) to desired or undesired behaviors, and 2) what consequences happen after behaviors occur.

Antecedents ----> Behavior -----> Consequences

A behavior support plan 1) identifies what changes in antecedents and consequences will help in decreasing or ameliorating the undesired behavior and increasing desired behavior and 2) how to implement these changes. A behavioral support plan includes positive behavior supports (PBS), crisis and or restrictive procedures as needed. Behavioral support plans should be recommended for all persons with developmental disabilities who engage in behaviors dangerous to self or others.

10. Training by the appropriate staff is required for all staff responsible for implementing behavior support plans.
11. A consent form signed by the individual/guardian for behavior/crisis support plans shall be obtained by the PROVIDER prior to the BSRC review referral. If the individual is under eighteen years of age, the consent form shall be signed by the parent or guardian. If the individual is eighteen years of age or older, the consent form shall be signed by the individual or guardian, as appropriate.
 - a. This written informed consent shall be updated at least annually. Any revisions to a behavior support plan requiring BSRC approval shall require written informed consent from the individual receiving services from the PROVIDER or guardian if the individual is eighteen years old or older, or from the parent or guardian if the individual is under eighteen years of age.
 - b. "Informed consent" means an agreement to allow a proposed action, treatment or service to happen after a full disclosure of the relevant facts. The facts necessary to make the decision include: information about the risks and benefits of the action, treatment or service; the consequences of not receiving such action, treatment or service; and the right to refuse such action, treatment or service. The behavior support plan shall be presented in a manner that can be understood by the individual or parent of a minor or guardian.
12. Behavior support policies and procedures adopted by a PROVIDER shall provide the following:
 - a. Promote the growth, development and independence of the individual;
 - b. Address the extent to which individual choice will be accommodated in daily decision-making, emphasizing self-determination and self-management, to the extent possible;
 - c. Specify the individual's conduct to be allowed or not allowed;

- d. Be available to all staff, the individual, parents of minor children, legal guardians, and PROVIDERS;
 - e. To the extent possible, is formulated with the individual's participation;
 - f. The climate for behavior support is characterized by:
 - 1) Interactions and speech that reflect respect, dignity, and a positive regard for the individual;
 - 2) The setting of acceptable behavioral limits for the individual;
 - 3) The absence of group punishment;
 - 4) The absence of demeaning, belittling or degrading speech or punishment;
 - 5) Staff speech that is even-toned made in positive and personal terms and without threatening overtones or coercion;
 - 6) Conversations with the individual rather than about the individual while in the individual's presence;
 - 7) Respect for the individual's privacy by not discussing the individual with someone who has no right to the information; and
 - 8) The use of people-first language instead of referring to the individual by trait, behavior, or disability.
 - g. A regular review of all behavior support plans is held, at least, in conjunction with IP updates. Plans that incorporate restricted procedures methods, including restraint and time-out, shall be reviewed as determined by the BRC.
13. Prohibited actions that are damaging to an individual's health or safety, mental and emotional well-being, or personal dignity shall be reported as an **Adverse Event**. The PROVIDER shall make an **Adverse Events Report** in accordance with these STANDARDS. Prohibited actions shall include, but are not limited to the following:
- a. Any **physical abuse** or other inappropriate physical actions including striking, shoving, spanking, paddling, pinching, squeezing, yanking, hyperextension of joints, spitting, taping, sitting on, noxious, painful, intrusive stimuli or activities that result in pain; intrusive spray or inhalant (i.e., smelling salts); water spray to the face; squirting an individual with any substance as a consequence for a behavior; electric shock, handcuffs;
 - b. Any **sexual contact**;
 - c. **Shouting**, screaming or using a loud, sharp, harsh voice to frighten or threaten or use of obscene language; or any psychological or

- verbal abuse including threats, ridiculing, insulting or coarse language or gestures, or any other communication which causes the individual to feel devalued;
- d. **Withholding** adequate sleep; adequate shelter or bedding; bathroom facilities; meals, essential nutrition or hydration;
 - e. **Use of chemical restraints** instead of a positive behavioral program or medical treatments, or medication for behavior control unless it is prescribed by and under the supervision of a licensed physician who is involved in the interdisciplinary planning process;
 - f. **Use of medication** for behavioral control without a psychiatric diagnosis, unless incorporated into an individualized behavior support plan that meets the requirements for the use of chemical restraint per policy and procedure;
 - g. **Placing an individual** in room (e.g. a room without light, temperature controlled);
 - h. **Use of a negative consequence** or an emergency intervention as the standard response to an individual's behavior without developing a behavior support plan for the individual as required by this rule;
 - 1) PRN psychotropic medications are considered standing or as needed programs and are prohibited.
 - i. **Time-out** in a room in any of the following circumstances:
 - 1) Exceeding one hour per incident;
 - 2) Exceeding more than 2 hours in a 24 hour period;
 - 3) Exceeding time specified in the plan;
 - 4) When used as an emergency placement without a written approved plan;
 - 5) Unobserved time-out or without line of sight supervision.
 - j. **Procedures used for the convenience** of staff/caregivers;
 - k. **Prone** (facedown) physical or mechanical restraint.

3.6 PROVIDER Reporting Requirements

- 1. The PROVIDER shall review and report PARTICIPANT outcomes for each DD/ID Medicaid Waiver Services Program service, **except Assistive Technology, Personal Emergency Response System, Specialized Equipment and Supplies, Respite and Transportation, quarterly or more frequently** as identified in the STANDARDS, Chapter 5, Service Standards, or ISP.

2. The report shall include a review of PARTICIPANT outcomes and recommendations for revision, if necessary.
3. Reporting requirements for Respite and Transportation are specified in the STANDARDS, Chapter 5, Service Standards, in applicable sections.
4. Reports shall summarize PROVIDER progress towards outcomes identified in the IP, any significant events that may impact on the PARTICIPANT'S progress and recommendations, if any.
5. Reports shall be based on:
 - a. Service delivery documentation;
 - b. Supervisory observation of actual service delivery provided at intervals specified in the STANDARDS, Chapter 5, Service Standards and/or ISP and/or WAP;
 - c. Assessment of service delivery method(s);
 - d. Evaluation of the progress to meet outcomes;
 - e. PARTICIPANT satisfaction of services.
6. **The PROVIDER shall:**
 - a. Provide copies of the reports to the DOH-DDD CM;
 - b. Provide copies of the reports to the PARTICIPANT and the PARTICIPANT'S legal or designated representative as requested;
 - c. Assure reports are completed and distributed thirty (30) days after the end of the quarter or frequency identified in the service or ISP and/or WAP; and
 - d. Document the distribution of reports.

3.7 Exemptions

1. Requests for exemptions from the DD/ID Medicaid Waiver Services Program STANDARDS by a PROVIDER agency shall be submitted in writing to the DOH.
2. Requests for exemptions shall be denied if the exemption will create a hazard to health or safety as determined by DOH and DHS.
3. An exemption may be renewed at the discretion of the DOH and the DHS.

4. Exemptions granted by the DOH and the DHS, whether expressed or implied, shall be documented and shall not be transferred from one PROVIDER agency to another.

3.8 Service Limitations/Exclusions/Restrictions

1. Services under the DD/ID Medicaid Waiver Services Program are used only when mandated resources (e.g. the Hawaii Medicaid State Plan, the Division of Vocational Rehabilitation (DVR), and the Department of Education) and family and community resources are not available. Whenever there are multiple options, waiver funding will be used to purchase the most cost-effective alternative.
2. Services under the DD/ID Medicaid Waiver Services Program shall not be provided to a minor by the child's parent, stepparent, or legal guardian of the minor or by the PARTICIPANT'S spouse.
3. Non-billable activities include:
 - a. Attendance at general staff in-service training;
 - b. Preparation and submission of progress reports; and
 - c. Preparation of billing statements.

3.9 Non-Compliance with STANDARDS

1. If the DOH or the DHS or their designees determine that the PROVIDER has failed to comply with any of the applicable DD/ID Medicaid Waiver Services Program requirements, the DOH or the DHS or their designees shall notify the PROVIDER of such non-compliance.
2. If the areas of non-compliance are not corrected within the time specified in the notice or in the accepted plan of correction, the DHS designee may:
 - a. Assess the safety and well-being of the PARTICIPANTS and the PROVIDER'S ability to provide services as outlined in the ISP and/or IP;
 - b. Initiate action to ensure the health, safety, and well-being of the PARTICIPANTS; and/or
 - c. Terminate this Agreement.

3.10 Appeal of DHS's Decision

In the event the contract with PROVIDER is terminated and the PROVIDER wishes to appeal this decision, the PROVIDER shall follow the procedures of Title 17, Chapter 1736, Hawaii Administrative Rules (HAR), to appeal the DHS decision.

Chapter 4 BILLING AND CLAIMS PROCESSING

4.1 Billing for Claims

Medicaid Waiver Services Program PROVIDERS shall bill claims to the DHS Fiscal Agent. Refer to Appendix 1 for contact information.

4.2 Claims Submission

4.2.1 Prior Written Authorization Required

All approved Medicaid waiver services written into the ISP will be prior authorized by the DOH-DDD CM. The PROVIDER shall receive a prior authorization notice before the delivery of services. The lack of a prior authorization will result in a denied claim for payment.

The PROVIDER shall follow-up with the DOH-DDD CM if a prior authorization has not been received and the service is identified in the ISP.

Prior authorization numbers need not be on the claim. However, the system will edit for a prior authorization. Any claim for service without a prior authorization will be denied.

Cost Share

If the cost share has been assigned to a PROVIDER, the PROVIDER will deduct the cost share amount from the claim.

4.2.2 Hard Copy Claims

PROVIDERS may submit either hard copy or electronic claims to the DHS Fiscal Agent. If submitting hard copy claims:

1. The claim must be filed on a standard CMS 1500 form and within the existing claim line limitation;
2. All required fields must be completed; and,
3. The form must be signed.

4.2.3 Electronic Submission of Claims

1. All claims submitted electronically shall be submitted via a secure system that is tested and certified to be HIPAA compliant. PROVIDERS desiring to electronically submit HIPAA compliant claims should request an Electronic Claims Manual from the DHS Fiscal Agent.
2. Alternatively, PROVIDERS may use the DHS Fiscal Agent's free software WinASAP to submit claims.

4.3 Timely Submittal of Claims

All claims for payment of services must be submitted within twelve (12) months following the date the service was rendered (42 C.F.R. §447.45).

Any claims beyond the 12-month filing time period must be submitted with a waiver of filing deadline. Only situations with extenuating circumstances will be considered for a waiver. These include:

1. Claims from third party;
2. Court order;
3. Administrative hearing decision.

4.4 Claims Adjustment

PROVIDERS may file a claims adjustment to or void previous claims. Most adjustments and voids are to correct errors (procedure codes, PARTICIPANT I.D., dates, etc.) on previous claims. PROVIDERS may also resubmit a denied claim. Send hard copy adjustments to the DHS Fiscal Agent. For electronic filing, follow required procedures for adjusting or voiding a claim.

4.5 Pricing and Payment

All Medicaid waiver services are paid on an established rate schedule approved by CMS and DHS. General excise tax is not paid. The Medicaid waiver payments are considered payment in full. No other costs can be assigned to the PARTICIPANT. .

4.6 Editing Process

The claims system edits the claim in one process. If the claim fails an edit or audit, an error record is created. All failed claims are found in the Denied Claims section of the remittance advice. Refer to the Hawaii Medicaid Provider Manual for a listing of the edit codes.

4.7 Overpayments and Recoveries

Overpayments are recovered by the DOH-DDD for Medicaid waiver services. If an overpayment is identified in a post payment review, the PROVIDER will receive notification of the reason for the overpayment, the amount of the overpayment and the action to be taken by the DOH-DDD. The Division reserves the right to adjust future claims for the overpayment or demand a refund from the PROVIDER within 60 days.

Overpayments discovered by PROVIDERS must be reported immediately to the DOH-DDD. If submitting a refund to the DOH-DDD for services, the PROVIDER should contact the DHS Fiscal Agent for instructions on refund.

Upon receiving notice of the denial of a written request to submit a claim, a DD/ID Medicaid Waiver Services Program PROVIDER may:

1. Request from DHS a Fair Hearing; or
2. File an informal appeal to DOH-DDD and/or file a formal appeal to DOH in accordance with Title 11, Chapter 1, HAR.

4.8 Remittance Advices

Each remittance advice is divided into five sections: paid claims, adjusted claims, denied claims, voided claims and claims in process. The last page of the remittance advice includes processing notes. Refer to the Hawaii Medicaid Provider Manual for a listing of the codes.

4.9 Payment Schedule

Medicaid waiver services are paid from State funds. Generally, checks are mailed one week after processing the claim. PROVIDERS may also choose to receive payment via electronic funds transfer (EFT). Contact the DHS Fiscal Agent for information on establishing EFT.

For any stale dated (beyond 180 days of check date) or lost checks, the PROVIDER should contact the DHS Fiscal Agent for instructions for re-issue.

Chapter 5 SERVICE STANDARDS

- 5.1 Adult Day Health
- 5.2 Assistive Technology
- 5.3 Chore
- 5.4 Emergency Outreach, Respite, Shelter
- 5.5 Employment Services: Prevocational, Individual, and Group
- 5.6 Environmental Accessibility Adaptations
- 5.7 Personal Assistance Habilitation
- 5.8 Personal Emergency Response System (PERS)
- 5.9 Residential Habilitation
- 5.10 Respite
- 5.11 Skilled Nursing
- 5.12 Specialized Equipment and Supplies
- 5.13 Training and Consultation
- 5.14 Transportation
- 5.15 Vehicular Modifications
- 5.16 Consumer Directed Services**

**Detailed information is provided in the Consumer Directed Services Handbook for Individuals requesting Consumer Directed Services

5.1 ADULT DAY HEALTH (ADH)

1. Intent of Service

- a. Offering opportunities for meaningful participation in community activities.
- b. Developing associations with community members.
- c. Discovering ways for PARTICIPANTS to make contributions.
- d. Establishing roles of leadership and partnership within one's community.

2. Service Definition

Services generally furnished six (6) hours per day on a regularly scheduled basis as specified in the service plan, in a non-institutional,

community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the PARTICIPANT. Meals provided as part of these services shall not constitute a “full nutritional regimen” (three (3) meals per day).

Full-time ADH services offer a full day of ADH services for six (6) hours per day on a regularly scheduled basis for one (1) or more days per week in settings outside of the residential setting and within the community.

Part-time ADH services offer a half day of ADH services as three (3) but less than six (6) hours of service per day on a regularly scheduled basis for one (1) or more days per week in settings outside the residential setting and within the community.

Activities shall include training in Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), communication, and socialization. Such activities shall be provided in both the ADH and community settings.

3. Service Provision

- a. There are three levels of ADH services: Level 1, Level 2, and Level 3. The level of ADH shall correlate to the PARTICIPANT’S staff to PARTICIPANT ratio needs and the following target population guidelines:
 - 1) The target population for ADH Level 1 may include PARTICIPANTS who benefit from group training and/or activities;
 - 2) The target population for ADH Level 2 may include PARTICIPANTS with, but not limited to, the following:
 - a) Behavioral needs requiring a behavioral support plan or PARTICIPANTS with ICAP scores of -34 to -70;
 - b) Health concerns that require monitoring, intervention and supervision such as specialized skin care positioning and, uncontrolled seizures, etc.;
 - c) Need for specialized therapies incorporated within the IP;
 - d) Inability to self-preserve and is dependent on a device for mobility (i.e. wheelchair).
 - 3) The target population for ADH Level 3 may include PARTICIPANTS who can benefit from being with a group but may need periodic 1:1 intervention and PARTICIPANTS

with, but not limited to, the following medical or behavioral needs:

- a) Unstable respiratory status requiring continuous nursing assessment and care skills. This includes oxygen, suctioning, updraft treatments, chest P.T., and proper positioning. The PARTICIPANT may have a tracheotomy and a history of respiratory failure;
 - b) Administration of multiple medications and respective assessment of response status;
 - c) Insulin-dependent diabetes and/or with fragile diabetics with unstable blood sugars;
 - d) Congestive heart failure, arrhythmia or a history of cardiac failure;
 - e) Nasogastric (NG) and gastrostomy tube feedings with history of aspiration and complicating factors such as tube medication administration, stoma site assessment, or frequent dressing;
 - f) ICAP maladaptive scores from -34 and above AND requires intense interventions to address significant challenging behaviors that pose a danger to self, others, and/or property. Baseline data on target behaviors, a Functional Behavior Analysis, and a current Positive Behavior Support Plan are required.
- b. The IP for ADH shall have a minimum of three goals based on the ISP and/or WAP.
- c. ADH services may include, but are not limited to, the following activities:
- 1) Practicing skills in personal care activities such as brushing teeth, dressing, grooming, toileting, and eating;
 - 2) Establishing the opportunity to participate in:
 - a) Activities which fosters independence and interdependence;
 - b) Pre-vocational skill building;
 - c) Activities that produce income;
 - d) Volunteer work;
 - e) Senior activities.
 - 3) Increasing community exploration that aids in the familiarity with and the use of community resources;

- 4) Increasing the skills necessary to perform daily activities such as shopping, banking, using the telephone, paying bills, budgeting, and cooking.
- d. The PROVIDER shall:
- 1) Provide a daily lunch for PARTICIPANTS attending full day services and, if necessary, in accordance with modified diets as prescribed by the physician:
 - a) The cost of meals is included in the rate paid to the contract PROVIDER;
 - b) If the three (3) hour block of time occurs during the hours of lunch, a lunch or snack may be provided;
 - c) There shall be no reimbursement back to families or caregivers providing their own meals.
 - 2) Provide transportation between the PARTICIPANT'S place of residence and the ADH site as well as transportation to community settings during the ADH program day:
 - a) The cost of transportation is included in the rate paid to the PROVIDER; and,
 - b) There shall be no reimbursement back to families or caregivers providing their own transportation;
 - c) Transportation time between the PARTICIPANT'S place of residence and the ADH site is not included in the ADH services time.

4. Location of Services

- a. The PROVIDER shall assure that ADH services shall be provided in the community in a setting that assures the health and safety of the PARTICIPANTS.
- b. The PROVIDER shall assure that the ADH facility:
 - 1) Is clean, ventilated, equipped with proper lighting, addresses physical safety and has adequate space for the PARTICIPANTS served;
 - 2) Is equipped with fire extinguishers that are inspected and certified annually by a licensed sales or service representative;
 - 3) Has smoke alarms that are inspected annually;
 - 4) Has a fire safety inspection conducted annually by the fire marshal or designated county fire official for each site; or

- 5) The request for annual fire safety inspection shall be documented;
- 6) Conducts semi-annual fire drills at random times and document fire drill outcomes, problems, and corrective actions;
- 7) Provides safe and secure storage of materials with appropriate labels for:
 - a) Hazardous materials such as toxic substances and cleaning supplies;
 - b) Medication;
 - c) Sharps containers and the disposal of sharps material.

5. Staffing Qualifications and Requirements

a. Direct Support Worker Qualifications:

- 1) Current tuberculosis (TB) clearance according to DOH Standards;
- 2) First aid and cardiopulmonary resuscitation (CPR) training;
- 3) Criminal History check according to the Standards set forth by the DHS;
- 4) Adult Protective Services (APS) and/or Child Protective Services (CPS) checks according to the Standards set forth by the DHS;
- 5) Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor, as stated in the STANDARDS, prior to service delivery and in the event of any changes to the IP.

b. Service Supervisor Qualifications:

The below qualifications are in addition to the requirements listed above.

ADH Level 1 and ADH Level 2:

- 1) Bachelor's degree from an accredited college or university in social sciences or education; or
- 2) Bachelor's degree from an accredited college or university in another field with one (1) year verifiable experience working directly with individuals with disabilities or the elderly; or
- 3) RN licensed in the State of Hawaii;

ADH Level 2 and ADH Level 3, PARTICIPANTS with behavioral needs:

- 1) A RN, licensed in the State of Hawaii, with training in PBS approved by the DDD, and continuing education and/or training in the area of PBS at least once every two (2) years;
or
- 2) Bachelor's degree from an accredited college or university in social sciences or education or Bachelor's degree from an accredited college or university in another field with two (2) years verifiable experience working directly with individuals with disabilities or the elderly, PBS training provided or certified by the DDD, and continuing education and/or training in the area of PBS at least once every two (2) years;
or
- 3) Behavioral Specialist;
- 4) Staff qualifications from foreign colleges and universities, which are accredited, will be acceptable. The PROVIDER must document verification of accreditation from foreign colleges and universities. Acceptance of admission to a graduate program at the University of Hawaii, Hawaii Pacific University, or Chaminade College will be acceptable criteria to meet staff qualification.

ADH Level 3, PARTICIPANT'S with medical needs:

- 1) RN licensed in State of Hawaii.

c. Requirements

- 1) The PROVIDER shall provide an adequate staff to PARTICIPANT ratio for PARTICIPANTS in community settings that assure implementation of the IP and the health and safety of the PARTICIPANTS.
- 2) The staff to PARTICIPANT ratio for ADH Level I is one (1) direct support worker to four (4) PARTICIPANTS.
- 3) The staff to PARTICIPANT ratio for ADH Level 2 is one (1) direct support worker to three (3) PARTICIPANTS.
- 4) The staff to PARTICIPANT ration for ADH Level 3 is one (1) direct support worker to two (2) PARTICIPANTS.

- 5) The PROVIDER of ADH Level 3 shall have a RN immediately accessible and available for PARTICIPANTS with medical/nursing needs when necessary:
 - a) Immediately accessible shall be defined as having phone communication, in the event that the PARTICIPANT is off-site, and protocol in place;
 - b) Immediately available shall be defined as staff being designated as standby or on call for the ADH service;
 - c) A crisis contingency plan shall be in place for the PARTICIPANT, especially for any medical needs of PARTICIPANTS while at the ADH.
- 6) The PROVIDER of ADH Level 1 and ADH Level 2 shall have a service supervisor immediately accessible and immediately available for PARTICIPANTS with needs as necessary:
 - a) Immediately accessible shall be defined as having phone communication and protocol in place;
 - b) Immediately available shall be defined as staff being designated as standby or on call for the ADH service;
 - c) A crisis contingency plan shall be in place for the PARTICIPANT, especially for any behavioral or medical/health needs of PARTICIPANTS.
- 7) For ADH Level 3, RN and LPN, according to Chapter 457, HRS, relating to nursing.

6. Supervision

- a. On-site supervision of services being delivered to PARTICIPANTS with skilled nursing needs shall be provided by a RN or a LPN under the supervision of a RN.
- b. On-site supervision shall be conducted monthly or more frequently as identified in the ISP and/or WAP.

7. Service Limitations/Exclusions/Restrictions

a. Limitation

- 1) There shall be no 1:1 PAB while the PARTICIPANT is attending ADH.

5.2 ASSISTIVE TECHNOLOGY

1. Intent of Service

The intent of Assistive Technology service is to increase, maintain, or improve functional capabilities of a PARTICIPANT.

2. Service Definition

Assistive Technology device means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of PARTICIPANTS. Assistive Technology service means a service that directly assists a PARTICIPANT in the selection, acquisition, or use of an Assistive Technology device. Assistive Technology includes:

- a. The evaluation of the Assistive Technology needs of a PARTICIPANT, including a functional evaluation of the impact of the provision of appropriate Assistive Technology and appropriate services to the PARTICIPANT in the customary environment of the PARTICIPANT;
- b. Services consisting of purchasing, leasing, or otherwise providing for the acquisition of Assistive Technology devices for PARTICIPANTS;
- c. Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing Assistive Technology devices;
- d. Coordination and use of necessary therapies, interventions, or services with assistive technology devices;
- e. Training or technical assistance for the PARTICIPANT, family members, guardians, advocates, or authorized representatives of the PARTICIPANT; and
- f. Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of the PARTICIPANT.

3. PROVIDER Qualifications and Requirements

- a. Meet applicable state licensure, registration, and certification requirements (be authorized by the manufacturer to sell, install, and/or repair equipment).
- b. Ensure that all items meet applicable standards for manufacture, design, and installation.

4. Service Limitations/Exclusions/Restrictions

Assistive Technology devices and services under the waiver are not intended to replace devices and services under the State Plan. Assistive Technology services that can be covered under the State Plan are covered through the Quest Expanded health plans, including Early Periodic Screening Diagnosis and Treatment (EPSDT).

5.3 CHORE

1. Intent of Service

Chore services shall be provided for the PARTICIPANT and shall be essential to the PARTICIPANT'S health and welfare and not part of regular chore routine carried out by members of the household.

2. Service Definition

Services that are needed to maintain the home in a clean, sanitary and safe environment. This includes services such as heavy household chores (e.g. washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress) as well as more routine or regular services such as the performance of general household tasks (e.g., meal preparation and routine household care).

These services are provided only to PARTICIPANTS living independently or with family, and only when the PARTICIPANT, anyone else financially providing for him/her, other relative(s), caregiver, landlord, community/volunteer agency, or third party payer is not capable or responsible for providing these services.

3. Service Provision

- a. Chore services may be provided without the PARTICIPANT present at the time of service delivery.

4. Location of Services

- a. Chore services shall be provided in the PARTICIPANT'S home or community setting and **shall not** be provided in licensed or certified care settings.

- b. Residential settings include:
 - 1) PARTICIPANT'S family home;
 - 2) PARTICIPANT'S own place of residence.

5. Staffing Qualifications and Requirements

a. Direct Support Worker Qualifications:

- 1) Current tuberculosis (TB) clearance according to DOH Standards;
- 2) First aid and cardiopulmonary resuscitation (CPR) training;
- 3) Criminal History check according to the Standards set forth by the DHS;
- 4) APS and/or CPS checks according to the Standards set forth by the DHS;
- 5) Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor, as stated in the STANDARDS, prior to service delivery and in the event of any changes to the IP.

b. Service Supervisor Qualifications:

The below qualifications are in addition to the requirements listed above:

- 1) Bachelor's degree from an accredited college or university in social sciences or education; or
- 2) Bachelor's degree from an accredited college or university in another field with one (1) year verifiable experience working directly with individuals with disabilities or the elderly; or
- 3) RN licensed in the State of Hawaii;
- 4) Staff qualifications from foreign colleges and universities, which are accredited, will be acceptable. The PROVIDER must document verification of accreditation from foreign colleges and universities. Acceptance of admission to a graduate program at the University of Hawaii, Hawaii Pacific University, or Chaminade College will be acceptable criteria to meet staff qualification.

c. Requirements

The staff to PARTICIPANT ratio for Chore is 1:1 or may be less than 1:1. Exceptions to the 1:1 staff to PARTICIPANT ratio are made on a case-by-case basis and shall be based on needs identified in the ISP and/or WAP.

6. Supervision

- a. On-site supervision of services being delivered to PARTICIPANTS shall be conducted quarterly or more frequently if indicated in the ISP and/or WAP.
- b. On-site supervision of Chore services shall consist of verification of service completion and PARTICIPANT satisfaction.

7. Service Limitations/Exclusions/Restrictions

- a. Chore services are limited to PARTICIPANTS living independently and PARTICIPANTS living with family members who are not capable of providing such support (e.g. parent is incapacitated).
- b. Chore services shall not be provided in licensed or certified care settings.
- c. Chore services shall be provided for the PARTICIPANT or shall be essential to the PARTICIPANT'S health and welfare and not part of regular chore routine carried out by members of the household.
- d. Chore services shall not include house maintenance such as yard work, house painting, and minor repairs. For PARTICIPANTS living independently in their own home, such basic maintenance chore services may be considered on a case-by-case basis.
- e. Chore services shall not be provided to minor children.
- f. Chore services shall not be provided by PARTICIPANT'S spouse.
- g. Chore services shall be prorated when the staff to PARTICIPANT ratio is less than 1:1.
- h. Chore services shall be prorated for common areas of the house.

5.4 EMERGENCY OUTREACH, RESPITE, SHELTER

5.4. A EMERGENCY OUTREACH

1. Intent of Service

The intent of Emergency Outreach is to provide a PARTICIPANT with immediate on-site support at the location the PARTICIPANT is in to protect his/her safety or the safety of others.

2. Service Definition

Emergency Outreach services shall be defined as immediate on-site support for situations in which the PARTICIPANT'S presence in his/her home or program is at risk due to the display of challenging behaviors that occur with intensity, duration, and frequency that endangers their safety, the safety of others or results in the destruction of property.

3. Service Provision

- a. The PROVIDER shall:
 - 1) Provide Emergency Outreach services 24/7;
 - 2) Accept all referrals from DOH-DDD;
 - 3) Provide Emergency Outreach services based on the ISP and/or WAP from the DOH-DDD CM, if available;
 - 4) Provide face-to-face Emergency Outreach in the location where the crisis is occurring by one (1) or more trained Emergency Outreach workers. Emergency Outreach calls shall be responded to with a face-to-face by an Emergency Outreach worker within forty-five (45) minutes or less. Exceptions to the forty-five (45) minute response time for the counties of Hawaii, Maui, and Kauai may be made if justified due to geographical remoteness;
 - 5) Evaluate all referred PARTICIPANTS to determine if a crisis indeed exists. For situations where a crisis does not exist, facilitate a temporary solution in the PARTICIPANT'S living situation and coordinate follow-up with the DOH-DDD CM. Examples of temporary solutions may be giving the caregiver ideas and/or suggestions of what to do or how to best work with PARTICIPANTS in a particular situation;
 - 6) Assess for potential harm;
 - 7) Have access to or provide needed psychiatric and/or psychological services;
 - 8) Work with the police department to assess and redirect PARTICIPANTS who may be at risk for arrest to needed services or settings, if appropriate;

- 9) Discuss the need for Emergency Shelter services with the DOH-DDD CM and an Emergency Shelter PROVIDER, if necessary;
 - 10) Complete arrangements for more intensive services such as an Emergency Shelter or hospitalization in the event the Emergency Outreach services are not sufficient to stabilize the crisis (e.g. call 911 for help) ; and
 - 11) Provide post-Emergency Outreach documentation to include report of events and actions taken and recommendations for follow-up to the DOH-DDD CM and others, as appropriate.
- b. The PROVIDER shall provide Emergency Outreach services that include, but are not limited to, the following interventions to de-escalate crisis situations:
- 1) Telephone consultation with the family, caregiver, or program staff for advice on how best to manage the situation;
 - 2) On-site consultation, training, and technical assistance to family, caregivers, or PROVIDERS to reduce challenging behaviors;
 - 3) Direct, hands-on staffing support to ensure the PARTICIPANT'S safety and the safety of others;
 - 4) Short-term, time-limited follow-up monitoring of the PARTICIPANT and situation for stability immediately after the crisis. Short-term, time-limited monitoring shall not exceed two (2) hours of billable time; and
 - 5) Review existing PBS plan to determine effectiveness and, if appropriate, recommend necessary follow-up action as the result of the Emergency Outreach.

4. Location of Services

Residential or community setting.

5. Staffing Qualifications and Requirements

a. Direct Support Worker Qualifications:

- 1) Current tuberculosis (TB) clearance according to DOH Standards;
- 2) First aid and cardiopulmonary resuscitation (CPR) training;

- 3) Criminal History check according to the Standards set forth by the DHS;
- 4) APS and/or CPS checks according to the Standards set forth by the DHS;
- 5) One (1) year experience with working with individuals with DD/ID;
- 6) Satisfactory skills including crisis intervention training (skill level as defined and identified in the IP) as verified and documented by a service supervisor, as stated in the STANDARDS, prior to service delivery and in the event of any changes to the IP;
- 7) Successful completion of training, to include the following:
 - a) Person-Centered Planning;
 - b) Positive Behavior Support (training must be approved by DOH-DDD);
 - c) Mandt system or other behavioral/crisis management system compatible with PBS.

b. Requirements

- 1) A psychiatrist who is licensed in the State of Hawaii who completed a psychiatric residency shall be immediately accessible and available for consultation.
- 2) The PROVIDER shall have a multidisciplinary team to consult with to include:
 - a) Behavioral Specialist;
 - b) Psychologist licensed in the State of Hawaii;
 - c) Social worker licensed in the State of Hawaii;
 - d) RN licensed in the State of Hawaii.

6. Supervision

Direct support staff shall have access to clinical consultation and supervision twenty-four (24) hours per day, seven (7) days per week.

7. Service Limitations/Exclusions/Restrictions

There shall be no duplication of waiver services at any time (e.g. only one service shall be authorized at a time).

5.4. B. EMERGENCY RESPITE

1. Intent of Service

The intent of Emergency Respite shall be to provide a stabilizing environment to preserve the PARTICIPANT'S living situation.

2. Service Definition

Emergency Respite services for PARTICIPANTS shall be defined as emergency out-of-home placement for PARTICIPANTS with potential for danger to self or others and their significant support systems due to the PARTICIPANT'S challenging behaviors.

3. Service Provision

- a. The PROVIDER shall:
- 1) Assure that Emergency Respite services shall not exceed fourteen (14) consecutive days. Exceptions to the fourteen (14) consecutive days may be made on a case-by-case basis if authorized by the DOH-DDD; and
 - 2) Assure direct support staff providing Emergency Respite services shall be trained to manage challenging behaviors with emphasis in the implementation of the PARTICIPANT'S PBS plan, if available.

4. Location of Services

- a. Emergency Respite services shall be provided in a certified or licensed home (such as an adult foster home).

5. Staff Qualifications and Requirements

a. Direct Support Worker Qualifications:

- 1) Current tuberculosis (TB) clearance according to DOH Standards;
- 2) First aid and cardiopulmonary resuscitation (CPR) training;
- 3) Criminal History check according to the Standards set forth by the DHS;
- 4) APS and/or CPS checks according to the Standards set forth by the DHS;

- 5) One (1) year experience working with individuals with DD/ID;
- 6) Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor, as stated in the STANDARDS, prior to service delivery and in the event of any changes to the IP;
- 7) Successful completion of PBS training approved by the DOH-DDD. The PROVIDER shall submit training materials to DOH-DDD-Contracts Section for approval. PBS training shall be consistent with best practices in PBS.

6. Supervision

- a. A RN, licensed in the State of Hawaii, with training in PBS and continuing education annually; or
- b. Bachelor's degree from an accredited college or university in social sciences or education or Bachelor's degree from an accredited college or university in another field with two (2) years verifiable experience working directly with individuals with disabilities or the elderly, PBS training, and continuing education and/or training in the area of PBS at least once every two (2) years; or
- c. Behavioral Specialist.
- d. RN, licensed in the State of Hawaii, for special tasks of nursing (tasks that have been delegated by a RN as specified in HAR Title 16, Chapter 89, Subchapter 15, ("Delegation of Nursing Tasks to Unlicensed Assistive Personnel") (HAR § 16-89-100; HAR § 16-89-111; HAR 16-89-112; HAR § 16-89-113; and HAR § 16-89-114).
- e. Staff qualifications from foreign colleges and universities, which are accredited, will be acceptable. The PROVIDER must document verification of accreditation from foreign colleges and universities. Acceptance of admission to a graduate program at the University of Hawaii, Hawaii Pacific University, or Chaminade College will be acceptable criteria to meet staff qualification.
- f. On-site supervision of services being delivered to PARTICIPANTS shall be conducted once during the Respite period or more frequently as indicated in the ISP and/or WAP.

7. Service Limitations/Exclusions/Restrictions

There shall be no duplication of waiver services at any time (e.g. only one service shall be authorized at a time).

5.4. C. EMERGENCY SHELTER

1. Intent of Service

The intent of Emergency Shelter is to provide the PARTICIPANT with out-of-home placement to stabilize the PARTICIPANT then return to current or new living situation.

2. Service Definition

Emergency Shelter services shall be defined as emergency out-of-home placement of PARTICIPANTS in need of intensive intervention in order to avoid institutionalization or more restrictive placement and for return to the current or a new living situation once stable. Emergency Shelter services shall include discharge planning at the point of admission.

3. Service Provision

- a. The PROVIDER shall provide the following as appropriate:
 - 1) Provide Emergency Shelter services 24/7;
 - 2) Accept all DOH-DDD referrals based on bed availability;
 - 3) Ensure that all staff on-site are trained and meet all State and Federal requirements;
 - 4) Provide transportation services, as needed; and
 - 5) Access and make available the following specific services, which shall include, but are not limited to:
 - a) Psychiatric assessment, treatment, and/or consultation including psychotropic medication management and monitoring;
 - b) Psychological assessment, treatment, and/or consultation including completion of a FBA and development of a PBS plan;
 - c) Medical assessment, treatment, and/or consultation and medication administration, as necessary; and
 - d) Crisis stabilization and intervention services with the provision of a safe environment to calm and manage the PARTICIPANT.
- b. Upon admission the PROVIDER shall develop an interim plan to address the PARTICIPANT'S need(s) for crisis stabilization and intervention.

- c. The PROVIDER shall develop an IP in coordination with and approval from the DOH-DDD CM or designee within seven (7) days of admission. The IP shall be based on the ISP from the DOH-DDD CM and a service delivery approach that includes:
 - 1) Person-centered aspects of the ISP and the PARTICIPANT'S input, as appropriate;
 - 2) Discharge criteria that include an estimated length of stay;
 - 3) PBS to reduce challenging behaviors that include specific methods or approaches to be implemented to achieve goals and objectives; and
 - 4) Training for families, caregivers, and PROVIDERS upon discharge for post-discharge community-based living and services, if indicated.

- d. The PROVIDER shall seek emergency hospitalization for a PARTICIPANT when deemed necessary and appropriate by PROVIDER'S clinical staff to ensure the PARTICIPANT'S safety and the safety of others. The PROVIDER shall report a PARTICIPANT'S hospital admission as an adverse event and follow adverse event procedures for reporting.

- e. The PROVIDER shall have access to psychiatric/psychological/medical services 24/7 for assessment, treatment, and consultation for any medical/health needs that arise.

- f. The PROVIDER shall provide Emergency Shelter services upon a pre-authorized approval from the DOH-DDD CM as documented in the WAP. Exceptions to the ninety (90) day consecutive stay shall be authorized by the DOH-DDD.

- g. The PROVIDER shall provide discharge planning services for all PARTICIPANTS to include, but not be limited to, the following:
 - 1) Discussion and identification of the residential setting for the individual upon discharge by relevant staff, State agencies, current or prospective caregivers, circle members, and the PARTICIPANT, if possible;
 - 2) Transition planning that may include onsite visits, prospective residential visits, or overnight visits in prospective residential settings;
 - 3) Necessary supports, resources, or services needed upon discharge especially to a new or unfamiliar setting; and

- 4) Training to families, caregivers, and PROVIDERS focused on the implementation of a PBS plan.
- h. The PROVIDER shall provide assistance and time-limited monitoring for a period up to one (1) month post discharge to ensure stability in the post-discharge setting utilizing Training and Consultation services.
- i. The PROVIDER shall comply with HAR, Title 11, Chapter 98, Special Treatment Facilities in the provision of DD/ID Emergency Shelter services.
- j. Restraints:
 - 1) Physical or chemical restraints shall meet all applicable Federal and State regulations for individuals with DD and shall include oversight by the DDD BRSC for the use of restraints;
 - 2) All physical and chemical restraints shall be by physician's orders that specify the duration and circumstances under which the restraints are to be used;
 - 3) Restraints may only be imposed by a facility to ensure the physical safety of the PARTICIPANT or others when less restrictive interventions have been determined to be ineffective. Clear criteria for use shall be documented in the PARTICIPANT'S IP;
 - 4) Mandt system or other behavioral/crisis management certification is required for all staff with direct resident contact to ensure safe and proper use of restraints and alternatives. Consent, data collection, and monitoring procedures shall also be documented;
 - 5) All incidents of physical or chemical restraints shall be reported as an adverse event.

4. Location of Services

The PROVIDER shall provide Emergency Shelter services in a setting that is licensed and certified as a Special Treatment Facility for adults and children, as applicable.

5. Staffing Qualifications and Requirements

a. Direct Support Worker Qualifications:

- 1) Current tuberculosis (TB) clearance according to DOH Standards;
- 2) First aid and cardiopulmonary resuscitation (CPR) training;
- 3) Criminal History check according to the Standards set forth by the DHS;
- 4) APS and/or CPS checks according to the Standards set forth by the DHS;
- 5) One (1) year experience working with individuals with DD/ID;
- 6) Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor, as stated in the STANDARDS, prior to service delivery and in the event of any changes to the IP;
- 7) Successful completion of training approved by the DOH-DDD to include PBS.

b. Requirements

- 1) A psychiatrist licensed in the State of Hawaii who completed a psychiatric residency shall be immediately accessible and available for consultation.
- 2) Service supervisor, defined as a bachelor's level in behavioral sciences, education or therapeutic field from an accredited college, shall provide clinical supervision of direct support workers.
- 3) The service supervisor shall oversee the facility operation.
- 4) A RN, psychiatrist, licensed social worker, board certified behavior analyst (BCBA) or psychologist shall be accessible and available for consultation and supervision, as appropriate.
- 5) Direct support staff shall have 24/7 access to clinical supervision and consultation.
- 6) Mandt system or other behavioral/crisis management certification compatible with PBS is required for all staff with direct contact with individuals with DD/ID.

6. Service Limitations/Exclusions/Restrictions

There shall be no duplication of waiver services at any time (e.g. only one service shall be authorized at a time).

5.5 Employment Services: Prevocational, Individual, and Group

5.5. A EMPLOYMENT SERVICES

Employment services under the Medicaid Waiver Services Program include: 1) Pre-vocational services; 2) Individual Employment Supports, and; 3) Group Employment Supports.

1. Intent of Service

The intent of all Employment services is to assist the PARTICIPANT to prepare, obtain and sustain paid employment at or above the State's minimum wage.

2. Service Definition

Pre-Vocational activities are defined as pre-employment activities completed prior to securing competitive employment or developing a business plan for micro-enterprise opportunities.

Individual and Group Employment Supports are targeted toward working with employers to design and develop jobs as well as working with them to train PARTICIPANTS for competitive employment in an integrated setting.

Although Group Employment Supports are covered, it is not the intention to promote and compensate for vocational training efforts performed in segregated settings such as a sheltered workshop. In both situations, the services are gradually withdrawn and reduced as the PARTICIPANTS gain independence.

For micro-enterprise opportunities, Individual Employment Supports include assistance with implementation of the PARTICIPANT'S business plan.

3. Service Provision

The PROVIDER develops an IP based on the employment goals identified in the ISP for each PARTICIPANT. The IP shall outline the specific employment goals and activities to be achieved for the period. The PROVIDER is responsible for implementing the IP with skilled workers

(see PROVIDER Qualifications). Reporting of service outcomes is required on a quarterly basis.

4. Location of Services

Employment services may be provided in a variety of settings. However, as the goal is to prepare the PARTICIPANT for competitive employment or self-employment, any training should take place in a setting similar to that in which the PARTICIPANT will be working.

5. Staffing Qualifications and Requirements

a. PROVIDER Qualifications (applicable to all Employment services)

Waiver PROVIDER agencies providing either Pre-vocational, Individual and/or Group Employment Supports must have at least one employee dedicated as the employment specialist. The position must perform or direct the full range of vocational counseling, evaluation, and employment services for persons with intellectual or developmental disabilities. The position has the goal of assisting the PARTICIPANT to obtain and retain job placement.

The position secures and reviews various PARTICIPANT information; psychological evaluations and other specialty reports; evaluates data on clients and analyzes their needs; plans and develops training plans; counsels PARTICIPANTS and assists them in selecting and attaining appropriate job objectives; arranges for PARTICIPANTS to obtain job training; discusses the impact of work on finances and medical assistance; counsels PARTICIPANTS during the job placement process and advises or assists them with personal, social and vocational adjustment problems; assists PARTICIPANTS in securing employment consistent with their capacities and training; conducts follow up investigations of PARTICIPANTS to insure proper placement and vocational adjustment; contacts employers regarding job placement, promotes the hiring of clients; conducts job training.

The employee must be knowledgeable and familiar with Federal and State laws, regulations and rules pertaining to employing persons with disabilities, and the various social, psychological, economic and emotional factors influencing the behavior and

attitudes of individuals. The employee should have a proven track record of successful networking, ability to negotiate, utilize and cultivate resources, problem solving skills, ability to visualize creative solutions, and implement a working plan.

When submitting an application to become a Medicaid Waiver Services Program PROVIDER for Employment services, the PROVIDER shall submit a position description of the employment specialist, identify whether it is full-time or part-time, and identify the position's supervisor and place on the organization chart. If the position supervises any position, the positions should be identified on the organization chart. The PROVIDER shall also submit the PROVIDER'S assessment tool(s) that will be used to assess the PARTICIPANT'S skills, interests and aptitude for work and shall identify whether the tool(s) are standardized or developed in-house.

The PROVIDER must submit its tools and any templates used in the employment process. The PROVIDER must also submit its templates for developing career plans and business plans. If the PROVIDER does not have templates, then submit copies of samples. Finally, the PROVIDER shall explain its process or methodology for fulfilling the activities in employment (e.g., how it intends to access or provide benefits counseling, describe its training curriculum, etc.). The PROVIDER may include attachments, as appropriate.

b. Requirements

Staffing requirements vary depending on the service. Pre-vocational may be delivered at a ratio of 1:1 or in groups at a ratio of 1:2, 1:3 or 1:4. Group size under either Pre-vocational services or Group Employment Supports may not exceed four (4) PARTICIPANTS.

6. Reimbursable Units

All Pre-vocational activities shall be based on face-to-face contact between the PARTICIPANT and PROVIDER. All individual supported and group supported employment shall be based on telephonic, face-to-face, or electronic contact such as e-mail, or direct mail between the PROVIDER and prospective employer relating to a specific PARTICIPANT and/or PROVIDER and PARTICIPANT.

7. Service Limitations/Exclusions/Restrictions

- a. For all Medicaid waiver Employment services, the service may only be provided after the DOH-DDD CM has verified and documented that the employment services are not available under other entitlement programs such as a program funded by the Rehabilitation Act of 1973 or PL 101-476, and for individuals aged fourteen (14) through twenty (20), section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et. seq.).
- b. Adaptations required by the Americans with Disabilities Act are not covered by the Medicaid Waiver Services Program.
- c. Incentive payments, subsidies, or unrelated vocational training expenses such as the following are not allowed:
 - 1) Incentive payments to an employer to encourage or subsidize the employer's participation in any Medicaid waiver employment program;
 - 2) Payments that are passed through to users of the Medicaid waiver employment services; or
 - 3) Payments for vocational training that are not directly related to a PARTICIPANT'S work program;
 - 4) Defraying expenses associated with starting up or operating a business.
- d. Refer to Non-Medical Transportation for a description of transportation coverage for PARTICIPANTS receiving Pre-vocational, Individual or Group Employment Supports.

8. Employment Services Reporting Requirements

- PROVIDERS shall report, in addition to the quarterly reports, the following:
- a. Completed employment assessment within thirty (30) days of retaining Pre-vocational services; and
 - b. Career plan must be developed within thirty (30) days of completed career/job exploration and implemented within sixty (60) days of the plan development.

5.5.B PRE-VOCATIONAL SERVICES

1. Intent of Service

Pre-vocational services prepare a PARTICIPANT for paid employment. Services include teaching such concepts as work ethics, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at a generalized result. Services are reflected in the PARTICIPANT'S service plan and are directed to work readiness rather than explicit employment objectives.

2. Service Definition

Pre-vocational objectives (e.g., attention span, motor skills) are associated with performing compensated work. PARTICIPANTS who receive Pre-vocational services may be compensated in accordance with applicable Federal laws and regulations.

Pre-vocational services are provided to persons who need additional assistance to successfully participate in the general work force.

Personal care/assistance may be a component of Pre-vocational services, but may not comprise the entirety of the service.

A PARTICIPANT'S service plan may include two or more types of non-residential habilitation services. However, non-residential habilitation services and Employment services may not be billed during the same period of the day.

3. Service Provision

Pre-vocational activities are defined as pre-employment activities completed prior to securing competitive employment or implementing a business plan for micro-enterprise opportunities. Pre-vocational activities shall include the following:

- Employment Assessment
- Benefits Planning/Counseling
- Career/Job Exploration
- Career Planning
- Job Skills Development/Training
- Volunteering
- Work trial/internships

a. Employment Assessment

Identifies PARTICIPANT skills, job readiness, and steps necessary to pursue paid employment:

- 1) Each PROVIDER shall use an assessment tool and process that is approved by the DDD;
- 2) The assessment tool and process must provide an objective view of the PARTICIPANT'S employment related skills to be used in the development of an employment goal (e.g. competitive employment, micro-enterprise, identify skills needed for employment); AND
- 3) Within thirty (30) days of retaining Pre-vocational services, PROVIDER must complete an employment assessment.

b. Benefits Planning/Counseling

Assists PARTICIPANT in understanding how earnings may impact PARTICIPANT benefits such as Supplemental Security or Medicaid. Using available resources (Hawaii Disability Rights Center, Social Security Administration, University of Hawaii Center for Disability Studies, or PROVIDER'S own employees), PROVIDER will assist the PARTICIPANT and persons who support the PARTICIPANT in daily life to understand which of the PARTICIPANT'S benefits (Social Security, Medicaid, etc.) may be impacted and by how much. Options should be explored to maximize the PARTICIPANT'S opportunity to earn wages while balancing the need for health care and financial stability.

- 1) Each PROVIDER performs or has access to a benefits counselor to work with the PARTICIPANT and his/her family to gather necessary information from Social Security Administration on his/her current benefits.
- 2) Explain the impact of wage earnings on the PARTICIPANT'S benefits.
- 3) The benefits planning/counseling session must be provided within thirty (30) days of completing the employment assessment.
- 4) A written summary regarding the session and benefits that may be impacted shall be provided to the PARTICIPANT.
- 5) If the PARTICIPANT decides not to pursue employment because of the potential loss of benefits, the PROVIDER informs the DOH-DDD CM as soon as possible to identify alternative services to employment.

c. Career/Job Exploration

Career/job exploration assists the PARTICIPANT in identifying jobs/careers that fit his/her interests and skills.

Career/job exploration activities may be conducted to correlate PARTICIPANT'S interests with appropriate occupations as follows:

- 1) The PARTICIPANT may participate in job shadowing to assist the PARTICIPANT in learning more about specific occupations. Job shadowing activities may include:
 - Spending concentrated periods of time observing a worker or team of workers;
 - Trying specific job tasks under the supervision of the assigned occupational host; AND/OR
 - Visiting various employment sites to explore variance within a specified job.
- 2) Career/job exploration activities must commence within thirty (30) days of the completed benefits planning/counseling and be completed within sixty (60) days.
- 3) A written log identifying career/job exploration activities will be maintained for each PARTICIPANT.

d. Career Planning

Career planning assists the PARTICIPANT in developing a plan to obtain employment.

- 1) The career plan will include:
 - Personal interests
 - Marketable skills
 - Areas for improvement/skill building
 - Obtainable employment objectives
 - Structured activities
 - Step-by-step timeline of how and when objectives will be accomplished
- 2) The career plan must be developed within thirty (30) days of the completed career/job exploration activities.
- 3) The career plan must be implemented within sixty (60) days of the plan development.

Instead of employment, the PARTICIPANT may decide to pursue developing a business. Micro-Enterprise development activities include:

- 1) aiding the PARTICIPANT in identifying potential business opportunities;
- 2) assisting in the development of a business plan, including potential sources of business financial and other assistance in developing and launching a business; and
- 3) identifying the supports that are necessary in order for the participant to operate the business.

A PARTICIPANT pursuing microenterprise must complete a business plan that addresses the following:

- An outline for the micro-enterprise opportunity
- Feasibility of micro-enterprise opportunity (address who will be responsible for work activities, tax/license, paperwork, financial management, materials acquisition, inventory, etc.)
- Identify natural supports necessary to operate the business

e. Job Skills Development/Training

The PROVIDER must have a curriculum for determining and developing job readiness.

- 4) Job skills training must be relevant to ISP & IP and the PARTICIPANT'S career plan.
- 2) Job skills training may and should include general employability skills training such as:
 - Transportation training
 - Interviewing
 - Resume writing
 - Completing applications
 - Social skills
 - Grooming and personal hygiene, and

- Other skills related to PARTICIPANT'S identified career path

4. Volunteering

Pre-vocational skills may be developed or practiced through a volunteer work experience. Unpaid work activities must be directly related to objectives outlined in a PARTICIPANT'S career plan. The purpose of the volunteer position is to allow the individual to experience different work settings while building employable skills and working towards achieving competitive employment. The PARTICIPANT should not be working on the same activity, volunteering in the same position, beyond one hundred eighty (180) calendar days. PARTICIPANT may gain additional skills volunteering at the same work site for another one hundred eighty (180) calendar days working in a different position, learning new tasks and completing new duties.

5. Work Trial/Internships

Pre-vocational skills may be practiced in a short-term work experience in a paid or unpaid position. Work completed during the work trial period may be a paid or unpaid position. This is not to be construed as the same as the trial work period defined by the Social Security Disability Insurance System. Work trials should be geared towards the PARTICIPANT'S career path and is meant to move the individual into competitive employment. Work trials should come with an understanding that the employer will make reasonable efforts to hire the PARTICIPANT once the PARTICIPANT has met the required identified job skills. The maximum trial work period is one hundred eighty (180) calendar days.

6. Staffing Qualifications and Requirements

a. Qualifications

See PROVIDER Qualifications for all Employment services.

b. Requirements

Staff to PARTICIPANT ratio may be 1:1, 1:2, 1:3, or 1:4. Pre-vocational activities may be performed in a group setting (e.g. classroom) but shall not exceed 1:4 ratio.

7. Location of Services

Pre-vocational services may be provided in a variety of settings. However as the goal is to prepare the PARTICIPANT for competitive employment, it is the expectation that the job skills/development training will take place in a setting similar or related to that which the PARTICIPANT will be employed.

8. Service Limitations/Exclusions/Restrictions

In addition to the limits, exclusions and restrictions noted earlier under Employment services, Pre-vocational services are limited to a maximum of two (2) years. The start and end dates for Pre-vocational services shall be documented in a PARTICIPANT'S ISP.

- a. At the end of the two (2) years, a determination shall be made by the PARTICIPANT'S DOH-DDD CM, circle of supports and PROVIDER as to the work readiness of the individual.
 - 1) If the PARTICIPANT meets the criteria for receiving Individual or Group Employment Support services, hours will be authorized by the DOH-DDD CM.
 - 2) Should the PARTICIPANT not meet the criteria for receiving employment support services then other habilitation services such as PAB or ADH may be authorized by the DOH-DDD CM.
- b. If the PARTICIPANT utilizes Pre-vocational services, becomes employed and is released from employment, the PARTICIPANT may request a return to Pre-vocational services. The reason(s) for returning to Pre-vocational services should be clearly documented (e.g., need to relearn or reinforce work skills or to pursue a new career or occupation). The two (2) year time limit will once again apply with the restart of Pre-vocational services. All requirements under Pre-vocational services still apply.

5.5. C INDIVIDUAL EMPLOYMENT SUPPORTS

1. Intent of Service

The goal of Individual Employment Support services is to support PARTICIPANTS in obtaining and sustaining employment in an integrated setting at or above the State's minimum wage, and for those PARTICIPANTS who choose self employment, to implement their businesses.

Employment support services shall be reduced as PARTICIPANT independence is increased. The employment site shall be competitive and integrated. Competitive employment shall be defined as:

- Full-time or part-time work;
- Hourly goals for weekly employment are determined on an individual basis;
- Wage compensation shall be consistent with or above the State's minimum wage;
- Wage compensation must be made in accordance with Fair Labor Standards Act;
- Wage compensation must be paid on a basis consistent with those wages paid to workers without disabilities with similar job functions.

Integrated work setting shall be defined as employment that provides daily contact in the immediate work setting where the majority of other employees are without disabilities or there is contact with the general public.

2. Service Definition

Individual Employment Supports include activities needed to assist the PARTICIPANT to obtain and sustain paid work within the general workforce. It also includes assisting the PARTICIPANT in locating and acquiring a job, or working with an employer to develop or customize a job on behalf of the PARTICIPANT, transitioning the PARTICIPANT from volunteer work to paid employment, and assisting the PARTICIPANT in maintaining an individual job in the general workforce at or above the State's minimum wage, or implementing and sustaining a micro-enterprise (also referred to as self employment).

Individual Employment Supports is conducted in a variety of settings. When Individual Employment Supports are provided at a work site where persons without disabilities are employed, payment is made only for the activity adaptations, supervision and training required by PARTICIPANTS receiving waiver services as a result of their disabilities. Payment does not include reimbursement for supervisory activities

rendered as a normal part of the business setting.

With regard to self-employment, Individual Employment Supports may include providing ongoing assistance, counseling and guidance once the business has been launched.

3. Service Provision

Individual supported employment includes the following activities:

- Job Development
- Job Placement
- Job Coaching
- Job Maintenance and Retention

a. Job Development

Activities generally completed at a potential job site or in the community that lead to employment or micro-enterprise opportunities that assist a PARTICIPANT in developing a business:

- 1) Development of employment opportunities through employer contacts including community networking;
- 2) May include the completion of an on-site job review/analysis to determine if job may be secured or developed to meet the needs of the PARTICIPANT and employer;
- 3) May involve working with an employer to develop or customize a job, or job carve on behalf of the PARTICIPANT;
- 4) May involve working with an employer to transition a PARTICIPANT from volunteer work to paid employment;
- 5) May involve job searching via newspaper ads, cold calls, word of mouth contacts, internet, and job fairs to identify potential jobs for the PARTICIPANT;
- 6) May take place prior to employment of the PARTICIPANT (face-to-face contact with the PARTICIPANT is not required during these activities);
- 7) Are temporary and discontinued once the PARTICIPANT has located a job;

b. Job Placement

Job placement includes the hiring of a PARTICIPANT by an employer or the establishment of a micro-enterprise business for a PARTICIPANT.

- 1) Job placement verification must be submitted to DOH-DDD CM.
- 2) Job placement activities may include the following:
 - a) Job matching, application, and interview processes;
 - b) For PARTICIPANTS in competitive, integrated employment settings, the following information must be submitted:
 - Employer's name
 - Employer contact information
 - Supervisor's name
 - PARTICIPANT'S schedule
 - Rate of pay
 - Job description
 - Date of hire
 - Start date
 - c) For PARTICIPANTS engaging in micro-enterprise activities, the following must be submitted:
 - General Excise Tax license, and
 - Verification of banking account to be used for business purposes.

c. Job Coaching

Activities are defined as on-the-job support and assistance provided to a PARTICIPANT to teach the skills needed to perform successfully in his/her specific work setting.

- 1) Job coaching activities may include working side by side with a newly placed PARTICIPANT at a job site.
- 2) Developing tools and strategies for employed PARTICIPANT to address the following:
 - a) Analyzing the job and break into manageable components;
 - b) Creating tools (e.g., pictures or checklists) that will allow PARTICIPANT to learn tasks and/or increase their independence related to the job;
 - c) Identifying and solving problems before they become a crisis for the PARTICIPANT, employer, or co-worker;

- d) Supporting PARTICIPANT in building relationships with employer and coworkers;
- e) Teaching effective job keeping skills to the PARTICIPANT.
- 3) Providing training and support to co-workers of the employed PARTICIPANT in establishing natural supports.
- 4) Assisting the PARTICIPANT in understanding employee benefits.

d. Job Maintenance and Retention

Job maintenance and retention activities assist the PARTICIPANT in retaining his/her employment. The PROVIDER is expected to gradually reduce the time and effort with the PARTICIPANT as the PARTICIPANT becomes more independent. The hours will be reduced over 180 calendar days.

- 1) The IP must include activities to increase the PARTICIPANT'S independence and reduce services over 180 calendar days.
- 2) Gradually reduce the time spent at the job site as the PARTICIPANT becomes better adjusted and more independent.
- 3) Decrease time spent with PARTICIPANT on-the-job as the PARTICIPANT increases his/her ability to perform their work tasks to the quality and speed standards of the employer.
- 4) Assess employment stability at least quarterly and include PARTICIPANT'S progress toward independent employment:
 - a) Job maintenance and retention activities shall include maintaining natural supports within the workplace;
 - b) Job maintenance and retention shall include all activities of PROVIDER in facilitating relationships between PARTICIPANT, co-workers, and employer once job coach is no longer regularly present at work site.
- 5) Be available to employer to call when PARTICIPANT requires learning new job duties, there are communication problems; PARTICIPANT has income/benefit questions or new behavior or other problems arise.
- 6) If indicated in the plan, conduct off-site monitoring.

4. Reimbursement for Services

a. For competitive, integrated employment, Individual Employment Support payments are based on achieving certain milestones: Counting from the first day of actual paid work (not date of hire), PROVIDERS may bill for Individual Employment Support services once the PARTICIPANT has achieved thirty (30), sixty (60), and ninety (90) days of successful employment with the same employer. The PROVIDER shall attach proof of employment at or above minimum wage (e.g., payroll register or copy of pay stubs) with the claim for reimbursement.

b. For PARTICIPANTS choosing micro-enterprise, the milestone payments are based on successful implementation of a business. The milestone payments are as follows:

First milestone: Participant has obtained a Hawaii General Excise Tax License, opened a bank account for the business, if allowed, and registered the business name, if appropriate.

Second milestone: Participant has created marketing materials (e.g., flyers, brochures, website, signage for business) OR conducted visits or placed phone calls to sell the service or product.

Third milestone: Participant has generated revenue from the product or service.

For each milestone payment request, the PROVIDER shall attach proof of business activity (brochure, website, picture of product, invoices or receipts of sales, etc.) with the claim for reimbursement.

c. Individual Employment Support unit hour billing will be paid on day ninety-one (91) and thereafter for services delivered to PARTICIPANT and/or employer to retain and maintain employment.

5. Staffing Qualifications and Requirements

a. Qualifications

See PROVIDER Qualifications for all Employment services.

b. Requirements

The staff to PARTICIPANT ratio is 1:1.

6. Location of Services

Supported employment activities shall be provided at the site of the employment or other community setting.

7. Service Limitations/Exclusions/Restrictions

See the limits, exclusions and restrictions noted earlier under Employment services.

5.5. D GROUP EMPLOYMENT SUPPORTS

1. Intent of Service

The goals of Group Employment Support services are to support PARTICIPANTS to obtain and sustain paid employment in an integrated setting at or above the State's minimum wage.

2. Service Definition

Group Employment Supports include activities performed in a group setting of no more than four (4) PARTICIPANTS and include activities needed to obtain and sustain paid work by PARTICIPANTS.

As with individual supported employment, Group Employment Supports includes the following activities for the group of PARTICIPANTS:

- Job Development
- Job Placement
- Job Coaching
- Job Maintenance and Retention
- Benefits Planning/Counseling (if wages change)

Refer to Individual Employment Supports for a description of the activities.

3. Service Provision

Group Employment Supports may include group employment activities so long as the activities are directed toward obtaining or retaining work at or above the State's minimum wage and are provided in a group setting. Refer to Individual Employment Supports for a description of activities. Group activities may include:

- a. Group job development and training (all PARTICIPANTS have same interests and performing similar work so a group activity is appropriate) with the intention of becoming employed at competitive wages. This could be enclaves, mobile crews and other business-based work groups. Training will be limited to one hundred eighty (180) days since the goal is to transition PARTICIPANTS to pay at or above the State's minimum wage.
- b. Customizing work for a group of PARTICIPANTS (matching individual work in the group). This could include designing the work tasks specifically for the individuals in the group so that they perform cohesively as a group. As an example, if the group is performing janitorial work, one individual may be learning the work of sweeping and another mopping. Because the motions and activities are similar, the PROVIDER may perform the activities as a group.
- c. Assisting the group to locate and acquire a job (this would typically be for groups of individuals who share the same interests and have similar capabilities). This includes activities to assist the group in finding and obtaining group contracts or employment. Once employed, each individual must be paid at or above the State's minimum wage.
- d. Job coaching for individuals in the group may be provided to obtain and retain employment.
- e. Assisting the group of PARTICIPANTS to maintain the work at or above the State's minimum wage. Maintenance may include working with the group to assimilate a new member, teaching new skills or duties to one or all group members, facilitating communication between members of the group and/or with employers/contractors, or resolving conflicts or problems within the

group. The PROVIDER is expected to gradually reduce the time and effort with the PARTICIPANTS as the PARTICIPANTS becomes more independent. The hours will be reduced over 180 calendar days.

4. Location of Services

Group Employment Supports activities may be provided at the PROVIDER site, employer site, or other community setting.

5. Staffing Qualifications and Requirements

a. Qualifications for Employment Specialist

See PROVIDER Qualifications for all Employment services.

b. Requirements

The staff to PARTICIPANT ratio is 1:2, 1:3, or 1:4. The maximum number of PARTICIPANTS in a group is four (4).

6. Service Limitations/Exclusions/Restrictions

See the limits, exclusions and restrictions noted earlier under Employment services.

5.6 Environmental Accessibility Adaptations

1. Intent of Service

The intent of Environmental Accessibility Adaptations is to assist the PARTICIPANT with physical adaptations to his/her home to assure home health, safety, and welfare.

2. Service Definition

Those physical adaptations to the PARTICIPANT'S home, required by the PARTICIPANT'S service plan and based on a home safety assessment or evaluation, that are necessary to ensure the health, welfare and safety of the PARTICIPANT and enable the PARTICIPANT to function with greater independence in the home. Such adaptations

include the installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems needed to accommodate the medical equipment and supplies that are necessary for the welfare of the PARTICIPANT.

3. Limitations

- a. Limit of \$25,000 per request, one (1) request every five (5) years, with exceptions made by the DOH-DDD for health and safety of the PARTICIPANT.
- b. Excluded are those adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the PARTICIPANT. These exclusions include, but are not limited to:
 - 1) Carpeting;
 - 2) Roof repair;
 - 3) Other general household repairs;
 - 4) Central air conditioning;
 - 5) Adaptations, modifications, or improvements to the existing home that add to the total square footage of the home except when necessary to complete an adaptation;
 - 6) Adaptations, modifications, improvements or repairs to the existing home that are required to meet the basic standards for compliance with the Americans with Disabilities Act;
 - 7) Adaptations, modifications, improvement or repairs to the existing home that are required to meet the basic standards for compliance with State regulations for home licensure or certification;
 - 8) Adaptations, modifications, improvements or repairs to the existing home where long-term residency of the PARTICIPANT cannot be assured. Long-term residency shall be defined as five (5) consecutive years;
 - 9) Duplicate adaptations, modifications or improvements regardless of the payment source. For example, if the client has a safe and usable ramp, a second ramp shall not be approved;
 - 10) New residential construction (e.g., homes or apartment buildings), even if the new dwelling is designed to be accessible by and/or accommodate the needs of PARTICIPANTS with disabilities.

- c. Modifications, adaptations, improvements, or repairs of the existing home shall be limited to the family home or PARTICIPANT'S owned home. The DOH and DHS shall not be responsible for paying any cost of restoring a site to its original configuration or condition after completion of the modification/adaptation.

4. PROVIDER Requirements for the Installation of Environmental Adaptations

- a. Be a licensed contractor.
- b. Provide services in accordance with applicable State and county building codes.

5.7 Personal Assistance Habilitation (PAB)

1. Intent of Service

- a. PAB is training and assistance used to accomplish the following:
 - 1) Increase independence with eating, dressing, personal hygiene;
 - 2) Build natural supports;
 - 3) Be self-sufficient (taking care of one's self and one's needs to live in own home);
 - 4) Engage in opportunities which identify and expand personal interests which promote independence;
 - 5) Build skills in self-advocacy;
 - 6) Support income-producing endeavors (e.g., micro-enterprise).

2. Service Definition

A range of assistance or training to enable program PARTICIPANTS to acquire, retain, or improve in skills related to living in the community. This may include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, social and leisure skill development. This may take the form of hands-on assistance (actually performing a task for the person), training, or multi-step instructional cueing, as a part of a plan to prompt the PARTICIPANT to perform a task.

PAB may include assistance and/or training in the performance of ADLs,

e.g. bathing, dressing, toileting, transferring, maintaining continence, and IADLs that are more complex life activities, e.g., personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication and money management. Such assistance also may include active supervision (readiness to intervene as necessary) and interaction with PARTICIPANTS.

Personal care services may be provided on an episodic or on a continuing basis. Health-related services that are provided may include skilled or nursing care to the extent permitted by State law.

Services may include assistance or training to meet outcomes/goals of increasing independence, developing natural supports, developing relationships, contributing through employment, volunteering and engaging/participating in other activities within the community.

Services may be provided in or outside the PARTICIPANT'S home.

PAB services may also be provided while the PARTICIPANT is temporarily institutionalized in an acute hospital or nursing facility when PARTICIPANT behavior interferes with medical care and treatment and will result in the administration of chemical and/or physical restraints.

3. Service Provision

- a. Staff providing PAB services that assist PARTICIPANTS with medications shall be trained by a RN. The RN shall verify and document the staff's skills competency.
- b. PAB services shall consist of three levels: PAB Level 1, PAB Level 2 and PAB Level 3. The PAB level shall be determined by the DOH-DDD CM based on an ICAP behavioral score and health needs identified within the ISP.
 - 1) PAB Level 1
 - a) PARTICIPANTS are in need of training and/or personal care and do not require any special tasks of nursing care, i.e., nurse delegated tasks.
 - 2) PAB Level 2
 - a) ICAP Maladaptive scores for PARTICIPANTS are -23 and higher.
 - b) PARTICIPANTS requiring special tasks of nursing (tasks that have been delegated by a RN as specified

in HAR Title 16, Chapter 89, Subchapter 15, (“Delegation of Nursing Tasks to Unlicensed Assistive Personnel”) (HAR § 16-89-100; HAR § 16-89-111; HAR 16-89-112; HAR § 16-89-113; and HAR § 16-89-114).

3) PAB Level 3

- a) ICAP Maladaptive scores for PARTICIPANTS fall within the -34 to -70 range and include PARTICIPANTS with behaviors that cause harm to self, others, and/or property.
- b) PAB Level 3 services is provided in conjunction with a FBA and/or in accordance with a PBS plan and shall include outcome-based measurable data.
- c. The daily twenty-four (24) hour PAB Level 1 service shall typically include eighteen (18) hours of one-to-one (1:1) service and six (6) hours of stand-by assist. Stand-by assist is typically rendered at night when the PARTICIPANT requires intermittent intervention by the direct support worker.
- d. PAB Level 2 is allowable on an hourly basis for twenty-four (24) hours for PARTICIPANTS with an ICAP score for maladaptive behavior of -46 to -70 and require intervention on a twenty-four (24) hour basis or for PARTICIPANTS with need for medical intervention on a twenty-four (24) hour basis.
- e. Transportation is not reimbursable for staff travel to and from the PARTICIPANT’S home or site designated for start of service provision.

4. Location of Services

All PAB services are provided in a licensed home (Domiciliary Home, Adult Residential Care Home and DDD Adult Foster Home), family home and outside of the residential setting within the community.

5. Staffing Qualifications and Requirements

a. Direct Support Worker Qualifications:

PAB Level 1 and PAB Level 2:

- 1) Current tuberculosis (TB) clearance according to DOH Standards;
- 2) First aid and cardiopulmonary resuscitation (CPR) training;
- 3) Criminal History check according to the Standards set forth by the DHS;
- 4) APS and/or CPS checks according to the Standards set forth by the DHS;
- 5) Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor, as stated in the STANDARDS, prior to service delivery and in the event of any changes to the IP.

PAB Level 3:

- 1) Current tuberculosis (TB) clearance according to DOH Standards;
- 2) First aid and cardiopulmonary resuscitation (CPR) training;
- 3) Criminal History check according to the Standards set forth by the DHS;
- 4) APS and/or CPS checks according to the Standards set forth by the DHS;
- 5) Associate in Arts (AA) degree or at least fifty (50) college credits from an accredited college or university;
- 6) Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor (Behavioral Specialist), as stated in the STANDARDS, prior to service delivery and in the event of any changes to the IP;
- 7) Successful completion of training approved by the DDD to include the following:
 - a) Person-Centered Planning;
 - b) PBS;
 - c) Mandt system or other behavioral/crisis management system compatible with PBS.

Family Members as Direct Support Workers for PAB Level 1 and PAB Level 2:

- 1) Criminal History check according to the Standards set forth by the DHS;
- 2) APS and/or CPS checks according to the Standards set forth by the DHS;
- 3) Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor, as

- stated in the STANDARDS, prior to the service delivery and in the event of any changes to the IP;
- 4) Recommended qualifications for Family Members as direct support workers: TB clearance, First Aid training, and CPR training.

b. Service Supervisor Qualifications:

Service Supervisor PAB Level 1:

- 1) Bachelor's degree from an accredited college or university in social sciences or education; or
- 2) Bachelor's degree from an accredited college or university in another field with one (1) year verifiable experience working directly with individuals with disabilities or the elderly; or
- 3) RN licensed in the State of Hawaii;
- 4) Staff qualifications from foreign colleges and universities, which are accredited, will be acceptable. The PROVIDER must document verification of accreditation from foreign colleges and universities. Acceptance of admission to a graduate program at the University of Hawaii, Hawaii Pacific University, or Chaminade College will be acceptable criteria to meet staff qualification.

Service Supervisor PAB Level 2, for PARTICIPANTS with behavioral needs:

- 1) A RN, licensed in the State of Hawaii, with training in PBS approved by the DDD, and continuing education and/or training in the area of PBS at least once every two (2) years; or
- 2) Bachelor's degree from an accredited college or university in social sciences or education or Bachelor's degree from an accredited college or university in another field with two (2) years verifiable experience working directly with individuals with disabilities or the elderly, PBS training provided or certified by the DDD, and continuing education and/or training in the area of PBS at least once every two (2) years; or
- 3) Behavioral Specialist;
- 4) Staff qualifications from foreign colleges and universities, which are accredited, will be acceptable. The PROVIDER must document verification of accreditation from foreign colleges and universities. Acceptance of admission to a

graduate program at the University of Hawaii, Hawaii Pacific University, or Chaminade College will be acceptable criteria to meet staff qualification.

Service Supervisor PAB Level 2, for PARTICIPANTS with medical needs:

- 1) RN licensed in State of Hawaii.

Service Supervisor PAB Level 3:

- 1) Behavioral Specialist;
- 2) RN, licensed in the State of Hawaii, with training in PBS approved by the DDD, and continuing education and/or training in the area of PBS at least once every two (2) years;
- 3) Successful completion of training approved by the DOH-DDD to include the following:
 - a) Person-Centered Planning;
 - b) PBS;
 - c) Mandt system or other behavioral/crisis management system compatible with PBS.

c. Requirements

The staff to PARTICIPANT ratio for all PAB services is 1:1. Exceptions to the 1:1 staff to PARTICIPANT ratio are made on a case-by-case basis and will be based on needs identified in the ISP and/or WAP.

- 1) More than 1:1 direct support worker coverage may include two (2) direct support workers providing services to one (1) PARTICIPANT.
- 2) Less than 1:1 direct support worker coverage may include one (1) direct support worker providing services to more than one (1) PARTICIPANT.

6. Service Provision by Family Members as Direct Support Workers

- a. Service provision by family members should not replace “usual non-paid activities and customary” efforts (e.g., teaching the PARTICIPANT how to cook or traffic safety).
- b. The family member will provide services in accordance with the STANDARDS of services.
- c. The family member will only provide services to the PARTICIPANT for approved services as stated in the ISP and/or WAP.

7. Supervision

- a. On-site supervision by a service supervisor for PAB Level 1 and PAB Level 2 shall be conducted monthly or more frequently as indicated in the WAP.
- b. On-site supervision for PAB Level 3 shall be conducted twice a month:
 - 1) On-site supervision for PAB Level 3 services shall be provided in accordance with the DOH-DDD's Guidelines for Addressing Difficult Behaviors dated December 19, 2005, and any subsequent revisions to these Guidelines.

8. Service Limitations/Exclusions/Restrictions

- a. PAB services shall not be provided to children (aged 3 to 20) as part of, or related to, any educational entitlement services or to replace traditional educational service hours.
- b. PAB services shall not be provided to minor children by parents, step-parents, or legal guardian of the minor, or by PARTICIPANTS' spouses.
- c. PAB services shall be prorated when the staff to PARTICIPANT ratio is less than 1:1.
- d. PAB services may be provided while the PARTICIPANT is temporarily institutionalized in an acute hospital or nursing facility when PARTICIPANT behavior interferes with medical care and treatment and will result in the administration of chemical and/or physical restraints. PAB services shall not exceed thirty (30) days unless assessed by the DOH-DDD CM to be necessary.
- e. Services out-of-state cannot exceed fourteen (14) days unless assessed by the DOH-DDD CM to be necessary.
- f. Services out of the country are not allowed.

5.8 Personal Emergency Response System (PERS)

1. Intent of Service

The intent of PERS is to enable the PARTICIPANT to electronically call for help in an emergency.

2. Service Definition

PERS is an electronic device that enables PARTICIPANTS to secure help in an emergency. The PARTICIPANT may also wear a portable “help” button to allow for mobility. The system is connected to the PARTICIPANT’S phone and programmed to signal a response center once a “help” button is activated. The response center is staffed by trained professionals, as specified herein.

3. PROVIDER Requirements for the PERS

- a. Demonstrate and instruct the PARTICIPANT in the use of PERS.
- b. Monitor the PERS by conducting monthly testing of the system.
- c. Act immediately to repair or replace equipment in the event of a malfunction.
- d. Provide trained professionals to operate the PERS response center.
- e. Have in place procedures for handling electrical power outages and telephone system problems.

4. Service Limitations/Exclusions/Restrictions

Availability of service may be dependent on the service area of the electronic device.

5.9 Residential Habilitation (RES/HAB)

1. Intent of Service

- a. Res/Hab shall be used to cover PARTICIPANTS’ physical care and training above and beyond the general care and supervision under the State Supplemental Payment/Level of Care (SSP/LOC) for certified and licensed residential settings, as Adult Foster Home (AFH), Developmental Disabilities Domiciliary Home (DDDH), and Adult Residential Care Home (ARCH), Extended Adult Residential Care Home (E-ARCH) and defined in HAR Title 11, Chapter 148, Chapter 89, Chapter 100, and Chapter 101, respectively.
- b. Res/Hab is used to increase independence with ADLs, develop communication, social, recreational, and leisure skills, and/or enhance independent living, self-direction, and choice-making.
- c. Res/Hab as a service will be discontinued by December 31, 2012. Current PARTICIPANTS receiving Res/Hab will be transitioned to

Personal Assistance Habilitation beginning January 1, 2012 through December 31, 2012. The replacement of services from Res/Hab to Personal Assistance Habilitation will be based on an assessment by the DOH-DDD CM.

2. Service Definition

Res/Hab means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These individually specific supports include adaptive skill development, assistance with ADL, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist the PARTICIPANT to reside in the most integrated setting appropriate to his/her needs. Res/Hab does not include general care and protective oversight and supervision which are required under the facility's license or certification requirements.

Personal care/assistance may be a component part of Res/Hab services but may not comprise the entirety of the service.

Recommendations of specialized therapies as indicated could be incorporated within this service.

3. Service Provision

- a. There are five levels of Res/Hab services: Level 1, Level 2, Level 3 (Behavioral/Medical), Level 4 (Special Treatment Facility/TLP) and Level 5 (24/7).
- b. The level of Res/Hab services shall be determined by the PARTICIPANT'S ICAP scores and/or target population characteristics as follows:
 - 1) Level 1 - service score from 40-69;
 - 2) Level 2 - service score from 1-39 or maladaptive score from -23 to -33;
Level 2a (Behavioral) - service score from 1-39 or maladaptive score from -23 to -33 as well as exceptional needs such as frequent and significant challenging behaviors, e.g., continuous yelling and screaming at night;
Level 2a (Medical) - physical needs that include total care and total dependence on caregiver;
 - 3) Level 3 (Behavioral) - maladaptive scores from -34 to -70 for behavioral needs to include intense and continuous interventions to address significant challenging behaviors

- that present danger to self, others, and property;
Level 3 (Medical) - medical needs that include nursing observation and assessment of PARTICIPANT secondary to such skilled nursing activities such as aspiration precautions, catheterization, infection control, inhalation treatments, medication management and administration, ostomy care, oxygen therapy and aerosolized treatments, seizure management and precautions, suctioning, tube feeding and management, wound care requiring sterile procedures, IV (intravenous), shots - IM (intramuscular), and SQ (subcutaneous) TPN (total parenteral nutrition) feedings in vein;
- 4) Level 4 - maladaptive scores from -34 to -70 Special Treatment Facility/Therapeutic Living Program (STF/TLP), certification and licensure in accordance with HAR, Chapter 98;
 - 5) Level 5 - maladaptive scores from -46 to -70 higher frequency, intensity and duration of challenging behaviors requiring 24-7 intervention (awake staff).
- c. Exceptions to the Res/Hab levels and supports shall be reviewed on a case-by-case basis by the DOH-DDD.
 - d. Res/Hab may include activities such as learning skills to become more independent, preparing own meals, doing laundry, ADLs, social skills (fostering interpersonal relationships), learning to be part of a family unit and/or to share a household (roommate), using leisure time, e.g., light gardening, taking care of own pet, practicing and mastering skills in the home before transferring skills to community setting, behavioral intervention/redirection, making choices, using the telephone.
 - e. Res/Hab services may be provided in conjunction with the following waiver services:
 - 1) Res/Hab Level 1 and Res/Hab Level 2
 - a) Skilled Nursing
 - b) ADH
 - c) DD/ID Emergency Outreach
 - d) Training and Consultation
 - e) PAB Level 3
 - f) PAB outside home allowed but not provided by PARTICIPANT'S primary and substitute caregiver
 - 2) Res/Hab Level 3-Medical
 - a) ADH

- b) DD/ID Emergency Outreach
- c) Training and Consultation
- 3) Res/Hab Level 3 - Behavioral
 - a) ADH
 - b) DD/ID Emergency Outreach
 - c) Training and Consultation
 - d) Respite provided by same Res/Hab PROVIDER
 - e) PAB Level 3
 - f) PAB outside home allowed but not provided by PARTICIPANT'S primary and substitute caregiver
- 4) Res/Hab Level 4
 - a) DD/ID Emergency Outreach
- 5) Res/Hab Level 5
 - a) DD/ID Emergency Outreach
 - b) Training and Consultation
- f. Res/Hab Level 4
 - 1) Res/Hab Level 4 services shall not exceed twelve (12) months and shall include, but not be limited to, the following:
 - a) Working with the child, family, circle of supports, and DOH-DDD CM to meet the goal of family competency and reduction of child's challenging behavior(s);
 - b) Service activities shall include the family's involvement in assessment, planning, development, and implementation of the child's PBS plan and identified supports needed to return home.
 - 2) Provide transition services and supports to the child's family home, if necessary;
 - 3) Exceptions to the time limit shall be reviewed on a case-by-case basis by the DOH-DDD;
 - 4) The PROVIDER shall ensure that Res/Hab Level 4 supports and services include, but are not limited to, the following:
 - a) A person-centered approach to plan for the child's needs as identified on the ISP and/or WAP;
 - b) Development of an IP within thirty (30) days that shall identify the supports and services to be provided;
 - c) The IP shall include a PBS plan to reduce challenging behaviors in order for the child to return to the family or a community home;
 - d) The IP shall determine the length of stay in the residential setting and discharge criteria necessary for return to the family or a community home;

- e) On-going training for the caregivers that enable caregivers to successfully address the reduction of challenging behaviors in accordance with the child's PBS plan;
 - f) Provision of oversight of the home including support to the Res/Hab staff, as necessary;
 - g) Work collaboratively with the child's school in the provision of services:
 - i. 24/7 on-call supports in and out of the home to the child, family, or caregivers to include DD/ID Emergency Outreach;
 - ii. Provision of community-based supports and services to include access to activities outside the residential setting;
 - iii. Such services shall not supplant or duplicate entitlements and services required by State or Federal statutes.
 - h) Provision of transportation to community activities such as medical appointments, community events, and recreational activities.
- g. Res/Hab Level 5
- 1) Shall be reviewed annually by DOH-DDD CM and the DOH-DDD Utilization Review Committee;
 - 2) Shall include 24-7 awake staffing.

4. Location of Services

Res/Hab services shall be provided in licensed and/or certified community residential settings.

5. Staffing Qualifications and Requirements

a. Direct Support Worker Qualifications:

Res/Hab Level 1 and Res/Hab Level 2:

- 1) Current tuberculosis (TB) clearance according to DOH Standards;
- 2) First aid and cardiopulmonary resuscitation (CPR) training;
- 3) Criminal History check according to the Standards set forth by the DHS;

- 4) APS and/or CPS checks according to the Standards set forth by the DHS;
- 5) Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor, as stated in the STANDARDS, prior to service delivery and in the event of any changes to the IP.

Res/Hab Level 3/Behavioral, Res/Hab Level 4 and Res/Hab Level 5:

- 1) Current tuberculosis (TB) clearance according to DOH Standards;
- 2) First aid and cardiopulmonary resuscitation (CPR) training;
- 3) Criminal History check according to the Standards set forth by the DHS;
- 4) APS and/or CPS checks according to the Standards set forth by the DHS;
- 5) Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor (Behavioral Specialist), as stated in the STANDARDS, prior to service delivery and in the event of any changes to the IP;
- 6) Successful completion of training approved by the DDD to include the following:
 - a) Person-Centered Planning;
 - b) PBS;
 - c) Mandt system or other behavioral/crisis management system compatible with PBS.

Res/Hab Level 3/Medical:

- 1) RN licensed in the State of Hawaii;
- 2) Current TB clearance according to DOH Standards;
- 3) Current CPR certification;
- 4) Criminal History check according to the Standards set forth by the DHS;
- 5) APS and/or CPS check according to the Standards set forth by the DHS.

b. Service Supervisor Qualifications:

Service Supervisor Res/Hab Level 1 and Res/Hab Level 2:

- 1) Bachelor's degree from an accredited college or university in social sciences or education; or

- 2) Bachelor's degree from an accredited college or university in another field with one (1) year verifiable experience working directly with individuals with disabilities or the elderly; or
- 3) RN licensed in the State of Hawaii;
- 4) Staff qualifications from foreign colleges and universities, which are accredited, will be acceptable. The PROVIDER must document verification of accreditation from foreign colleges and universities. Acceptance of admission to a graduate program at the University of Hawaii, Hawaii Pacific University, or Chaminade College will be acceptable criteria to meet staff qualification.

Service Supervisor Res/Hab Level 3, for PARTICIPANTS with behavioral needs:

- 1) A RN, licensed in the State of Hawaii, with training in PBS approved by the DDD, and continuing education and/or training in the area of PBS at least once every two (2) years; or
- 2) Bachelor's degree from an accredited college or university in social sciences or education or Bachelor's degree from an accredited college or university in another field with two (2) years verifiable experience working directly with individuals with disabilities or the elderly, PBS training provided or certified by the DDD, and continuing education and/or training in the area of PBS at least once every two (2) years; or
- 3) Behavioral Specialist;
- 4) RN, licensed in the State of Hawaii, for special tasks of nursing (tasks that have been delegated by a RN as specified in HAR Title 16, Chapter 89, Subchapter 15, ("Delegation of Nursing Tasks to Unlicensed Assistive Personnel") (HAR § 16-89-100; HAR § 16-89-111; HAR 16-89-112; HAR § 16-89-113; and HAR § 16-89-114);
- 5) Staff qualifications from foreign colleges and universities, which are accredited, will be acceptable. The PROVIDER must document verification of accreditation from foreign colleges and universities. Acceptance of admission to a graduate program at the University of Hawaii, Hawaii Pacific University, or Chaminade College will be acceptable criteria to meet staff qualification.

Service Supervisor Res/Hab Level 3, for PARTICIPANTS with

medical needs:

- 1) RN licensed in State of Hawaii.

Service Supervisor Res/Hab Level 4 and Res/Hab Level 5:

- 1) Behavioral Specialist;
- 2) RN, licensed in the State of Hawaii, for special tasks of nursing (tasks that have been delegated by a RN as specified in HAR Title 16, Chapter 89, Subchapter 15, ("Delegation of Nursing Tasks to Unlicensed Assistive Personnel") (HAR § 16-89-100; HAR § 16-89-111; HAR 16-89-112; HAR § 16-89-113; and HAR § 16-89-114).

c. Requirements

The staff to PARTICIPANT ratio for Res/Hab Level 5 is 1:1.

6. Additional Requirements and Supervision for Res/Hab

- a. All Res/Hab Levels: An agency RN shall be available for consultation for PARTICIPANT medical needs.
- b. Res/Hab Level 5: A RN shall review PARTICIPANT medical needs status on a monthly basis.
- c. Res/Hab Level 3: The service supervisor shall have access to a Behavioral Specialist and/or RN.
- d. On-site supervision for Res/Hab Level 1 and Res/Hab Level 2 and Res/Hab Level 3 shall be conducted monthly.
- e. On-site supervision for Res/Hab Level 4 shall be conducted two (2) times per month. In addition:
 - 1) The Behavioral Specialist shall receive one (1) hour of individual and one (1) hour of group supervision per month from a psychologist licensed in the State of Hawaii or a board certified behavior analyst (BCBA).
- f. On-site supervision for Res/Hab Level 5 shall be conducted three (3) times per month. In addition:
 - 1) The Behavioral Specialist shall receive one (1) hour of individual and one (1) hour of group supervision per month from a psychologist licensed in the State of Hawaii or a board certified behavior analyst (BCBA).

7. Reporting Requirements for Res/Hab

- a. Res/Hab Level 3, Res/Hab Level 4, and Res/Hab Level 5 shall include monthly reporting.

- b. Res/Hab Level 5 reporting shall include data to support continued need for 24-hour intervention and efficacy in addressing challenging behaviors.

8. Service Limitations/Exclusions/Restrictions

- a. Payment is not made for the cost of room and board, the cost of building maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a residence required to assure the health and welfare of residents or to meet the requirements of the applicable life safety code.
- b. Payment is not made, directly or indirectly, to members of the PARTICIPANT'S immediate family (parents, guardians, siblings).
- c. Beginning July 1, 2011, no Res/Hab services shall be authorized. PARTICIPANTS currently receiving Res/Hab services will be transitioned to Personal Assistance Habilitation services beginning January 1, 2012.

5.10 Respite

1. Intent of Service

The goal of Respite services is to support family relationships to sustain PARTICIPANT living in the family home.

2. Service Definition

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 care for the PARTICIPANT. Short-term basis shall be defined as daily units for fourteen (14) consecutive days. Exceptions may be made by the DOH-DDD on a case-by-case basis.

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.

3. Service Provision

- a. Respite services may include the supervision or provision of assistance to meet PARTICIPANT needs in the following areas:
 - 1) Routine health care (scheduled medical doctor visits);

- 2) Activities of Daily Living (sleeping, bathing, toileting etc.);
- 3) Meal preparation.
- b. The PROVIDER shall comply with special tasks of nursing (tasks that have been delegated by a RN as specified in HAR Title 16, Chapter 89, Subchapter 15, (“Delegation of Nursing Tasks to Unlicensed Assistive Personnel”) (HAR § 16-89-100; HAR § 16-89-111; HAR 16-89-112; HAR § 16-89-113; and HAR § 16-89-114).
- c. The PROVIDER shall ensure that direct support workers have written information on basic health and safety needs and care affecting the PARTICIPANT.
- d. The PROVIDER shall ensure that direct support workers have emergency and personal information and the medical history as outlined in the General Requirements and the ISP.
- e. Respite services are provided hourly up to eleven (11) hours.
- f. Respite services requiring more than eleven (11) hours of service per day is billed at the daily rate (twenty-four (24) hours).
- g. For PARTICIPANTS who require continuous nursing assessment and observation, and whose families are in need of relief, Skilled Nursing services can be authorized instead of Respite services.

4. Location of Services

- a. Services shall be provided in a residential or community setting that ensures the health and safety of the PARTICIPANT.
- b. Definition of other Respite service settings include:
 - 1) PARTICIPANT’S home or family residence;
 - 2) DDD Adult Foster home;
 - 3) Medicaid ICF/MR or ICF-MR-C;
 - 4) Developmental Disabilities Domiciliary Homes;
 - 5) Adult Residential Care Homes, Type I or II or extended care;
 - 6) Private residence of a respite care worker.

5. Staffing Qualifications and Requirements

a. Direct Support Worker Qualifications:

- 1) Current tuberculosis (TB) clearance according to DOH Standards;
- 2) First aid and cardiopulmonary resuscitation (CPR) training;
- 3) Criminal History check according to the Standards set forth by the DHS;

- 4) APS and/or CPS checks according to the Standards set forth by the DHS;
- 5) Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor, as stated in the STANDARDS, prior to service delivery and in the event of any changes to the IP.

b. Family Members as Direct Support Workers for Respite:

- 1) Criminal History check according to the Standards set forth by the DHS;
- 2) APS and/or CPS checks according to the Standards set forth by the DHS;
- 3) Satisfactory skills (skill level as defined and identified in the IP) as verified and documented by a service supervisor, as stated in the STANDARDS, prior to the service delivery and in the event of any changes to the IP;
- 4) Recommended for Family Members as direct support workers: TB, First Aid, CPR.

c. Service Supervisor Qualifications:

- 1) Bachelor's degree from an accredited college or university in social sciences or education; or
- 2) Bachelor's degree from an accredited college or university in another field with one (1) year verifiable experience working directly with individuals with disabilities or the elderly; or
- 3) RN licensed in the State of Hawaii;
- 4) Staff qualifications from foreign colleges and universities, which are accredited, will be acceptable. The PROVIDER must document verification of accreditation from foreign colleges and universities. Acceptance of admission to a graduate program at the University of Hawaii, Hawaii Pacific University, or Chaminade College will be acceptable criteria to meet staff qualification.

d. Requirements

The staff to PARTICIPANT Ratio shall be 1:1.

6. Supervision

Frequency of supervision within the Respite period at intervals stated in the ISP and/or WAP.

7. Reporting Requirements

- a. PROVIDERS shall document the provision of Respite services, which includes, but is not limited to, the following:
 - 1) PARTICIPANT name;
 - 2) Date(s) of service;
 - 3) Duration of service delivery (e.g. time in and time out); and
 - 4) PARTICIPANT health, safety, and emotional status.
- b. Documentation of the Respite services shall be made available to the PARTICIPANT or the PARTICIPANT'S legal or designated representative and sent to the DOH-DDD CM.

8. Service Limitations/Exclusions/Restrictions

- a. Waiver services shall not cover the cost of room and board.
- b. Respite services shall not be available to PARTICIPANTS who reside in licensed or certified settings.
- c. Services shall be limited to daily units for fourteen (14) consecutive days with exceptions made by the DOH-DDD on a case-by-case basis with consultation by Utilization Review Committee.
- d. Respite services shall not be provided to minor children by parents, step-parents, or legal guardian of the minor, or PARTICIPANTS' spouses.
- e. Respite services may be provided in conjunction with other waiver services (e.g. Adult Day Health, Employment, Personal Assistance Habilitation, and Skilled Nursing) as assessed by the DOH-DDD CM. Only one service shall be provided at any time, there shall be no overlapping of services.

5.11 Skilled Nursing (SN)

1. Intent of Service

Skilled Nursing services assure that PARTICIPANTS' medical and health needs are met in order to live in the community.

2. Service Definition

Services listed in the service plan that are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in the State of Hawaii.

Skilled Nursing services under the waiver are not intended to replace the services available under the State Plan. Medically necessary skilled nursing services are covered through the Quest Expanded Access (QExA) health plans, including Early Periodic Screening Diagnosis and Treatment (EPSDT) for waiver PARTICIPANTS under age 21.

Skilled Nursing services are provided on an intermittent or part-time basis.

- a. Skilled Nursing services shall fall within the scope of the State's Nurse Practice Act and be provided by a RN or a LPN under the supervision of a RN.
- b. Skilled Nursing activities, as prescribed by a Physician, may include items not covered by the health plans but, is not limited to the following:
 - 1) Nursing observation and assessment of client;
 - 2) Aspiration precautions;
 - 3) Catheterization;
 - 4) Inhalation treatments;
 - 5) Medication management and administration;
 - 6) Ostomy care;
 - 7) Oxygen therapy and aerosolized treatments;
 - 8) Seizure management and precautions;
 - 9) Suctioning;
 - 10) Tube feeding and management;
 - 11) Wound care requiring sterile procedures;
 - 12) Shots - IM (intramuscular) and SQ (subcutaneous).

3. Service Provision

- a. PROVIDERS of Skilled Nursing services shall:
 - 1) Provide services within the scope of the State's Nurse Practice Act;
 - 2) Assure that Skilled Nursing services be provided by a RN, or a LPN under the supervision of a RN; and,
 - 3) Assure that delegation shall follow Chapter 16-89, HAR, Subchapter 15.

- b. For PARTICIPANTS who require continuous nursing assessment and observation, and whose families are in need of relief, Skilled Nursing services can be authorized instead of Respite services and shall be documented in the ISP and/or WAP.

4. Location of Services

- a. Services shall be provided in a residential or community setting that ensures the health and safety of the PARTICIPANTS.
- b. Residential settings include:
 - 1) PARTICIPANT'S place of residence;
 - 2) Family home;
 - 3) Licensed and certified settings.
- c. Community settings include, but are not limited to:
 - 1) Community recreational sites;
 - 2) Public settings.

5. Staffing Qualifications and Requirements

a. Staffing Qualifications:

- 1) RN or LPN who is licensed in the State of Hawaii;
- 2) Current TB clearance according to DOH Standards;
- 3) Current CPR certification;
- 4) First Aid certification;
- 5) Criminal History check according to the Standards set forth by the DHS;
- 6) APS and/or CPS check according to the Standards set forth by the DHS.

b. Requirements

- 1) The staff to PARTICIPANT ratio is 1:1.
- 2) Exceptions on staff to PARTICIPANT ratio are made on a case-by-case basis and will be based on needs identified in the ISP and/or WAP.
 - a) Less than 1:1 nurse coverage can include one (1) nurse providing services to more than one (1) PARTICIPANT.

6. Supervision

- a. On-site supervision of nurses providing Skilled Nursing services shall be furnished by a RN licensed to practice in the State of Hawaii.
- b. On-site supervision of services being delivered to PARTICIPANTS shall be conducted every six (6) months or more frequently as indicated in the ISP and/or WAP.

5.12 Specialized Equipment and Supplies

1. Intent of Service

The intent of this service is to provide the PARTICIPANT with Specialized Medical Equipment and Supplies to increase the PARTICIPANT'S abilities to perform ADLs.

2. Service Definition

Specialized Medical Equipment and Supplies to include devices, controls, or appliances, specified in the service plan, which enable PARTICIPANTS to increase their abilities to perform ADLs, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan.

Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State Plan and exclude those items that are not of direct medical or remedial benefit to the PARTICIPANT. All items shall meet applicable standards of manufacture, design, and installation.

Nutritional diet supplements (e.g. Ensure®, 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 as assessed by the DOH-DDD CM.

Additional diapers, pads and gloves over the amount covered by the State Plan may be covered only on a temporary or intermittent basis.

3. PROVIDER Requirements for the Distribution of Supplies

The PROVIDER shall meet applicable State licensure, registration, and certification requirements (e.g. PROVIDER shall be authorized by the manufacturer to sell supplies).

5.13 Training and Consultation

1. Intent of Service

The Training and Consultation service for individuals who provide support, training, or supervision to PARTICIPANTS is intermittent and time limited. For purposes of this service, an individual is defined as any person, family member, neighbor, friend, co-worker who provide care, training, guidance, or support to a waiver PARTICIPANT.

2. Service Definition

Training includes instruction about treatment regimens and other services included in the ISP and/or WAP, use of equipment specified in the service plan, and included updates as necessary to safely maintain the PARTICIPANT at home. All training shall be identified and included in the ISP and/or WAP.

Training and Consultation services shall also include initial services to individuals and their circle of support to implement proactive strategies/activities that will reduce challenging behaviors, minimize the need for DD Emergency Services, and preserve the PARTICIPANT'S current living situation or program.

3. Service Provision

- a. Training and Consultation services shall be time-limited, intermittent, and shall not duplicate services offered by entitlements, available health insurance or the State Medicaid Plan. Documentation of services shall include evaluation, assessment, consultation, reports or plans and shall be provided within fourteen (14) days of service provision.
- b. Training and Consultation services for FBAs and PBS plans shall include and be in with accordance with the DOH Guidelines for

Addressing Difficult Behavior dated December 19, 2005 (see Appendix 6), and any subsequent revisions to these Guidelines or additional DOH directives.

- c. All PROVIDERS of Training and Consultation services shall be qualified, experienced and, if applicable, licensed to provide training and consultation services.
- d. All PROVIDERS of Training and Consultation services shall receive at least ten (10) hours of continuing education in their respective profession per year.

4. Supervision

Training and Consultation services provided by a Behavioral Specialist shall be supervised on a weekly basis by a psychologist licensed in the State of Hawaii or a board certified behavior analyst (BCBA). The supervision shall consist of in person oversight of FBAs, PBS plans including the training.

Supervision shall include documentation of measureable outcomes (e.g. written records of observations). The documentation and reporting shall be included in the PROVIDER'S quarterly report for the individual or more frequent as determined by the DDD as stated in the individual's ISP.

5. Location of Services

- a. Training and Consultation may be provided in appropriate community settings.
- b. Training and Consultation may be provided in the PARTICIPANT'S home or program or in licensed residential settings.

6. Staffing Qualifications and Requirements

a. Staff qualifications for the following Training and Consultation shall follow applicable HRS and HAR:

- 1) Audiologist: HRS § 468E-5 and HAR Title 16, Chapter 100;
- 2) Behavioral Specialist: Board certified behavior analyst (BCBA) or Master's or doctoral degree in the behavioral sciences, special education, psychology, or other related field (as approved by Developmental Disabilities Division's Medical Director or designee) with coursework in human behavior/learning and applied behavior analysis and two (2)

years experience working with persons with disabilities in assessment, individual planning, and training regarding behaviors. The experience shall include FBAs and/or the development of PBS plans;

- 3) Dietician: Chapter 448B, HRS, and HAR Title 11, Chapter 79;
- 4) Occupational Therapist: HRS § 457G-1.5;
- 5) Physical Therapist: Chapter 461J, HRS, and HAR Title 16, Chapter 100;
- 6) Psychiatrist: Chapter 453, HRS;
- 7) Psychologist: Chapter 465, HRS, and HAR Title 16, Chapter 98 HAR;
- 8) Speech Language Pathologist: Chapter 468E, HRS, and HAR Title 16, Chapter 100.

7. Service Limitations/Exclusions/Restrictions

- a. Training and Consultation shall not duplicate other services under the Medicaid Waiver Services Program, i.e. may not take the place of PROVIDER'S supervision to direct support workers as required by service supervisors.
- b. Training and Consultation shall not be provided to children aged three (3) to twenty (20) years of age as part of, or related to, any educational entitlement services.

5.14 TRANSPORTATION

1. Intent of Service

The goal of Transportation services is to support community living.

2. Service Definition

- a. Service offered in order to enable PARTICIPANTS living independently or in family homes to gain access to waiver services only in areas (i.e. rural) where public transportation is limited or non-existent, and to gain access to non-waiver community services, activities and resources, as specified by the service plan. This service is offered in addition to medical transportation required under 42 CFR § 431.53 and transportation services under the State Plan, defined at 42 CFR § 440.170(a) (if applicable), and does not

replace them. Transportation services under the waiver are offered in accordance with the PARTICIPANT'S service plan. Whenever possible, family, neighbors, friends, or community agencies may provide this service without charge. If paid transportation is authorized, the most cost effective mode of transportation will be authorized.

- b. Transportation services enable PARTICIPANTS to gain access to community resources and activities such as:
 - 1) Community events or activities;
 - 2) Work up to the first ninety (90) days of employment;
 - 3) Volunteer sites;
 - 4) Homes of family or friends;
 - 5) Civic organizations or social clubs;
 - 6) Public meetings or other civic activities.

3. Service Provision

- a. The PROVIDER shall:
 - 1) Develop contract PROVIDER emergency protocols and contingency plans that ensure the health and safety of PARTICIPANTS.
 - 2) Maintain a written transportation log, which shall include, but not be limited to, the following:
 - a) PARTICIPANT name;
 - b) Date(s) of service;
 - c) Time in and time out;
 - d) Location(s) where the PARTICIPANT begins travel and each destination point (point to point, not round trip);
 - e) Total miles traveled if payment made per mile.
 - 3) Maintain a file, as appropriate, that contains documentation of:
 - a) Licensure with the Public Utilities Commission (PUC) to provide transportation services;
 - b) City and County and Department of Transportation motor vehicle safety requirements; and
 - c) All other applicable licensing requirements for drivers and vehicles that provide transportation services for PARTICIPANTS.

4. Reporting Requirements

Make available copies of the transportation log to the PARTICIPANT, the PARTICIPANT'S legal or designated representative, or the DOH-DDD CM, as requested.

5. Service Limitations/Exclusions/Restrictions

- a. Transportation services shall not duplicate or replace:
 - 1) Medical transportation services provided through the Medicaid State Plan; and
 - 2) Transportation service provided as a component of any other Medicaid waiver service.
- b. Transportation services shall be limited to intra-island, ground transportation.
- c. Transportation services shall not be prorated.

5.15 Vehicular Modifications

1. Intent of Service

The intent of Vehicular Modifications is to allow the PARTICIPANT to integrate and be part of the community.

2. Service Definition

A Vehicular Modification is an adaptation to an automobile or van to accommodate the special needs of the PARTICIPANT. Vehicle Modifications are specified by the service plan as necessary to enable the PARTICIPANT to integrate more fully into the community and to ensure the health, welfare and safety of the PARTICIPANT.

3. PROVIDER Requirements for Vehicular Modifications

- a. Meet applicable State licensure, registration, and certification requirements (be authorized by the manufacturer to sell, install, and/or repair equipment).
- b. Ensure that all items meet applicable standards for manufacture, design, and installation.

4. Service Limitation/Exclusions/Restrictions

- a. The following are specifically excluded:

- 1) Adaptations or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the PARTICIPANT;
 - 2) Purchase or lease of a vehicle; and
 - 3) Regularly scheduled upkeep and maintenance of the vehicle except upkeep and maintenance of the modification.
- b. Limitation of \$15,000 per modification; one (1) request every seven (7) years.

5.16 Consumer Directed Services

Under the Consumer Directed Services option, PARTICIPANTS and/or their guardians may hire, train, supervise, and fire their direct support workers. The Consumer Directed Services option includes Chore, Personal Assistance Habilitation, and Respite.

PARTICIPANTS and/or their guardians are informed of this option during the ISP development process. The PARTICIPANT may elect all Consumer Directed Services or both Consumer Directed Services and PROVIDER Services.

The interested PARTICIPANT receives a Consumer Directed Services Handbook which itemizes the requirements of the program. This Handbook is separate from this Medicaid Waiver Provider Standards Manual.