

4

Timeline for HCBS



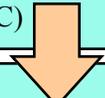
STEP 1:
Completion of ISP with input from the participant and his/her circle of supports— HCBS identified to support a goal



STEP 2: Participant fills out request form for HCBS if natural supports are not available.



STEP 3:
Participant or Case Manager to submit Physician's Recommendation to primary care physician to verify recommendation of ICF/ID Level of Care. Case manager submits information for ICF/ID Level of Care determination (Form I 150c). Upon approval of ICF/ID, Case Manager assists participant in applying for Medicaid, and determination of Long Term Care.
(The State has 90 days from the complete application date to determine eligibility for ICF/ID Level of Care, Medicaid and LTC)



STEP 4:
Participant chooses service provider(s)



STEP 5:
Services begin
(Within 90 days from the date the participant is determined eligible for Medicaid and/or LTC)

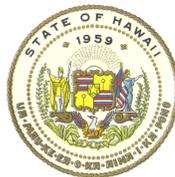
5

Participant Rights and Responsibilities

- Participate in the Individualized Service Plan development to identify goals and to determine needed services
- Participate in the application process for HCBS
- Provide information needed to determine Medicaid/LTC eligibility and ICF/ID Level of Care in a timely manner
- Complete and return paper work needed for initial and annual Medicaid/LTC eligibility determination
- Pay DHS determined monthly cost share for Medicaid services, if applicable
- Inform case manager of hospitalization as soon as possible
- Communicate satisfaction or dissatisfaction of services with case manager and/or service provider
- Have the right to have an advocate assist in obtaining Home and Community-Based Services (HCBS)

Grievances and Appeals

If you have a complaint or are unhappy with services, you may seek an informal or formal appeal. This information is provided in the Grievance and Appeals brochure.



We provide access to our activities without regard to race, color, national origin (including language), age, sex, religion, or disability. Write or call our Affirmative Action Officer at P.O. Box 3378, Honolulu, HI 96801-3378 or at (808) 586-4616 (voice) within 180 days of a problem.

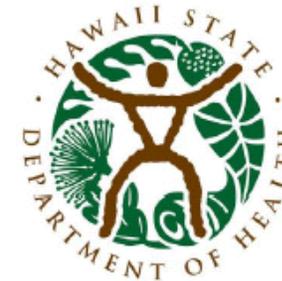
Additional Information:

<http://www.cms.hhs.gov/medicaid/1915c/default.asp>
<http://www.hawaii.gov/health/disability-services/developmental/index.html>

DOH Developmental Disabilities Division

Home and Community-Based Services (HCBS) for persons with Developmental Disabilities and/or Intellectual Disability Medicaid Waiver Program

also known as "Waiver"



Case Manager Name:

Phone Number:

1

What are HCBS?

Services available:

- Chore*
 - Personal Assistance/Habilitation (PAB) *
 - Respite*
 - Employment Services
 - Skilled Nursing
 - Transportation
 - Adult Day Health
 - DD/ID Emergency Services (Respite, Outreach, and Shelter)
 - Training and Consultation
 - Specialized Medical Equipment and Supplies
 - Environmental Accessibility Adaptations
 - Vehicular Modifications
 - Assistive Technology
 - Personal Emergency Response System
- * Ageing or Consumer Directed Option



State

+



Federal

=

NON-PROFIT

- The home and community-based services (HCBS) waiver program is the Medicaid program alternative to providing long-term care in institutional settings.
- It is a program jointly funded by the state and federal government.
- Individuals choose to receive services in their home and community rather than in an institution.
- The Department of Human Services and the Department of Health, Developmental Disabilities Division (DDD) work together to design the program to meet the needs of individuals with DD/ID, in compliance with federal regulations.

2

Who is eligible for HCBS?

General Criteria: To be eligible for services, individuals must meet the criteria for all 4 of the following :

- Developmental disabilities and/or intellectual disability (DD/ID) as defined in Section 333F-1, HRS
- Intermediate Care Facility for the Intellectually Disabled (ICF/ID) level of care—that is, evaluations identify the need for services similar to those provided in an institution
- Federally funded Medicaid by DHS
- Long Term Care (LTC) eligibility determination



Children: Generally, Medicaid eligibility, as determined by the Department of Human Services (DHS) for children is based on the entire family's income and assets. However, if the child meets the ICF/ID Level of Care, their Medicaid eligibility status will be based on the child's income and assets from the second month on.

Adults: Adults must meet the general financial criteria. Adults who have income and assets, such as Social Security, may be determined to be Medicaid eligible, but DHS may identify a "Cost Share" amount to be paid by the individual on a monthly basis.

3

How does one get HCBS?

Once an individual is determined eligible for Developmental Disabilities Division services, the individual meets with his/her case manager and circle of supports to develop an Individualized Service Plan (ISP).

- Needs and goals are identified and prioritized
- Natural supports are identified
- Services are identified to support the goals of the participant
- If a HCBS service is identified to support the goal, the admission process begins

Admission Process

Application and eligibility:

- Complete a "Request to Participate in Home and Community Based Services"
- Eligibility for ICF/ID Level of Care is determined by DHS based on recommendations from the individual's primary care physician, and psychological evaluations.
- Medicaid and Long Term Care eligibility is determined by DHS.

Participants choose a service provider:

- A provider agency contracted by the State, **OR**
- A direct support worker hired by the participant to provide Chore, Personal Assistance Habilitation, and/or Respite Services

Admission date is identified:

- The participant, the service provider, and the DDD case manager will work together to determine a start date for at least one service.