



*Home and Community Based
Services in Hawaii
HCBS*

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Section 2176 of the Omnibus Budget Reconciliation Act of 1981

- ❖ The 1915c Medicaid HCBS waiver programs were established by Section 2176 of the Omnibus Budget Reconciliation Act of 1981 and was incorporated into the Social Security Act (**the Act**) at Section 1915c incorporated into the Social Security Act
- ❖ **The Act** lists seven specific services that may be provided under the HCBS waiver program:
 - Case Management
 - Home Health aide
 - Adult Day Health
 - Respite
 - Homemaker
 - Personal Care
 - Habilitation

Section 2176 OBRA 1981 (cont-1)

Reasons:

- ❖ Disproportionate percentage of Medicaid resources were being used for institutional long-term care
- ❖ Contributing cause for \$\$\$ for unnecessary use of Medicaid institutional care was an “institutional bias” in the Medicaid benefit and eligibility structure
- ❖ Increasing reports of quality of life concerns in facilities

OBRA 1981 (cont-2)

❖ 1915C Medicaid Waivers in Hawaii

❖ In 1983

- Nursing Home Without Walls (NHWW)
- Foster Family Community Care (FFCCP)
- Developmentally Disabled/ Mentally Retarded (DD/MR)

❖ 1990: Non-Medicaid Nursing Home Without Walls

❖ 1992: HIV Community Care Program (HCCP)

❖ 1998: Medically Fragile Community Care Program (MFCCP)

Olmstead Decision

- ❖ The July 1999 *Olmstead v. L.C.* Supreme Court decision serves as a catalyst for improving our country's LTC system.
- ❖ The decision requires states to administer services, supports, programs and activities "**in the most integrated setting appropriate** to the needs of qualified individuals with disabilities."
- ❖ System change: Two (2) 'vehicles' :
 - Money Follows the Person grant goal is to reduce reliance on institutional care and develop community-based long term care services which support individuals' independence and full participation in the community.
 - "Long Term Care Rebalancing" is to reach a more equitable balance between the proportion of total Medicaid long term support expenditures used for institutional services (i.e. NFs and ICFs/MR) and HCBS

1115a QExA

2009

- ❖ **1115a waiver : Hawai'i' s Quest Expanded Access (QExA) Managed Care Demonstration Program**
 - ❖ Combined 4-1915c waivers into a comprehensive "HCBS" package:
 - Nursing Home Without Walls (NHWW)
 - Foster Family Community Care (FFCCP)
 - HIV Community Care Program (HCCP)
 - Medically Fragile Community Care Program (MFCCP)
- ❖ **1915c waiver : (1)**
 - Developmentally Disabled/ Mentally Retarded (DD/MR)

HCBS Long Term Care Services

*Diversion
or
De-institutionalization*

Home and Community Based Services Principal Aims

- ❑ **Reduce** reliance on institutional care
- ❑ **Develop** opportunities for community-based long-term care
- ❑ **Enable** people with disabilities to participate fully in their communities
- ❑ **Create** a more balanced long-term care system

LTC CHOICES:

- > HCBS or Institutional Care

SERVICE DELIVERY:

- > AGENCY and/or SELF DIRECTION

ACCESS TO COMMUNITY-BASED LTC

- > NF Transition Programs
- > Care Transition/Hospital Diversion Programs to reduce 30 day readmission

Home and Community Based Services

- Case Management
- Personal Assistance*
- Personal Assistance/Chore*
- Adult Day Care
- Adult Day Health
- Private Duty Nursing
- Non-Med Transportation
- Counseling and Training
- Respite*
- Home Delivered Meals
- Moving Assistance
- Assisted Living Facility
- Foster Home
- Expanded - ARCH
- Environmental Accessibility Adaptations
- Home Maintenance
- Specialized Medical Equipment and Supplies
- Personal Emergency Response System

*Can be Self Directed

Case Management

- ❖ CMA is a certified agency that engages in locating, coordinating and monitoring comprehensive services to nursing facility level of care (NF LOC) Medicaid residents in community care foster family homes
- ❖ Service Coordinator (SC) for Medicaid QExA eligible individuals perform similar management functions for individuals living at home (house/apartment) in the community

Personal Assistance Level 1/Chore

- ❖ PA1-services to maintain a clean, sanitary environment; are routine; do not require specialized training or professional skills such as those possessed by a nurse or home health aide
- ❖ Available when the person who is regularly responsible for these activities is temporarily absent or unable to manage the home and care for himself/herself or others
- ❖ PA1 -only activities needed by the individual, and not other household individuals
- ❖ PA1 can also be self directed



Personal Assistance Level II

- ❖ PA2 is “hands-on” care provided to individuals requiring assistance with moderate/substantial to total assistance to perform ADLs and health maintenance activities
- ❖ PA2 is provided by a Home Health Aide (HHA), Personal Care Aide (PCA), Certified Nurse Aide (CNA) or Nurse Aide (NA) with applicable skills competency
- ❖ PA2 can also be self directed

Personal Assistance Level II (cont-1)

PA2 services include:

- ❖ Personal hygiene and grooming, including bathing, skin care, oral hygiene, hair care, and dressing
- ❖ Assistance with bowel and bladder care
- ❖ Assistance with ambulation and mobility
- ❖ Assistance with transfers
- ❖ Assistance with medications, which are ordinarily self-administered when ordered by individual's physician
- ❖ Assistance with routine or maintenance healthcare services by a personal care provider with specific training, satisfactorily documented performance, care coordinator consent and when ordered by individual's physician

Personal Assistance Level II (cont-2)

PA2 services continued:

- ❖ Assistance with feeding, nutrition, meal preparation and other dietary activities
- ❖ Assistance with exercise, positioning, and range of motion
- ❖ Taking and recording vital signs, including blood pressure
- ❖ Measuring and recording intake and output, when ordered
- ❖ Collecting and testing specimens as directed;
- ❖ Special tasks of nursing care when delegated by a registered nurse, for individuals who have a medically stable condition and who require indirect nursing supervision as defined in Chapter 16-89, Hawaii Administrative Rules

Personal Assistance Level II (cont-3)

PA2 services continued:

- ❖ Proper utilization and maintenance of individual's medical and adaptive equipment and supplies. Checking and reporting any equipment or supplies that need to be repaired or replenished
- ❖ Reporting changes in the individual's behavior, functioning, condition, or self-care abilities which necessitate more or less service; and
- ❖ Maintaining documentation of observations and services provided

Respite

- ❖ Services furnished on a short-term basis because of the absence or need for relief for those persons normally providing care; or for the individual's relief from the care-giving situation.
- ❖ *Provided hourly, daily or overnight*
- ❖ Provided in the home - may include a licensed setting
- ❖ May be consumer-directed



Self Direction-Consumer Directed

- ❖ Self Direction -opportunity to have choice and control over their HCBS providers
- ❖ An individual choosing self-direction shall be responsible for certain employer functions:
 - ❖ Recruiting/selecting providers
 - ❖ Determining provider duties
 - ❖ Scheduling providers
 - ❖ Instructing and training providers in preferred duties;
 - ❖ Supervising providers
 - ❖ Evaluating providers
 - ❖ Verifying time worked by provider and approving time sheets; and
 - ❖ Discharging provider

Self Direction (cont 1)

Surrogate

- ❖ Option to designate one (1) individual to act as a surrogate on his/her behalf
- ❖ The surrogate assumes all self-direction responsibilities for the individual and cannot be paid for performing these duties
- ❖ The surrogate may not serve as a paid provider of services for the individual.
- ❖ The individual can change a surrogate at any time

- ❖ Self Direct is NOT an activity that the family would ordinarily perform or is responsible to perform
- ❖ Self Direct provider can be a parent or spouse – determined on a case by case basis. [<40hr/wk]



Adult Day Care

- ❖ ADC is regular supportive care provided to four (4) or more disabled adult individuals in accordance with HAR§17-1417
- ❖ ADC includes observation and supervision by center staff, coordination of behavioral, medical and social plans, and implementation of the instructions as listed in the service plan
- ❖ Therapeutic, social, educational, recreational, and other activities are also provided as regular ADC services
- ❖ Healthcare related services such as medication administration, tube feedings, must be performed by qualified and/or trained individuals only, including family individuals and professionals, such as an RN or LPN, from an authorized agency



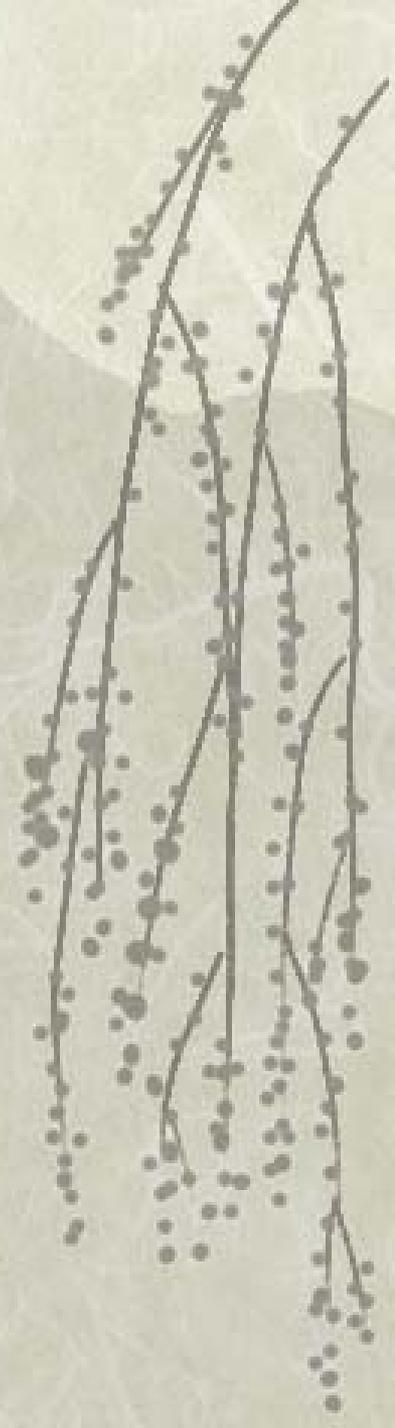


Adult Day Health

- ❖ ADH is a licensed day program with therapeutic, social, and health services for adults with physical, and/or mental impairments, which require nursing oversight or care in accordance with HAR §11-96 and HAR §11-94-5
- ❖ The purpose is to restore or maintain, to the fullest extent possible, an individual's capacity for remaining in the community
- ❖ ADH services may include: emergency care, dietetic services, occupational therapy, physical therapy, physician services, pharmaceutical services, psychiatric or psychological services, recreational and social activities, social services, speech-language pathology, meals and transportation services

Private Duty Nursing

- ❖ PDN is a service provided to individuals requiring ongoing nursing care (in contrast to part time, intermittent skilled nursing services under the Medicaid State Plan) listed in the care plan
- ❖ PDN services are provided by licensed nurses (as defined in HAR § 16-89) within the scope of State law



Home Delivered Meals

- ❖ Nutritionally sound meals delivered to a location where an individual resides (excluding residential or institutional settings)
- ❖ Meals do not replace or substitute for a full day's nutritional regimen (i.e., no more than 2 meals per day)
- ❖ Home delivered meals are provided to individuals who cannot prepare nutritionally sound meals without assist and are determined to require the service in order to remain independent in the community and to prevent institutionalization

Assisted Living Facility

- ❖ ALF services include personal care and supportive care services (homemaker, chore, personal care services, meal preparation)
- ❖ ALFs are licensed under HAR §11-90
- ❖ Individuals living in an ALF must be receiving ongoing CCMA services
- ❖ Dwelling units in the ALF allow residents to maintain an independent assisted living lifestyle
- ❖ The ALF is designed to maximize the independence and self-esteem of limited-mobility persons who feel that they are no longer able to live on their own

Community Care Foster Family Home

- ❖ A CCFFH is a 24 hour living accommodation that provides: personal assistance, homemaker/chore, companion and medication oversight (to the extent permitted under State law) provided in a certified private home by a principal care provider who lives in the home
- ❖ CCFFH certification is described in HAR §17-1454 and furnished to up to three (3) adults who receive these services in conjunction with residing in the home
- ❖ CCFFH residents must meet nursing facility level of care
- ❖ Each individual bedroom shall be limited to two (2) residents. Both occupants must consent to the arrangement
- ❖ CCFFH residents must get ongoing CCMA services

Adult Residential Care Home- ARCH

- ❖ Licensed Adult Residential Care Homes (ARCH)
 - ❖ Type I- up to 5 residents
 - ❖ Type II - 6 or more residents
 - ❖ ARCH residents are NOT nursing facility level of care (NF LOC)
- ❖ Expanded Adult Residential Care Home (EARCH is an ARCH that is licensed to serve residents who are NF LOC)
 - ❖ Type I ARCH : 2-3 of the 5 residents may be NF LOC
 - ❖ Type II ARCH: 20% of the residents may be NF LOC

Residential Care- Expanded ARCH

- ❖ EARCH is a 24 hour living accommodation that provides: personal assistance, homemaker/chore, companion, meals and medication oversight (to the extent permitted under State law) provided in a certified private home by a principal care provider who lives in the home
- ❖ Expanded Adult Residential Care Home (EARCH) care licensing is described in HAR §11-100.1
- ❖ All E-ARCH residents who meet NF-LOC must get ongoing case management services

Moving Assistance

- ❖ MA is authorized (rarely) for individuals who need to relocate to a new home under the following conditions:
 - ❖ Unsafe home due to deterioration; the individual is wheel-chair bound living in a building with no elevator; multi-story building with no elevator, where the client lives above the first floor; individual is evicted from their current living environment; or the individual is no longer able to afford the home due to a rent increase.
- ❖ Moving expenses include packing and moving of belongings.
- ❖ Whenever possible, family, landlord, community and third party resources who can provide this service without charge will be utilized.

Home Maintenance

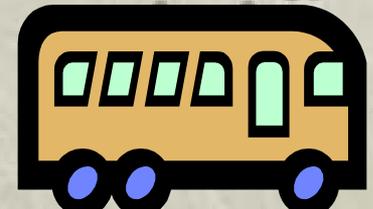
- ❖ Home maintenance is necessary to maintain a safe, clean and sanitary environment
- ❖ This service is not part of personal assistance and includes:
 - ❖ Heavy duty cleaning, which is utilized only to bring a home up to acceptable standards of cleanliness at the inception of service to a individual
 - ❖ Minor repairs to essential appliances limited to stoves, refrigerators, and water heaters; and fumigation or extermination services
 - ❖ Eligible individuals cannot perform cleaning and minor repairs without assistance and are determined, through an assessment, to require the service to prevent institutionalization



Non-Medical Transportation



- ❖ NMT services enable the individual to access (waiver) community services, activities and resources listed in the service plan
- ❖ NMT is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the Medicaid State Plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them
- ❖ Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized
- ❖ Individuals living in a residential care setting or a foster home are not eligible for NMT



Counseling and Training

- ❖ CT activities include: individual care training for self, family and caregivers regarding the nature of the disease and the disease process; methods of transmission and infection control measures; biological, psychological care and special treatment needs/regimens; employer training for consumer directed services; instruction about the treatment regimens; use of equipment specified in the service plan; employer skills updates as necessary to safely maintain the individual at home; crisis intervention; supportive counseling; family therapy; suicide risk assessments and intervention; death and dying counseling; anticipatory grief counseling; substance abuse counseling; and/or nutritional assessment and counseling

Environmental Accessibility Adaptations

- ❖ Physical adaptations made to a home which are needed to ensure the health, welfare and safety of the individual, or to assist the individual in functioning with greater independence
- ❖ Adaptations may include ramps, grab bars, doorway widening and bathroom modifications
- ❖ Excluded are those adaptations or improvements to the home that are of general utility, add to the total square footage of the home and are not of direct medical or remedial benefit to the individual. (Carpeting, central air conditioner, roof repair)
- ❖ Must be provided by a licensed contractor in compliance with State and local building codes

Specialized Medical Equipment and Supplies

- ❖ SMES-Purchase, rental, lease, warranty costs, installation, repairs and removal of Devices, controls, or appliances, specified in the service plan, that enable individuals to increase/maintain their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live
- ❖ 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
- ❖ This service may not supplant items available through the State plan
- ❖ Items that are not of direct medical or remedial benefit to the individual are excluded

SMES (cont-1)

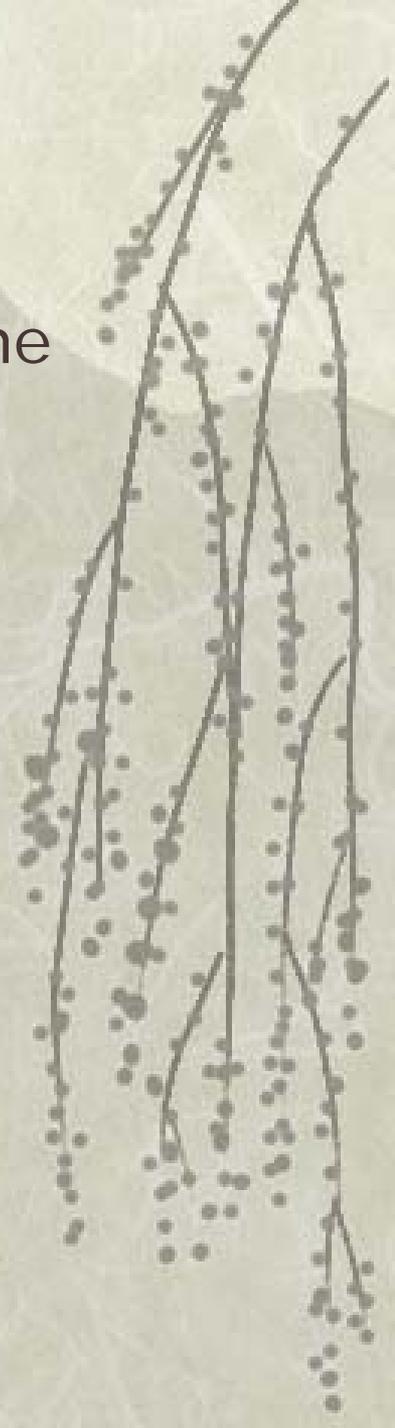
- ❖ All items shall meet applicable standards of manufacture, design and installation. SMES includes:
 - ❖ Specialized infant car seats
 - ❖ Modification of parent-owned motor vehicle to accommodate the child, i.e. wheelchair lifts
 - ❖ Intercoms for monitoring the child's room
 - ❖ Shower seat
 - ❖ Portable humidifiers
 - ❖ Electric bills specific to electrical life support devices (ventilator, oxygen concentrator)
 - ❖ Medical supplies
 - ❖ Heavy duty items including but not limited to patient lifts or beds that exceed \$1,000 per month
 - ❖ Rental of equipment that exceeds \$1,000 per month such as ventilators; and
 - ❖ Miscellaneous equipment such as customized wheelchairs, specialty orthotics, and bath equipment that exceeds \$1,000 per month

Personal Emergency Response System

- ❖ PERS is a twenty-four (24) hour emergency assistance service which enables the individual to secure immediate assistance in the event of an emotional, physical, or environmental emergency
- ❖ PERS devices must meet the needs and capabilities of the individual and include training, installation, repair, maintenance, and response needs
- ❖ The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated. The response center is staffed by trained professionals

PERS (cont-1)

- ❖ PERS services are usually limited to those individuals who live alone, or who are alone for significant parts of the day, have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision
- ❖ PERS services are only provided to individuals residing in a non-licensed setting
- ❖ The following are allowable types of PERS items:



PERS (cont-2)

- ❖ 24-hour answering/paging
- ❖ Beepers
- ❖ Med-alert bracelets
- ❖ Intercoms
- ❖ Life-lines
- ❖ Fire/safety devices, such as fire extinguishers and rope ladders
- ❖ Monitoring services
- ❖ Light fixture adaptations (blinking lights, etc.);
- ❖ Telephone adaptive devices not available from the telephone company; and
- ❖ Other electronic devices/services designed for emergency assistance

DD/ID 1915c Waiver Services Renewal 2011

- **Chore***
- **Personal Assistance/ Habilitation***
- **Respite***
- **Residential Habilitation**
- **Supported Employment**
- **Skilled Nursing**
- **Transportation**
- **Adult Day Health**
- **Training and Consultation**
- **DD/ID Emergency Services**
- **Environmental Accessibility Adaptations**
- **Specialized Medical Equipment and Supplies**
- **Vehicular Modifications**
- **Assistive Technology**
- **Personal Emergency Response System**

***Can be Self Directed**

Personal Assistance/Habilitation

- ❖ *Combination of Personal Assistance and Habilitation*
- ❖ To meet outcomes/goals of increasing independence, developing natural supports, learning, developing relationships, contributing through employment/volunteering/participation and their associated costs.
- ❖ Supervision is monthly



Personal Assistance/ Habilitation- Levels (PA/HAB)

- ❖ PA/HAB 1: generic
- ❖ PA/HAB 2: medical/behavior needs
 - DSW: same standards apply
 - Supervisor: R.N. or Service Supervisor, as applicable
 - PA/HAB 1 and 2 can be Consumer Directed
- ❖ PA/HAB 3: time-limited specialized behavior intervention techniques based on functional behavioral assessment
 - DSW: A.A. or 50 credits of college coursework
 - Supervisor: Behaviorist Specialist (M.A. in behavioral sciences, education, nursing, or therapeutic field)

Supported Employment Services

- ❖ Support for individuals competitively employed in settings where people without disabilities are employed
- ❖ Job development and placement
- ❖ Supports include adaptation, job supervision, and training not included in the business setting
- ❖ Services may not duplicate those provided by the Division of Vocational Rehabilitation



DD/ID Emergency Services

- ❖ Similar to Specialized Services: Crisis Intervention and Shelter in current waiver
- ❖ To reduce or prevent crisis situations
 - **Emergency Outreach:** response/intervention services.
 - Professional consultation to assess and recommend outreach and crisis prevention services.
 - **Emergency Shelter:** time-limited 24-hour services.
 - Services may include specialized evaluations assessments, and recommendations.
 - **Emergency Respite** for people over 18

Assistive Technology

- ❖ 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 individuals
- ❖ Assistive technology service means a service that directly assists an individual in the selection, acquisition, or use of an assistive technology device
- ❖ Assistive technology includes evaluation of the individual's needs, coordination of related therapies and interventions, training for the individual or other circle individual to support the use of the device

Vehicular Modifications

- ❖ Adaptations to an automobile or van to accommodate the special needs of the individual.
- ❖ Vehicle adaptations are specified by the service plan as necessary to enable the individual to integrate more fully into the community and to ensure the health, welfare and safety of the individual. 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 individual;
 2. Purchase or lease of a vehicle; and
 3. Regularly scheduled upkeep and maintenance of the modification.

DE-INSTITUTIONALIZATION

*17 ICF-ID facilities
47-48 Nursing Facilities
27 Hospitals*

Closure of Waimano Training School and Hospital

Currently, Hawaii has no large state or private institution for persons with DD and no waitlist for services

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CENSUS for Waimano Training School and Hospital (WTSH-ICF-MR)

1977: 562 individuals in WTSH

1983: DD/MR HCBS Medicaid Waiver started

FY1992: 111 individuals in WTSH [By the Public Consulting Group Report (1/15/1993) to the DD Council]

– The DD Council initiated legislation and worked in collaboration with the Department of Health, the Arc in Hawai'i and other agencies to close its only large state institution for individuals with DD.

– **Act 189/1995** required the State to close Waimano Training School and Hospital (WTSH) not later than June 30, 1998. The State was given an additional year (**not later than June 30, 1999**) to close WTSH.

– Act 189 set state policy and direction that individuals with DD can live in the community independently or with families or others with services to support them.

– Consequently, state funds were redirected for community supports.

– **Unlike other states, no lawsuits were needed to close WTSH.**

CMS Nursing Facility Transition Grants

- ❖ 12 Demonstration Grants funded 1998-2000
 - \$160,000 - \$175,000 in 1998; thereafter \$500,000
- ❖ 33 NFT grants funded (to 27 states) in 2001 and 2002
 - 23 grants to state programs; 10 grants to Independent Living partnerships (6 states received grants to both)
 - State programs got up to \$800,000; ILCs got up to \$450,000
- ❖ 45 states are currently receiving Money Follows the Person grants since 2008 through 2016



Hawai'i's Going Home Plus Objectives

Rebalancing

- 1) Increase use of home and community based, rather than institutional services

Flexible Funding

- 2) Eliminate barriers or mechanisms (state law/budget/state plan) that prevent or restrict the flexible use of Medicaid funds

Sustainability

- 3) Increase the ability of the state Medicaid program to assure continued provision of community-based services

Quality

- 4) Ensure quality assurance strategies and procedures are in place

More Nursing Facility Relocation Strategies

- Assign case managers (social workers and nurses) to each nursing facility (one for 2-3 NHs)
- Priority clients: new admits (within 7 days), 90/180 day conversions & others expressing interest
- Provide assistive technology and individualized community support services
- Use civil penalty fund and nursing facility discharge allowance
- Promote NF capacity reduction and bed conversion strategies
- States are looking at the best ways to provide LTC information to individuals/families

Discharge Planning For Success

What will the consumer need to live as independently as possible in the community?

❖ Personal Preparation:

- PT/OT skills (to participate in self care & transfers/ assist caregivers/ use personal equipment/ socialize in the community)
- Other ADLS (continence training)
- Diet (weight loss, restricting outside food, education)
- Psych (diet control, depression, attitude, effecting change)
- Medication management/reduction

Discharge Planning for Success..cont.



❖ Family Preparation:

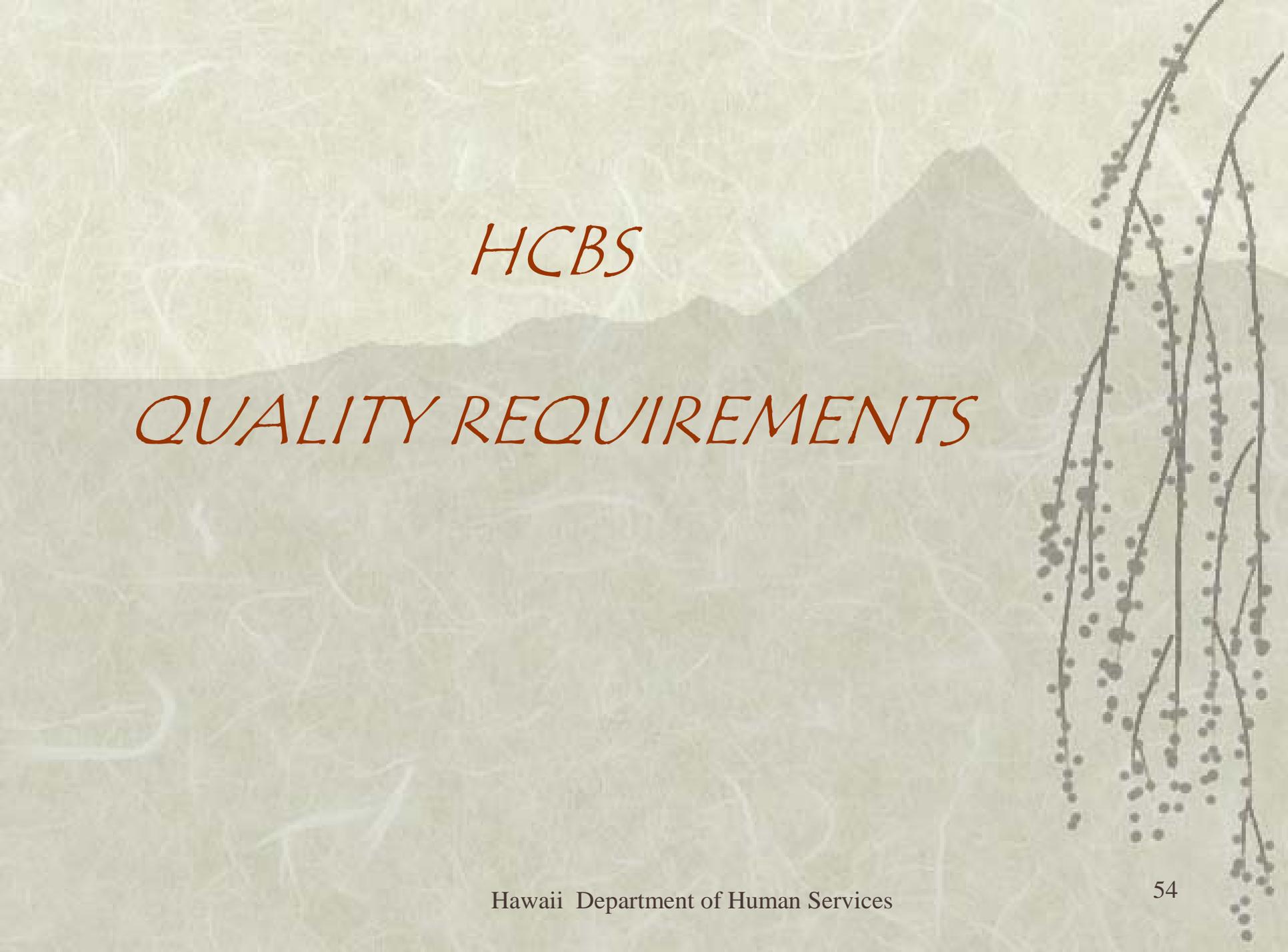
- Identify 1-2 willing caregivers
- Skills competency checklist for each caregiver, specific to the individual (includes equipment)
- Diet education
- Family and individual inclusion in discharge meetings

Addressing Discharge Barriers

- ❖ Respite Homes
- ❖ Caregiver ability to serve individuals with:
 - Oxygen
 - Vent/Trach care
 - Home Dialysis
 - Wound Care
 - Hospice
 - Obesity
 - Extreme Behaviors
- ❖ Crisis Intervention Access

Key Findings

- ❖ High satisfaction with their return to the community
- ❖ 35% return home- 65% move to a foster home
- ❖ Most are alive and remained in the community for the full year post discharge
- ❖ Returning to a NF or being deceased seems to be related to frailty and significant adverse health incidents



HCBS

QUALITY REQUIREMENTS

HCBS Quality Framework Assurances

- ❖ *Level of Care*

Framework: Member Access

- ❖ *Service Planning*

Framework: Member-Centered Service Planning and Delivery, Member Rights and Responsibilities, Member Outcomes and Satisfaction

- ❖ *Provider Qualifications*

Framework: Provider Capacity and Capabilities

HCBS Quality Framework ..cont.

❖ *Health and Safety*

Framework: Member Safeguards, Member Outcomes and Satisfaction



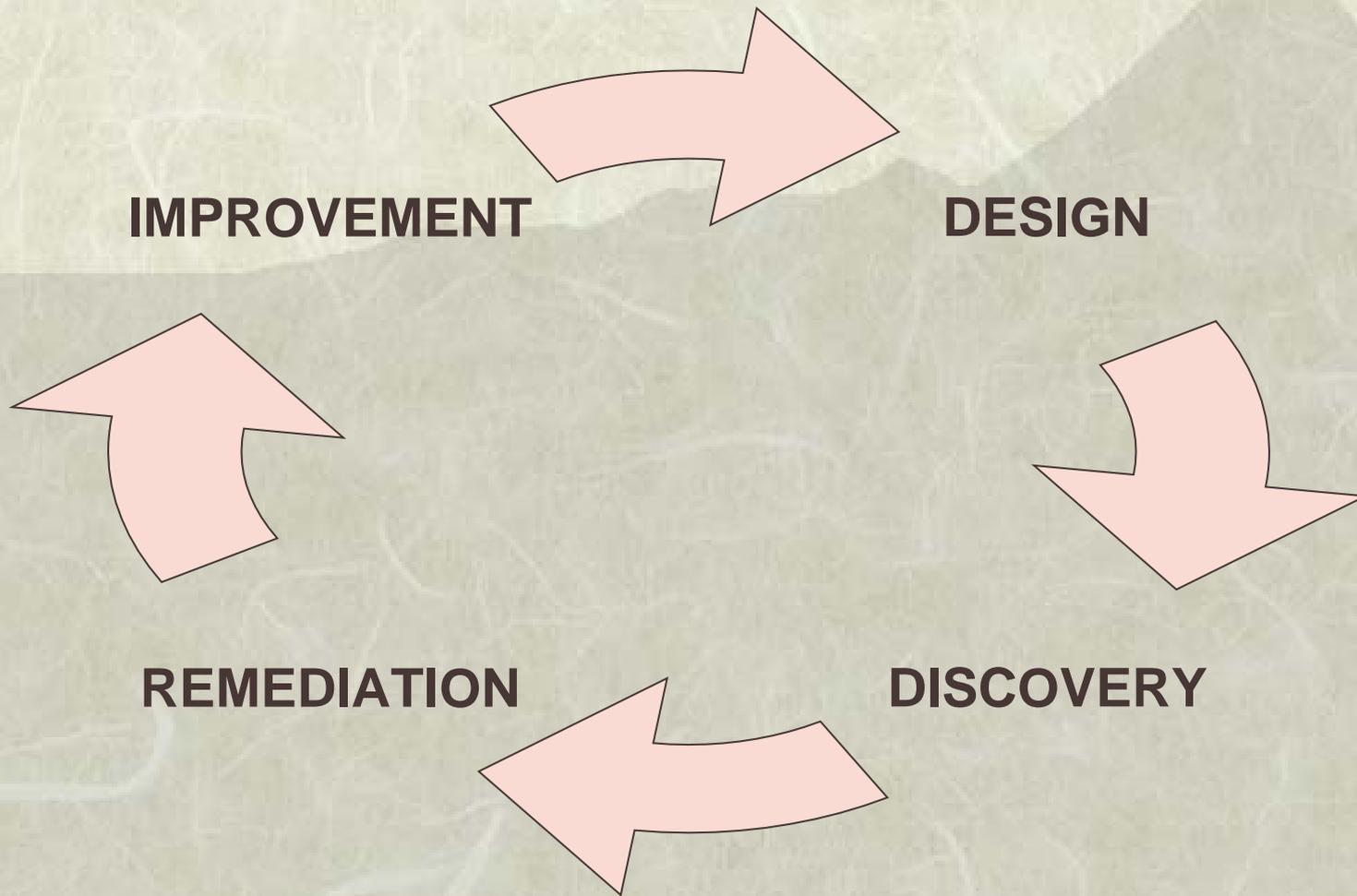
❖ *Administrative Authority*

Framework: System Performance (P&P), Trends

❖ *Financial Accountability*

Framework: Billing and Reimbursements

HCBS Quality Life Cycle ..cont.



MFP Quality Requirements

- ❖ Background - MFP Statute (Deficit Reduction Act of 2005)
- ❖ MFP Quality Requirements:
 - Quality Improvement Strategy (QIS) consistent with 1915(c) quality requirements
 - Critical incident reporting and management system
 - Risk assessment and mitigation protocol
 - 24-hour backup strategy
 - Monitoring process to ensure that systems are working as planned

MFP Quality Requirements (Cont'd)

- ❖ Why Additional MFP Quality Requirements?
MFP Participants:
 - Vulnerable population
 - Dependence on institutionally-based care
 - Potentially little connection to the community
 - Transitioning presents unique challenges

- ❖ Safety Net

- ❖ MFP informs Home and Community Based Programs