

## HIGHLIGHTS OF POLICY CHANGES RELATED TO THE I/DD WAIVER AMENDMENT AND RATE STUDY

### ADOPTION OF THE SUPPORTS INTENSITY SCALE (SIS) TO ASSIGN RATE TIERS

*How is the system changing?* The Supports Intensity Scale (SIS) will be used to assign participants to a level of need and a corresponding rate tier for certain services

*Why is it changing?*

- Provides a more **comprehensive assessment** of individual needs – the SIS evaluates a participant’s needs in a variety of areas: the supports they need for activities of daily living, assistance to function in the home or community, managing medical or behavioral issues, etc. rather than a narrower focus on nurse-delegated tasks and behavior support plans
- Increases **consistency across participants** – the SIS is a statistically validated instrument created by the American Association on Intellectual and Developmental Disabilities (AAIDD) that provides a consistent approach to assessments, ensuring that participants with similar needs are assigned to the appropriate level and have access to similar supports

*What are the details of the changes?*

- Tiered rates for **group-based services** – there are tiered rates for Residential Habilitation, Adult Day Health, and Community Learning Service-Group, with higher tiers paying for more intensive staffing and smaller group sizes
- **No tiered rates for PAB** – since it is primarily a one-to-one service, PAB will no longer have tiered rates
- **Three rate tiers** – for services with tiered rates, there will be three tiers: tier 1 includes those with the least needs (SIS-based levels 1 and 2), tier 2 includes those with moderate needs (SIS-based levels 3 and 4), and tier 3 includes those with the most significant needs (SIS-based levels 5, 6, and 7)
- **Standardization of staffing and supervision requirements** – the required qualifications for direct supports and supervisors will be the same across all rate tiers (for example, there will not be a requirement that any supervisor be a registered nurse)
- **Participants should *not* be grouped based on their rate tier** – a Residential Habilitation or ADH program may serve participants with different assigned levels in the same group and should not segregate individuals based on their levels; programs should be designed around participants’ individual goals and needs
- **Three-year assessment cycle** – in order to spread the assessments out, participants have been divided into three ‘cohorts’: individuals receiving Residential Habilitation services will receive a SIS before their ISP in fiscal year 2018, individuals who do not receive Residential Habilitation but do receive Adult Day Health will be assessed in fiscal year 2019, and everyone else will be assessed in fiscal year 2020; participants will be reassessed approximately every three years

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### BIG ISLAND RATES

*How is the system changing?* There will be two fee schedules: one for services delivered on the Big Island and another for services delivered on all other islands.

*Why is it changing?* On average, providers must **travel longer distances** to provide services on the Big Island so the rates reflect this higher cost; rates for services on the other islands account for more traffic congestion and Oahu’s higher general excise tax

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### CREATION OF REGISTERED BEHAVIOR TECHNICIAN (RBT) RATES

*How is the system changing?* Higher rates are being established for services delivered by RBTs

*Why is it changing?*

- Supports participants with significant behavioral needs who can benefit from the **specialized expertise of registered behavior technicians** who have more training and are paid more than direct support professionals (which necessitates higher rates)
- **Complies with recent laws** regarding behavioral supports

*What are the details of the changes?* RBT rates have been established for **PAB and Community Learning Service-Individual**

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### ELIMINATION OF DAILY RATES FOR PAB AND RESPITE

*How is the system changing?* With one exception, daily rates for PAB and Respite services are being eliminated, requiring that these services be billed in 15-minute increments

*Why is it changing?*

- Increases the **fairness** of the rates – providers will be paid for the amount of service they provide rather than a ‘one-size-fits-all’ rate that is the same regardless of whether 12, 18, or 24 hours of service are provided
- Ensures **compliance with labor laws** – 15 minute billing allows for the tracking of the hours of service that a direct support professional provides so that these staff can be paid for each hour that they work (consistent with the provider billing by the hour)

*What are the details of the changes?* With the exception of Respite services provided in a licensed or certified home, **daily rates for these services are being eliminated**

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### EXPANSION OF AND CHANGES TO CONSUMER-DIRECTED SERVICES

*How is the system changing?* A consumer-directed option is being added to more services and additional flexibility is being added to service rates

*Why is it changing?* A significant portion of waiver services are already consumer-directed, which support individual choice and self-determination; the changes build on this success while ensuring **compliance with federal and state labor laws**

*What are the details of the changes?*

- **More services** with a consumer-directed option – in addition to PAB, Respite, and Chore services, participants will be able to direct Transportation as well as the new Community Learning Support-Individual service (effectively PAB in the community)
  - Creation of a ‘**rate range**’ – rather than a single, fixed rate, there is a range of permissible rates that participants (in their role as employers) may negotiate with their workers
  - **Elimination of daily Respite** – as noted above, most daily rates – including consumer-directed Respite – are being eliminated
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### REESTABLISHMENT OF RESIDENTIAL HABILITATION

*How is the system changing?* PAB services delivered in a licensed or certified setting will be shifted to Residential Habilitation (which is being added back into the waiver; it had been covered as PAB over the past five years)

#### *Why is it changing?*

- Recognizes that this is a **full-time service** – participants receive support throughout the day and not only for a few hours
- Enhances **consistency in provider payments** based on participants' needs – tiered rates ensure participants with similar assessed needs will have access to similar levels of support – rather than current hourly authorizations that vary substantially
- Allows for the creation of **rates that vary based on home size** – higher rates for smaller homes ensure that these settings can be financially viable
- **Accounts for all service costs** in the rate – eliminating the need for General Fund dollars to subsidize waiver costs

#### *What are the details of the changes?*

- **Varied rates** – rates vary based on the size of the home (its licensed capacity) and the needs of the individual participant based on their assessed needs (as determined by the SIS); there is also a different rate for therapeutic living programs
  - **Daily units** – services are paid using daily rates
  - **'Paying for' absences** – the rates are based on a 344-day billing year, effectively spread the cost of 21 absences over these 344 days; providers therefore will be limited to 344 days per plan year (since they will have been paid for 365 days of service over the 344 billing days)
  - Access to **additional services** – a new service, Additional Residential Supports, can be requested for participants need more support than assumed in the Residential Habilitation rate model; additionally, providers will be able to bill for Skilled Nursing and Training & Consultation services provided to individuals receiving Residential Habilitation
  - **Elimination of DD domiciliary subsidies** – overall increase in waiver rates allow for the elimination of the General Fund payments that are paid to some providers to subsidize waiver service costs
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### CREATION OF COMMUNITY LEARNING SERVICE

*How is the system changing?* A new service – Community Learning Service (CLS) – has been created for PAB and ADH services provided in the community

*Why is it changing?*

- Recognizes **higher costs for community-based services** – the CLS rates are higher than the corresponding PAB and ADH rates to reflect providers' higher costs and ensure that these costs are not a barrier to community-based services
- Supports **compliance with the home and community based service** rule – the creation of a separate service for community-based services both provides adequate payment for these services (as noted above) and allows for the tracking of services provided outside of the home or a center

*What are the details of the changes?*

- **Community component** of PAB and ADH programs – existing PAB and ADH services delivered in the community will be shifted to CLS with billing to reflect where the service is delivered; for example, if a provider delivers four hours of service in a participant's home and then two hours in the community, they would bill four hours of PAB and two hours of CLS-Individual (although CLS does not need to be attached to PAB or ADH; that is, a participant may receive CLS without receive PAB or ADH)
  - **Individual and tiered group rates** – CLS has rates for one-to-one services and for group services, which are tiered based on a participant's assigned level of need (with higher rates for those assigned to the higher levels in order to support more intensive staffing)
  - **Group size limitation** – CLS-Group services are limited to three participants per direct support worker
  - **Annual limit** for group services – participants will be able to access up to 1,560 hours of CLS-Group and ADH in total
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### OTHER CHANGES TO PERSONAL ASSISTANCE/ HABILITATION (PAB) SERVICES

*How is the system changing?* In addition to the elimination of rate tiers, the conversion of services in licensed and certified setting to Residential Habilitation, and the creation of CLS-Individual for services provided in the community, other changes are being made to PAB standards

*Why is it changing?* Updated requirements modernize the service and make it **more flexible** for providers and participants

*What are the details of the changes?*

- Creation of rates for **'group' services** – although PAB is primarily a one-to-one service, there may be instances when one direct support professional may support multiple participants (for example, two siblings who live together and receive waiver services)
  - **Eliminate four-staff rates** – there are times when a participant's needs are so significant that they require two or three direct support professionals to manage them, but a four-staff rate is not necessary
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### OTHER CHANGES TO ADULT DAY HEALTH SERVICES

*How is the system changing?* In addition to the adoption of the SIS to determine rate tiers and the creation of CLS-Group for services provided in the community, several other changes are being made to ADH standards

*Why is it changing?* Updated requirements modernize the service and make it **more flexible** for providers and participants

*What are the details of the changes?*

- **15-minute billing** – daily rates are being replaced with 15-minute units so that providers are paid for the services that they deliver and to allow billing for both ADH and CLS-Group during the same day
  - **Group size limitation** – ADH services are limited to six participants per direct support worker (as previously noted, CLS-Group services are limited to three participants per worker)
  - **Annual limit** – participants will be able to access up to 1,560 hours of CLS-Group and ADH in total
  - **Elimination of lunch requirement** – providers will no longer be required to provide lunch so that participants have more options and programs are not ‘designed around’ lunch (providers will be able to offer a meal at a reasonable cost, but cannot make purchase of a meal a condition of attending the program)
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### OTHER CHANGES TO RESPITE SERVICES

*How is the system changing?* In addition to the elimination of the daily rate, several other changes are being made to Respite standards

*Why is it changing?* Updated requirements **modernize** the service

*What are the details of the changes?*

- Creation of rates for **‘group’ services** – although Respite is primarily a one-to-one service, there may be instances when one direct support professional may support multiple participants (for example, two siblings who live together and receive waiver services)
  - Establishment of an **annual limit** – participants will be limited to 760 hours (more than 31 full days) of service per year
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### EMPLOYMENT SERVICES

*How is the system changing?* Existing employment services are being ‘broken out’ into components and new services are being added

*Why is it changing?*

- Recognizes that employment services include a **continuum of supports** – various activities require different expertise and otherwise have different costs
- **Tracking and monitoring** services – the establishment of different services with different rates and billing codes will provide more information about the extent to which participants are involved in employment activities and at what stages

*What are the details of the changes?*

- Prevocational services become **Discovery & Career Planning** – allows participants to explore their employment-related interests and engage in other career planning activities such as volunteering or working on interviewing skills
- Creation of new **Benefits Planning** service (which is technically covered as part of the Discovery and Career Planning waiver service) – allows participants to work with benefits counselors to determine the impact of employment on federal Social Security benefits
- Division of Individual Employment Support into **Job Development and Job Coaching** – helps participants to *obtain* a job (Job Development) and to *retain* a job (Job Coaching)

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### OTHER CHANGES TO NURSING AND TRAINING & CONSULTATION SERVICES

*How is the system changing?* In addition to allowing these services to be billed for supports provided in residential environments, several other changes are being made to Nursing and Training & Consultation standards

*Why is it changing?* Updated requirements modernize and **improve access** to these services

*What are the details of the changes?*

- Creation of rates for ‘**group**’ services for **Nursing** – although the service is primarily delivered one-to-one, there may be (very rare) instances when one nurse may support two participants (for example, two siblings who live together and receive waiver services)
- **Addition and elimination of certain covered professionals** for Training & Consultation – codes are being added for registered nurses and licensed social workers (LCSW, LMHC, and LMFT) while codes are being eliminated for psychiatrist and audiologists