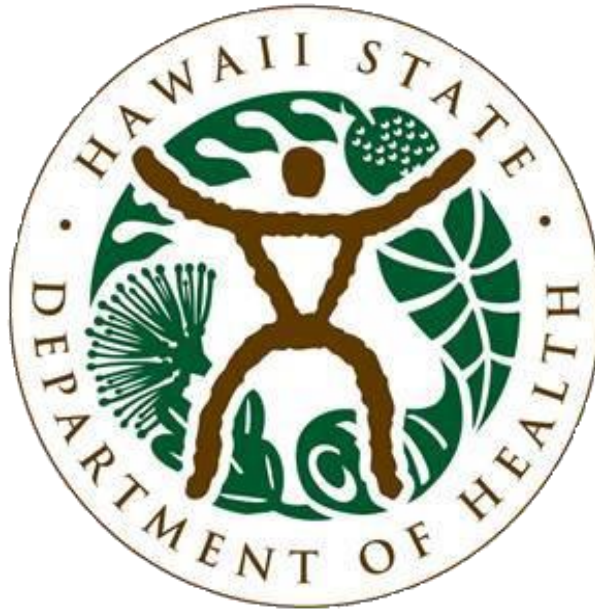


Consumer-Directed Option



Overview and Requirements (Employer Handbook)

**For the Medicaid Home and Community-Based Services for
Persons with Intellectual and Developmental Disabilities (I/DD)
Waiver**

PREFACE

The Hawaii State Department of Health (DOH) Developmental Disabilities Division (DDD) operates the Medicaid §1915(c) Home and Community-Based Services for Persons with Intellectual and Developmental Disabilities (I/DD) Waiver (Medicaid Waiver). Some of these services may be obtained through the Consumer-Directed (CD) option rather than from provider agencies. This option gives you authority to hire your own support workers and control the budget and dollar amount to pay your workers.

The Employer Handbook provides information on your responsibilities and requirements as an employer. If you decide to enroll in the CD option, this Handbook will be a great source of information.

Should you want additional information or have already decided to enroll in the CD option, your DDD case manager will refer you to Acumen Fiscal Agent, the contractor for CD Financial Management Services (FMS). Acumen will meet with you to further explain the CD option and specific procedures for payroll and budgeting.

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1. BACKGROUND

In 1983, the State of Hawaii was approved to use federal funds to start a Medicaid 1915(c) Home and Community Based Services Waiver program. This Medicaid Waiver provides services for Persons with Intellectual and Developmental Disabilities (I/DD) to live and be a part of their communities. In 2005, a Consumer-Directed (CD) option was added to the Medicaid Waiver to allow participants to hire their own employees to provide services. This gave participants a choice besides getting services only from a provider agency. In 2016, the State expanded participant control by adding flexibility to control the budget and dollar amount used to pay employees.

The Department of Human Services (DHS) and the Department of Health (DOH) are jointly responsible for this Medicaid Waiver. The DHS Med-QUEST Division is responsible for overall administration and to ensure State and Federal laws and regulations are met. The DOH-Developmental Disabilities Division is responsible for the operations of this Medicaid Waiver.

2. TERMS AND DEFINITIONS RELATED TO CONSUMER DIRECTION

Budget Authority: The participant has decision-making authority over how the Medicaid Waiver Consumer-Directed (CD) budget is spent. This means a participant can make decisions within a specified CD budget on certain elements, such as the work schedule and frequency of a service, and the hourly pay of the CD employee. If the participant is unable to make these decisions, a designated representative can be appointed to carry out these functions.

Case Manager: An employee of the Developmental Disabilities Division who assists a participant to gain access to needed services.

This includes:

- Follow-along services so changing needs of the participant and family are recognized and appropriately met;
- Coordinating and monitoring services; and
- Providing information about the availability of services and assisting participants to obtain those services.

Centers for Medicare and Medicaid Services (CMS): The Federal agency within the U.S. Department of Health and Human Services that reviews and approves Medicaid Waiver.

Consumer-Directed (CD) Option: This option enables a participant to be the common law employer of the service worker(s) and take direct responsibility to manage the budget for the services under the CD option. This is done with the support of a Financial Management Services (FMS) contractor. The CD service delivery model is an alternative to traditional agency provided services.

Designated Representative: An individual who serves as the common law employer if a participant is not able to self-direct services. The individual must be willing and able to carry out the employer responsibilities and cannot be a paid employee or be compensated for the help provided to the participant. If the participant has a legal guardian, the guardian shall be the designated representative. If a legal guardian is unable to carry out the duties of an employer, the legal guardian may assist the participant to select a designated representative. However, to avoid a conflict of interest, the legal guardian appointing the designated representative, and the designated representative cannot be paid CD employees. A designated representative must be at least 18 years old and be the legally responsible employer. The FMS contractor will assist the designated representative to become the common law employer, including registering with State and Federal agencies. While the designated representative is responsible for employer decisions, the participant/legal guardian makes service and Individualized Service Plan (ISP) decisions through the person-centered planning process. The designated representative must reside on the same island as the participant.

Developmental Disabilities Division (DDD): DDD is a division of the Hawaii State Department of Health that operates the Medicaid Waiver for Persons with Intellectual and Developmental Disabilities.

DOH: DOH is the Hawaii State Department of Health.

DHS: DHS is the Hawaii State Department of Human Services. The Med-QUEST Division under DHS has the overall administrative responsibility to CMS for the Medicaid Waiver

Electronic Visit Verification (EVV): This is a system for employees providing Medicaid Waiver Services to enter their work hours electronically in real time. This is required for Chore, Personal Assistance/Habilitation and Respite services. The EVV system captures service data from the employees: date of service, start and end time, location, type of service, individual(s) providing and receiving services. EVV is required by the 21st Century Cures Act.

Employee: The individual paid to provide Chore, Respite, Personal Assistance/Habilitation (PAB) or Community Learning Services (CLS) for a participant in the CD option.

The employee must:

- Be at least 18 years old;
- Comply with criminal history record check requirements before hire;
- Meet any special qualifications specified on the Individualized Service Plan;
- Complete training by the employer prior to working with the participant. Training shall also be completed annually and when a new service is added; and
- Enroll with the Financial Management Services (FMS) contractor before providing paid services.

Employer: The individual who functions as the common law employer and the legally responsible employer of persons selected to provide Medicaid Waiver services for the participant in the CD option. The employer is responsible for recruiting, hiring, scheduling, training, supervising, terminating and setting the hourly wage for employees. The employer must ensure that: (1) services are based on goals in the ISP, (2) activities meet the needs and preferences of the participant and expenditures are within the CD budgets. The employer must be at least 18 years old and obtain a Federal Employer Identification Number (FEIN or EIN). The participant is assumed to be the employer. However, if the participant is unable to carry out the duties of an employer, a designated representative can be appointed to be the employer. (See Section 8. Designated Representative)

Financial Management Services (FMS): The Department of Health contracts with an FMS organization to support the CD employer with payroll services and exercise of budget authority.

The FMS contractor serves as the Fiscal/Employer Agent to:

- Establish employer and employee/s legal relationship with State and Federal agencies;
- Collect and process employee time worked;
- Withhold taxes;
- Pay employees;
- Report and make payment for employer and employee taxes to designated federal and state agencies; and
- Distribute W-2's to the CD employees annually.

The FMS contractor also:

- Establishes procedures to keep employers in compliance with labor and tax laws;
- Administers EVV requirements for time entry as established by Federal and State regulations;
- Provides procedures to ensure individual expenditures are within authorized budgets and appropriate claims are submitted for Medicaid reimbursement;
- Provides employers with information and tools on budgeting; and
- Conducts employer skills training if requested.

Acumen Fiscal Agent is the FMS contractor for the CD option. (See Section 11. Fiscal/Employer Agent)

Medicaid Home and Community-Based Services (HCBS) Waiver: The HCBS Waiver program provides opportunities for Medicaid beneficiaries to receive services in their own home or community rather than in institutions or other isolated settings. The CD option is part of the Medicaid Waiver. This program will be referred to as the “Medicaid Waiver” in this Handbook.

Individualized Service Plan (ISP) (H.R.S. Section 333F-1): An Individualized Service Plan is the written plan that is developed through a person-centered planning process with the participant, family, friends, and other persons identified by the participant as being important to the planning process. The plan is a written description of what is important to the person, how any issue of health or safety will be addressed, and what needs to happen to support the person in the person's desired life. Each service to be used under the CD option is documented on the ISP with goals and outcomes, and number of units authorized for each service for the plan year

Participant: This is a person enrolled in the Medicaid Waiver, who receives the authorized services documented in the ISP

Reallocation: This process is used to transfer funds between most services under the CD option if:

- The service is used as described in this Handbook;
- The service is identified in the ISP;
- The service is used to accomplish goals outlined in the ISP; and
- Funds are available in the CD budget.

3. OVERVIEW OF THE CONSUMER-DIRECTED OPTION

Under the Consumer-Directed (CD) option, you have Employer Authority over the direct support workers who provide your Medicaid I/DD Waiver services. You are the common law employer and responsible for: recruit, hire, train, schedule, supervise, and terminate (if applicable) your direct support workers. The CD option also provides you with Budget Authority to control an annual budget to fund the services. You may transfer dollars between most services under the CD option and determine the hourly pay of your workers within a specified pay range.

Employers must be at least 18 years of age and responsible to manage the utilization of services within the annual budget.

If you are not able to self-direct services, a designated representative may be appointed to be the employer. The individual must be willing and able to perform the employer responsibilities and cannot be a paid employee or be compensated for the help provided to you. If you have a legal guardian, the guardian shall be the designated representative. If your legal guardian is unable to carry out the duties of an employer, your legal guardian may assist you to select a designated representative. However, to avoid a conflict of interest, your legal guardian and the designated representative cannot be paid as CD employees. A designated representative must be willing to be the legally responsible employer and carry out the functions of the employer.

Waiver services provided under the CD option have the same definition and purposes as provided by provider agencies. (See Attachment A.) You and your family/legal representative, if

applicable, are informed of this option during the ISP development process.

The following Medicaid I/DD Waiver services can be consumer-directed:

- Chore
- Community Learning Services-Individual (CLS-Ind)
- Non-Medical Transportation (coming soon)
- Personal Assistance/Habilitation (PAB)
- Respite

You may elect to receive any of the above-listed services through the CD option or may choose a combination of services through the CD option and from Waiver Agencies.

Waiver services using the CD option must be implemented as authorized in your ISP. Specific employer responsibilities and procedures are detailed in this Handbook. You must meet all requirements in this Handbook.

The DOH-DDD has contracted with a Financial Management Service (FMS) organization to:

- Set up and track funds in CD budgets;
- Facilitate the employment of staff by serving as a Fiscal/Employer Agent (F/EA) to process payroll, withhold and file taxes, and make payment to appropriate tax authorities; and
- Perform fiscal accounting and make expenditure reports available to you and DOH-DDD.

The F/EA services from the FMS contractor provides you with a high degree of choice and control over workers as the common law employer while reducing the employer-related burden of managing payroll tasks. The F/EA also provides a safeguard for you by ensuring all taxes and Department of Labor requirements are met.

You must meet the requirements, procedures and timelines of the FMS contractor and be responsible to ensure each employee follows procedures. This will support you to comply with federal and state regulations. In addition, you are responsible to provide training to carry out activities identified in the 1915c Medicaid Waiver Standards on the ISP and a safe work environment for your employees.

Your CD employees must be 18 years of age and meet the requirements identified in Section 11. Employee Qualifications. You must train your employees to implement services on the ISP before Medicaid funds can be paid for worktime. Any special employee qualifications or training must be documented on the Action Plan of the ISP. The criminal history record check requirements must be completed before your employees are approved by the FMS contractor to start work.

The CD option provides you with flexibility and control over your services. This is derived from

Employer Authority over the employees who provide Waiver services and Budget Authority over the dollars to fund the services. You must manage expenditures to ensure the annual budget for services under the CD option will last the duration of the ISP year.

You may determine the hourly wage or pay of employees (within a range determined by the FMS contractor (based on the minimum wage and unit rate for the service) and reallocate dollars between most services under the CD option.

The reallocation is initiated by you and subject to:

- Services are in the ISP;
- Services are used as documented in the ISP and
- There are available dollars in the annual service budgets.

Given the authority under the CD option, you have a responsibility to fulfill the duties of the legal employer and be accountable to use public dollars in a wise manner. The FMS contractor assumes liability for the services they provide regarding payroll and taxes. However, you have liability arising from non-compliance with FMS procedures or inability to meet employer responsibilities. Such actions may result in termination from the CD option with services to be accessed from a provider agency. Termination from the CD option is not subject to appeal since 1915c Medicaid Waiver services are still available from provider agencies, and therefore no approved services are terminated through this action. Only access to the CD option.

4. SELF-ASSESSMENT

The Self-Assessment Form can help you and prospective designated representatives decide whether to choose the CD option. It will help to see if you are willing and able to carry out the responsibilities of a CD employer. The responsibilities cover decisions about recruiting, hiring, training, scheduling, supervising, and managing your CD employees.

If the CD option is chosen, the Self-Assessment Form must be completed by the CD employer and submitted to the case manager.

The Self- Assessment Form is in Attachment B of this Handbook.

5. DESIGNATED REPRESENTATIVE

If you are not able to carry out the responsibilities of an employer, you can have a designated representative serve as the CD employer. Your legal guardian would be expected to serve as your designated representative. Should your legal guardian be unable to perform the duties of an employer, your legal guardian can assist you to choose a designated representative.

Your designated representative must be willing and able to carry out all the employer responsibilities. In efforts to avoid a conflict of interest, your designated representative and the legal guardian assisting you to select a designated representative cannot be a paid CD employee.

However, if you have co-guardians, one co-guardian may be the employer and the other co-guardian the employee for adult participants. The employer must provide the training and supervision of the employee.

Your designated representative must be at least 18 years old and legally responsible to carry out the duties of the common law employer.

NOTE: If you do not have a designated representative, you may appoint one at any time. A change must be promptly reported to your case manager and certain forms must be completed before the change is made.

You must meet all of the employer responsibilities in this handbook. If you have appointed a designated representative, the designated representative is responsible for legally fulfilling the duties of the employer.

6. RESPONSIBILITIES OVERVIEW

This section identifies the responsibilities for the employer, the employee, the case manager, and the FMS contractor.

Employer (Participant or Designated Representative)

- Develop the Individualized Service Plan (ISP) with your case manager through the person-centered planning process;
- Participate in the CD training and enrollment provided by the FMS contractor;
- Be the common law (legal) employer of your employees;
- Ensure CD employee duties are consistent with goals, outcomes and activities for the Waiver service in your ISP;
- Develop a Job Description, Application Form, and Interview Questions (recommended);
- Find, screen, hire, schedule, train, direct, supervise, and terminate (if necessary) employees;
- Complete and submit Employer Forms required by your case manager and FMS contractor;
- Make sure employees complete required forms and submit to the FMS contractor;
- Train employees to provide your Waiver services;
- Check that your employees enter work time as required by the FMS contractor
- Verify accuracy and approve worktime of your employees by the deadlines set by the FMS contractor to meet Hawaii labor laws and regulations;
- Manage and keep within the budget for each service to last the Plan Year;
- Minimize overtime since it reduces the amount of dollars in your budget;
- Follow the requirements in the CD Employer Handbook;
- Comply with FMS contractor requirements and procedures;
- Always maintain Medicaid eligibility by completing paperwork for Medicaid eligibility determinations;
- Inform your case manager and FMS contractor if you are hospitalized or lose Medicaid eligibility;
- Respond to messages and requests from your Case Manager and FMS contractor in a timely manner;
- Be financially responsible for payment of Waiver services received when Medicaid eligibility is lost. The State will not pay when the participant is not Medicaid eligible;
- Attend any training required by the DDD; and
- Assume responsibility and liability for:
 - mismanagement of the CD budget;
 - employer actions that place the participant and employees at risk;
 - false claims for employee worktime; and
 - scheduling an employee(s) prior to enrollment being approved or without sufficient dollars in the service budget to pay for the service provided.

Employees

- Be qualified to provide you with needed services;
- Turn in required Employee Forms to you;
- Come to work as scheduled;
- Enter time in and time out every day based on the work schedule;
- Enter time in and time out every day to comply with EVV requirements;
- Provide services that meet your expectations;
- Help you to learn new skills and have new experiences;
- Assist in keeping you safe from injury and abuse; and
- Provide services in a respectful manner.

DDD Case Manager

- Work with you to identify service needs and preferences;
- Provide you with information on the CD option;
- Develop the ISP with you and your Circle of Support through the person-centered planning process;
- Authorize annual service budgets in a timely manner so that services can continue without interruption;
- Provide ongoing monitoring and assistance to revise the ISP;
- If you are overspending your CD budget, talk with you to get back on track or review if the CD option should be continued; and
- Follow-up when services are not being provided or when your health and safety may be at risk. Refer to protective services (i.e., APS, CPS), as applicable, for potential abuse situations.

Financial Management Services (FMS) Organization

- Provide information and training on FMS contractor procedures to use the CD option;
- Enroll you and your employees into the payroll system;
- Provide training on how your employees need to enter their work hours into the payroll system;
- Withhold, report, and pay employee and employer taxes;
- Provide information on managing your CD budget;
- Process your budget authority decisions;
- Provide you with information each month on how much services are used and dollars are spent so you can manage your service budget;
- Stop worktime entry of employees if a service budget has been reached;
- Provide training on how to be a supervisor (upon request);
- Connect you with a registry of potential employees; and
- Conduct criminal record history checks on employees and inform you of the results (See Criminal History Record Check section).

7. WAIVER SERVICES AVAILABLE UNDER THE CD OPTION

The following is an overview of the services available through the CD option. Specific requirements of each service are found in Attachment A of this Handbook

All CD Waiver Services - There are several requirements shared by all the services under the CD option.

Out-of-state services cannot go over 14 calendar days in a plan year and cannot be used in foreign countries. The number of hours would be the same as currently authorized in the ISP. Inform your Case Manager if services are to be used out-of-state or off-island.

A CD employer or legal guardian that appoints a designated representative cannot provide services under the CD option. In addition, services may not be provided for minor children by parents, step-parents or legal guardians.

As the CD employer, you are responsible to supervise and train the employee providing the services before the service is provided. If your worker is required to implement a behavior support plan or perform nurse-delegated duties, they must receive special training from a licensed professional or qualified designee. Contact your Case Manager if this applies to you.

Personal Assistance/Habilitation (PAB) - Assistance or instruction to help you to keep, develop or improve skills for living in your home.

PAB can be used to help you:

- Build skills or use adaptive equipment for eating, dressing, personal hygiene and transfers;
- Learn meal preparation, do laundry, arrange for The Handi-Van service, use the telephone, take medication by yourself and budgeting;
- Walk or use your wheelchair safely in your home;
- Build social skills and learn new recreational activities; and
- Communicate with others (sign language, phone, computer etc.).

PAB can be hands-on assistance (performing the task for you), training, or doing tasks in small steps with cues as part of a plan to help you learn a task.

PAB services must be delivered in the home. If the participant is attending school, PAB cannot be delivered during the school day as identified in the Individualized Education Program nor be used to complete Department of Education homework.

Since PAB is delivered in the home, transportation time is not included in this service.

Respite - Services provided on a short-term basis if you live with your family to relieve the person normally providing unpaid care. Respite may be provided in your home or in the respite employee's home.

Respite may include supervising or assisting you in:

- Regular health care activities;
- Activities of Daily Living (i.e., bathing, eating, using the toilet etc.); and
- Meal preparation.

If Respite is provided by one employee for more than 40 hours in the week, you are required to pay overtime. This additional cost will be charged against your Respite service budget. Live-in employees might be exempt from overtime. Check with the FMS contractor if this applies to your worker.

Chore - Services that are important to your health and welfare by maintaining your home in a clean, sanitary and safe environment for your health. Chore activities are only for you and the areas of the home that only you use.

- Examples of Chore are meal preparation for you, household care such as washing floors and windows, and moving furniture to make sure you can safely move in your home;
- Chore is available mainly if you are living in your own home and don't have natural supports to help you. Chore can be provided in your family home if no one is physically

- able to help you; and
- Chore is not available if you are able to do these tasks yourself. If you live in the family home, Chore is not used for yard/home maintenance or repairs. If you live by yourself, these activities may be considered. This service is not available for children under 18 years.

You do not have to be present when Chore is provided.

Community Learning Services (CLS) - Services to support you in participating in community activities of your choice. You can use CLS to increase independence, use community resources, get to know people and develop recreation interests and hobbies. CLS can also be used to build your self-advocacy skills.

- The purpose is to learn new skills so that you can be more independent;
- Your individual goal for using CLS must be in your ISP;
- Activities must be conducted in the community;
- This service should be available when you want to use it; including evenings and weekends;
- CLS can be used to volunteer or in integrated work settings;
- Transportation to a community site for CLS by your worker can be part of this service;
- CLS is available to children and adults;
- Services for children cannot be conducted during the school day (as defined in their Individualized Education Program); and
- Out-of-state CLS cannot exceed 14 calendar days in the participant's plan year and is not permitted out-of-country. Out-of-state and off-island CLS should be reported to your Case Manager.

Non-Medical Transportation - This service is anticipated to be available in the near future. Details will be provided at that time.

As the CD employer, you should review the specific details of each service in Attachment A.

If you do not use any waiver services under the CD option during your entire plan year, you could be suspended/terminated from the CD option. This will be assessed by the case manager, and the case manager will reach out to you to determine if this is necessary or not. If there will be an irregular use of a service (e.g. only during the summer), it must be documented in the ISP and can then be supported to have the service used intermittently.

8. INDIVIDUALIZED SERVICE PLAN

All participants receiving Medicaid Waiver services must have an Individualized Service Plan (ISP).

The ISP is:

- Developed by you and your case manager with input from family and friends that you invite to participate;
- Describes what is important to you and any issues of health and safety to live your desired life; and
- Identifies the paid and unpaid services that you need to live that life.

As part of the ISP process, an Action Plan is then developed for each service. The Action Plan will form the framework for the delivery of services under the CD option.

It will include:

- Your goals and outcomes for the service;
- Activities to help achieve your outcomes;
- Special training needed by your employees; and
- Number of units and budget for the year.

At the ISP meeting, your Case Manager will provide you with forms that must be completed and signed to be eligible for participation in the CD option.

This includes:

- Annual Acknowledgment of Consumer-Directed (CD) Option Requirements
- Verification of Annual Training of Consumer-Directed (CD) Employees

Once you hire employees, you will be teaching them to carry out the Action Plan.

This includes:

- Orienting employees to the purpose of their job (to assist you to reach the goals and outcomes of the Action Plan);
- Teaching specific ways to conduct the activities;
- Scheduling their work time;
- Evaluating and helping them improve their work performance; and
- Keeping you safe.

9. BUDGET AUTHORITY AND RESPONSIBILITIES

Your ISP is reviewed each year through a person-centered planning process. Once your goals and outcomes are identified, your case manager will identify resources that are available to you, including any unpaid natural supports. Your case manager will then work with you and your Circle of Support to determine the type of Waiver service(s) and the number of hours that are necessary for you to achieve your goals for the year. You will be offered a choice to get your services through the CD option, an agency or a combination of the CD option and agency services.

If you select the CD option, a budget is then calculated for each service. This is based on: (1) type of service, (2) amount of units for the plan year and, (3) CD rate for the service. The budget for each service is then sent to the FMS contractor. As the CD employer, you will have budget authority to make decisions on how these funds are spent for the services.

You can:

- Determine the hourly wage for each of your CD employees. You must pay at least the minimum wage. The FMS contractor will provide you with the pay range of employee hourly wages for each service. You cannot pay employees more than the top of the pay range. This does not require an update in your ISP. The wage you decide to pay – and any overtime that you approve – will directly impact the amount of service that you will be able to receive. If you decrease your employee's hourly wage, your budget will have more hours of service.
- Reallocate (move) dollars between certain services. For example, if you run out of dollars for PAB, and you still have unused dollars in CLS, you can move the unused dollars from CLS to PAB or from PAB to CLS. You can also reallocate dollars between 1:1 (one employee with one participant) and 1:2 (one employee working with 2 participants) within each service. This can be done within PAB, CLS and Respite. Unused Respite dollars can be reallocated to PAB or CLS. However, dollars cannot be added to Respite. Any service involved in the reallocation must be on the ISP or added to the ISP by your case manager. (See CD Employer Reallocation Process in next section for more details.)
- Decide to provide Workers' Compensation Insurance for your employees. This provides medical treatment, wage loss, permanent disability, death and vocational rehabilitation benefits if they are injured during work. The cost of this coverage will be taken from your budget. This means your employee might get a lower hourly wage but will have this benefit if injured.

These decisions are processed through the FMS contractor which contacts your case manager to verify the services are on the ISP and there are budgets for the service.

Along with authority over your CD budgets, you must be responsible for ensuring that the amount of dollars for each service is planned and managed to last the entire Plan year. The FMS

contractor will provide you with a monthly report of your expenditures. You should use this report to determine how to make your funds last through the Plan year. If you run out of funds for a service, your employees will not be able to enter their work hours into the FMS contractor's online web system. If you submit a paper timesheet, your employee will be paid only for the hours that dollars are available for the service. If you cannot manage or have difficulty managing your budgets, it may indicate another person should be the legal employer or the CD option is not right for you.

If there is a change in your condition or unique circumstances, you should contact your case manager. This might result in a reassessment of your service needs and a change in your CD budget.

10. CD BUDGET REALLOCATION PROCESS

You have the flexibility to move funds between most existing services on the ISP.

Steps to reallocate funds from one service to another:

- You need to contact the FMS contractor and fill out a Reallocation form indicating how many dollars you would like to move. You would also indicate which service is being reduced and which service is being increased. It's suggested that you contact your case manager prior to starting the process in case an ISP meeting is required.
- Once the FMS contractor has received the reallocation form, they verify the dollar amount and the services. The FMS contractor then informs the CD office and your case manager.
- Your case manager then checks that:
 - Both services are on the ISP;
 - The services are used as described in the ISP;
 - The reallocation is supported by the need of the participant and aligns with the participants goals and objectives, and
 - There are available dollars in the annual budget.

If there are any questions regarding funds, services or goals, your case manager will contact you.

- When the information is verified, the case manager signs the form, sends it back to the CD office and adjusts the two service authorizations as described on the form.
- The CD office informs the FMS contractor the request has been processed and that the budgets are being adjusted.

When the new budgets have all been authorized in the Medicaid system, the FMS contractor enters the change into your account. The total reallocation process may take 2-4 weeks, dependent upon several factors including availability of the case manager to make the change.

You have the flexibility to reallocate funds between most CD services. It should be used to meet changing needs during the year and to keep within your budget.

11. FISCAL/EMPLOYER AGENT

The DOH has contracted with a Financial Management Service organization to serve as the Fiscal/Employer Agent (F/EA) for CD employers. The FMS contractor will help you meet all applicable regulations of the United States Department of Labor, Internal Revenue Service, Hawaii State Department of Taxation and the Hawaii State Department of Labor and Industrial Relations.

The F/EA agent duties are:

- Provide a system to capture your employee's work time;
- Register you with the Internal Revenue Service and the Hawaii State Department of Taxation;
- Pay your employees twice a month;
- Withhold and report employee taxes to federal and state agencies;
- Pay employer taxes to federal and state agencies;
- Maintain employer and payroll records on your behalf;
- Provide an option for Workers Compensation coverage;
- Assist in enrolling your new employees to complete required paperwork and
- File Medicaid claims for your employee payroll cost.

Upon completion of DDD's CD forms, you will be referred to the FMS contractor. An agent will contact you to schedule an orientation and enrollment session. The FMS contractor will help you get a Federal Identification Number (FEIN) as a CD employer. However, if you or your designated representative are self-employed and already have an EIN, inform the FMS contractor before enrolling to determine if you can be registered as the legal employer or if a different employer is needed.

Under the CD option, you are the common law employer of your CD employees. Your CD employees are not employees of DDD, the FMS contractor or the State of Hawaii. This enables you to have control of your employees and budget. However along with this authority comes responsibility. Recognizing that most participants do not have knowledge of employer and tax regulations, the FMS contractor will provide you with the support to comply with the requirements. As a result, it is important to follow the FMS contractor's procedures and timelines.

CD Employee work time will be audited by the DDD. This is to make sure CD employee work time is accurately billed to Medicaid.

All CD employers and employees shall comply with the FMS contractor requirements and timelines. Failure to comply will result in your legal and financial liability, and termination from the CD option.

12.EMPLOYEE QUALIFICATIONS

Employees must be 18 years of age and meet criminal history record check requirements. Criminal History Record Check section in Section 13.

Additional recommended qualifications are:

- TB clearance;
- First Aid training and
- Cardiopulmonary Resuscitation (CPR).
- These qualifications are met at the employees' own time and expense.

Each new employee must be trained by you to provide your services. The training must be done before they can start to work. The criminal history record check requirements must also be completed before employees can start to work.

Legal guardians and designated representatives cannot be paid as CD employees. In addition, parents, step-parents and legal guardians cannot be paid for services for minor children. Spouses of participants shall not be CD workers.

13.CRIMINAL HISTORY RECORD CHECK

Criminal history record checks are required for all CD employees.

The FMS contractor will conduct the criminal history record check on all of your new and existing employees. New employees cannot begin working until the criminal history record check is completed. Forms will be provided by the FMS contractor for each employee to complete.

The following checks will be conducted:

- List of Excluded Individuals/Entities (LEIE) - The Office of Inspector General, United State Department of Health and Human Services, prohibits the employment of individuals on this list to provide Medicaid Waiver services. Any prospective employee appearing on this list cannot be hired and any current employee must be terminated.
- Hawaii Excluded Provider List- Individuals on this list are prohibited from being a provider of any Medicaid services.
- State name check with the Hawaii Criminal Justice Data Center (HCJDC). If the employee has a record in the HCJDC files, you will be informed of the findings. You may still decide to hire the employee but are responsible for any liability because of your decision.
- Child Protective Services System Central Registry- This check is conducted as an option and results provided to you. You may still decide to hire the person as an employee or

elect to waive conducting the check.

Regular criminal record history checks are required by DHS and will be conducted by the FMS contractor.

You are responsible for your own health and safety. If you choose to hire and employ an employee with a known criminal conviction record or waive conducting the CPS registry check, the decision and consequences thereof is your sole responsibility.

14.EMPLOYEE TRAINING AND VERIFICATION

The Centers for Medicare and Medicaid (CMS) requires that Waiver services be provided by qualified workers. This means CD employees must be trained by you and demonstrate a satisfactory level of performance to implement the services on the Individualized Service Plan (ISP).

The training requirements are:

- CD employees are trained to implement each Waiver service under the CD option. Training shall cover: (1) objectives and (2) how to conduct the activities for each service. (Details are in the Action Plans.)
- The CD employer conducts the training.
- Every CD employee is trained.
 - Training is completed before a new employee can start work.
 - Current employees must be trained every year before the start of the new Plan Year.
 - If a new service is added during the Plan Year, training is also conducted.
- The CD employer is responsible to supervise and make sure the CD employees can implement the Action Plan and ensure the health and safety of the participant during the service.

The training must be done before your employee can start to work and on an annual basis. This must be documented by you and your employee. Any special training or employee qualifications must be documented on the ISP and training verified by the FMS contractor.

At each ISP meeting, the Case Manager will pass out a “Verification of Annual Training of CD Employees” form for current CD employers. You are expected to review the goals and activities of each service under the CD option with every CD employee. The forms must be signed by you and each employee. You must send the completed form to the FMS contractor for tracking and reporting to DDD. If the completed forms are not submitted before the start of the Plan Year, your employees may not be able to enter their work time into the payroll system.

If your workers are expected to implement a nurse delegated task or implement a formal

Behavior Support Plan, they must receive specialized training. The training must be documented by a registered nurse/licensed behavior professional. Contact your Case Manager if this applies to you. Documentation of this training by the nurse/behavior professional must be submitted by you to Acumen.

15.EMPLOYEE SUPERVISION

As the employer, you are responsible to supervise your employees.

This includes:

- Checking work attendance and making sure work time is accurate;
- Making sure employees start and end work as scheduled by you;
- Evaluating each employee's work performance;
- Giving timely feedback or training if performance needs to be corrected;
- Giving positive feedback if they do well;
- Checking that employees are following Acumen procedures;
- Making sure they treat you with respect and keep your privacy;
- Checking that employees are working safely;
- Keeping a safe work environment;
- Informing your case manager if your employee is disrespectful or abusive; and
- Terminating your employees (if applicable) and notifying the FMS contractor.

16.ELECTRONIC VISIT VERIFICATION

Federal law (21st Century Cures Act) requires states to have an Electronic Visit Verification (EVV) system for Medicaid personal care services in the home by January 1, 2021. The intent of EVV is to reduce fraud and document services are received by you. This means all employees for Chore, Personal Assistance/Habilitation and Respite must enter their work hours in real time using an electronic method. This includes: date, start and end time, location, type of service, individual(s) providing and receiving services. All employers must contact and make arrangements for selection of an EVV method and training with the FMS contractor. You are responsible to make sure your employee is using an EVV compliant method to enter work time. If your employees do not use a required EVV method, you could be terminated from the CD option.

17.OVERTIME

The United States Department of Labor Home Care Final Rule for domestic workers requires that CD employees (e.g., PAB, Respite, CLS, and Chore employees) are entitled to time and a half pay for every hour worked over 40 hours in a workweek. A workweek is Sunday (12:01 a.m.) to Saturday (12:00 midnight).

Any overtime incurred because you scheduled or authorized overtime is charged against the amount of dollars budgeted for the service. Since overtime is not calculated in the budget for each service, you will run out of dollars if you rely on overtime on a regular basis. Once your budget for a service is depleted, the FMS contractor will not process an employee's time sheet for that service and the employee will not be paid. You are responsible for managing your employee's schedule to make sure there are funds to last through the Plan year.

You may need to hire more than one employee to avoid paying overtime wages.

If you authorize overtime, it is expected that you will manage your services by adjusting your service use in the following months or exercise budget authority to reduce costs. There may be short-term circumstances for using overtime. These include the hospitalization of a non-paid caregiver such as a parent of family member or an employee quits without notice. However, relying on overtime for the long-term is not a good practice; especially with the use of public dollars.

If you approve overtime and it results in the depletion of funds for a service, the DOH-DDD will take one or more of the following actions:

- Your case manager will contact you to assess the situation, determine the reason for use of the overtime, and work with you to avoid the use of overtime in the future;
- For chronic non-compliance, you will be involuntarily terminated from using the CD option and will instead receive services from other means such as a waiver provider agency or natural supports;
- You may be determined to be financially responsible to pay your employee(s) if the overtime was for services that were not authorized in the ISP; or
- Intentional misuse of Medicaid dollars will result in a referral to the Medicaid Fraud Unit for investigation and potential criminal charges.

Employees that live with you might not have to be paid overtime. Contact the FMS contractor to determine if this applies to any of your employees.

18. BACKUP EMPLOYEES

You will need to have an adequate number of employees to provide ongoing services to ensure your health and safety and to minimize overtime. Be prepared ahead of time in case an employee is not available to work.

If you select an agency as a backup for services, use the “Participant Choice of the CD Option” form to identify the backup agency in case of an emergency.

If you are not in the CD option but want to use it for backup for agency services, it may take time to complete the paperwork to enroll yourself and your employees with the FMS contractor. You should discuss this at your ISP meeting. If there is an anticipated need for crisis situations, CD services should be identified in the ISP and funds (one month) budgeted so a referral can be sent to the FMS contractor. This must be completed before your employees can begin to work. Prior planning can help to make sure you and your employees are enrolled ahead of time so services will be available if the need arises.

19. ADVERSE EVENT REPORT (AER)

You or your designated representative, as applicable, **must complete an AER and send it to your case manager** for the following adverse events related to you:

- a) Changes in condition requiring medical treatment;
- b) Hospitalization;
- c) Death;
- d) All bodily injuries sustained for which medical treatment and/or follow up is necessary, regardless of cause or severity;
- e) All reports of abuse and neglect made to Adult Protective Services and/or Child Welfare Services;
- f) All medication errors and unexpected reactions to drugs or treatment;
- g) Situations where your whereabouts are unknown; or
- h) Situations where your behavior requires plan of action/intervention.

The AER form and instructions are included in this Handbook.

You must inform your DDD case manager of an Adverse Event within 24 hours or if occurring on the weekend, on the next working day. The written AER must be submitted to the DDD case manager within 72 hours.

20.COST SHARE

If the Department of Human Services (DHS) determines that you must pay a cost share to maintain eligibility for Medicaid, a Cost Share Designation form must be completed with the case manager. For the CD Option, the FMS contractor must be designated on the form. You are responsible for directly paying the FMS contractor the cost share amount. Payment of cost share is required to maintain your Medicaid eligibility. If you do not pay your cost share, your DHS eligibility worker will be notified.

21.TERMINATION FROM CONSUMER DIRECTED SERVICES

Voluntary Termination

You may decide to voluntarily end your participation in the CD option at any time by notifying your case manager. There will be a transition of services to natural supports and/or provider-agency services.

Involuntary Termination

Under certain circumstances, the State may involuntarily terminate your participation in the CD option. This is not subject to appeal since you could still get your Waiver services through a provider agency.

The circumstances include:

1. Your preferred employee is unable or unwilling to provide the service and you do not want any other options for services;
2. Your preferred direct support worker has been confirmed as a perpetrator of abuse (including financial) and/or neglect;
3. Your preferred direct support worker does not or cannot provide appropriate services, potentially endangering your health and welfare;
4. There is no backup available or
5. You continually fail to meet CD program and Acumen requirements such as, but not limited to:
 - a. unable to manage the CD budget to last the Plan Year;
 - b. inability to hire, train, supervise, direct or retain workers;
 - c. authorization of employee work that is not in accordance with ISP;
 - d. reliance on use of overtime on a regular basis;
 - e. inadequate protection of your health and welfare;
 - f. commission of fraudulent or criminal activity associated with self-direction;
 - g. not following the requirements in the CD Employers' Handbook;
 - h. failure to submit forms or reports or follow procedures required by the GMS contractor and DDD;

- i. refuse to sign the CD Option Employer Acknowledgment form; and
- j. not complying with the EVV requirements and employee training verification requirements.

In situations where your health and welfare may be in jeopardy, your case manager may immediately implement your backup plan for the CD option after discussion with you. Your case manager may take other appropriate action as needed (including referral to Adult Protective Services and Child Protective Services).

22.CONSUMER-DIRECTED OPTION EMPLOYER ACKNOWLEDGMENT

The “Consumer-Directed Option Employer Acknowledgment” form (Attachment C) lists the requirements of the employer to participate in the CD Option. The form must be signed by the employer. If a designated representative will carry out the functions of the employer, the designated representative must sign the acknowledgment form. Any new designated representative must also sign the Acknowledgment form. This form is signed at least every year as part of the ISP meeting.

In addition, CD employers are required to comply with the all requirements in this Consumer-Directed Option Overview and Requirements (Employer Handbook).

23.ATTACHMENTS

Attachment A - Specific Standards for Services Under the Consumer-Directed (CD) Option

- Chore
- Community Learning Services – Individual (CLS-Ind)
- Personal Assistance/Habilitation (PAB)
- Respite

Attachment B - Self-Assessment for Consumer-Directed (CD) Employers

Attachment C - Participant Choice of Consumer-Directed (CD) Option

Attachment D - Annual Acknowledgment of Consumer-Directed (CD) Option Requirements Form

Attachment E - Cost Share Designation (if applicable)

Attachment F - Verification of Annual Training of Consumer-Directed (CD) Employees

Attachment G - Adverse Event Report (AER) Form and Instructions

ATTACHMENT A

Specific Standards for Services Under the Consumer Directed (CD) Option

Chore

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| SERVICE DESCRIPTION | <p>Chore services support participants to maintain the home as a clean, sanitary and safe environment in order to ensure the participant's health and welfare.</p> <p>Chore may be provided by DSWs of a Provider or through the Consumer-Directed (CD) option.</p> <p>Chore is subject to Electronic Visit Verification (EVV).</p> |
| LOCATION OF SERVICES | Chore must be provided in the private home where the participant resides. |
| SERVICE TIERS | Not applicable for this service. |
| STAFF TO PARTICIPANT RATIO | <p>If more than one participant lives in the same home and are receiving Chore, the number of authorized units will be divided between the participants. For example, if four hours of Chore are authorized for two participants living together, Chore would be authorized for two hours for each</p> <p>participant, totaling four hours of Chore in the home.</p> |
| TRANSPORTATION | Transportation is not included in this service. |
| REIMBURSABLE ACTIVITIES | <p>Chore may include heavy household chores such as:</p> <ol style="list-style-type: none"> 1) washing floors, windows and walls, 2) tacking down loose rugs and tiles, and 3) moving heavy items of furniture, in order to provide safe access and egress. <p>Chore may also include more routine or regular services such as meal preparation and routine household care for the participant only.</p> <p>Chore may be provided without the participant present at the time of service delivery.</p> |
| ACTIVITIES NOT ALLOWED | <p>Chore may not be authorized for participants who live independently or with family where either the participant or family in the family home are able to perform this service.</p> <p>Chore may not be provided in licensed or certified settings.</p> |

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| | <p>Chore provided in the family home may 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.</p> <p>Chore may not be provided to children under 18 years of age.</p> <p>Chore may not be provided to a participant by their spouse.</p> <p>Chore does not include meal preparation and routine household care for other members of the household.</p> |
| LIMITS | Chore is available to participants living in their own place of residence who need Chore services and are without natural (non-paid) supports; or who are living with family but the members of the household are physically unable to perform the chores. |
| AUTHORIZATION | <p>Chore is authorized by the CM based on the person-centered planning process and as documented in the ISP.</p> <p>If the participant's request exceeds the Individual Supports Budget amount, the participant has the option to request a review through the DOH-DDD exceptions review process.</p> |
| STAFF AND LICENSED/CERTIFIED CAREGIVER QUALIFICATION REQUIREMENTS | There are no additional qualification requirements. |
| GENERAL SERVICE SUPERVISOR QUALIFICATIONS | <p>Face-to-face observations/reviews of services being delivered to participant must be conducted quarterly or more frequently if indicated in the ISP and/or Action Plan.</p> <p>On-site supervision of Chore must consist of verification of service completion and participant satisfaction as documented in the quarterly report to the CM.</p> <p>For CD Chore, the employer supervises the DSW/employee.</p> |
| DOCUMENTATION STANDARDS | Documentation must indicate that no other party is capable of and responsible for providing chore services, including the participant or anyone else financially providing for the participant. |

Community Learning Services – Individual (CLS-Ind)

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| SERVICE DESCRIPTION | <p>Community Learning Services-Individual (CLS-Ind) support the participant's integration in the community. Services will meet the participant's needs and preferences for active community participation, including the participant's choice of whether to do the activity individually using CLS-Ind or with a small group of others who share that interest using CLS-Group.</p> <p>The intended outcome of CLS-Ind is to support the participant to access the community in a manner that best meets their choices and interests. CLS-Ind includes assistance and supervision for community activities to maintain, learn or improve skills; develop social roles valued by non-disabled members of the community; use community resources; pursue leisure skills and hobbies; exercise civil rights and self-advocacy skills required for active community participation; functioning as independently as possible, and/or relying less on paid supports.</p> <p>CLS-Ind may be provided by staff of a Provider or through the Consumer-Directed (CD) option.</p> <p>CLS-Ind is available to participants of all ages.</p> |
| LOCATION OF SERVICES | <p>CLS-Ind services are provided within the community in locations where the participant has opportunities to engage with members of the community who do not have a disability.</p> <p>CLS-Ind must be delivered only in integrated settings in the community, outside the participant's place of residence.</p> |
| SERVICE TIERS | <p>This service does not include any tiers.</p> |
| STAFF TO PARTICIPANT RATIO | <p>For the Consumer-Directed option, one Consumer-Directed employee may deliver CLS-Ind services at a ratio of:</p> <ul style="list-style-type: none"> • 1:1 –one (1) employee to one (1) participant |
| TRANSPORTATION | <p>CLS-Ind includes transportation in the rate paid for the service</p> <p>The CLS-Ind staff time spent transporting the participant to community settings during the service times is billable.</p> <p>For CD, the CLS-Ind employee must be paid for time spent transporting the participant to community settings round-trip from the participant's home or other location chosen by the participant to start and/or end the CLS-Ind activity.</p> <p>The participant may not use Non-Medical Transportation to transport the participant to CLS-Ind service or during CLS-Ind service hours.</p> <p>The participant may not use CLS-Ind if the sole purpose of the service is for transportation.</p> |

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| HOURS OF OPERATION | <p>CLS-Ind services are available based on the participant's preferences and needs as identified through the person- centered planning process and documented in the ISP.</p> <p>This includes a schedule chosen by the participant to receive CLS-Ind during the day, evening, weekends, and holidays.</p> |
| REIMBURSABLE ACTIVITIES | <p>CLS-Ind may include, but is not limited to, assisting the participant to maintain, learn or improve skills to:</p> <ol style="list-style-type: none"> 1) develop social and networking skills, 2) develop and retain social valued roles, 3) independently use community resources, 4) develop adaptive and leisure skills and hobbies (including hobbies that result in a microenterprise), and 5) exercise civil rights and self-advocacy skills required for active community participation. <p>CLS-Ind must provide age relevant opportunities to engage with members of the community who do not have a disability.</p> <p>For children, CLS-Ind is used to support the goals and outcomes identified in the ISP that involve age- appropriate activities with their peers in locations where children gather, engaging with other children with similar interests, and building relationships with peers outside of school.</p> <p>As children reach their teen years, CLS-Ind also includes developing and identifying interests that could lead to exploring, discovery and planning for competitive integrated employment through the Discovery and Career Planning service.</p> <p>CLS-Ind may be used by participants for ongoing supports to volunteer at non-profit organizations or to work in competitive integrated employment. The responsibilities of CLS-Ind direct support worker, in volunteer or competitive integrated employment, may focus on habilitative training and/or assistance in activities of daily living, such as eating, toileting, mobility and transfers, and assistance with job duties that would not be typically provided by co-workers or supervisors at the volunteer or work site.</p> <p>The need for ongoing supports using CLS-Ind in volunteer or work settings, is made based on an assessment by the CM, at least annually, as part of the person-centered planning process.</p> |
| ACTIVITIES NOT ALLOWED | <p>CLS-Ind may not be provided out of the country.</p> <p>For participants under age 21, CLS-Ind may not be delivered if such services have been determined to be medically necessary EPSDT services to be provided through the QUEST Integration (QI) health plans.</p> |

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| | <p>CLS-Ind services may not be delivered during educational hours on school days as defined in the Individualized Education Plan (IEP) for a student (age 3 to 21) who is attending school, such as a reduced attendance schedule, home-school, or hospital services.</p> <p>If a parent chooses to remove a minor-aged student from school, the Medicaid I/DD Waiver will not provide CLS- Ind services during the times when the participant would otherwise be attending school. These limits do not apply once an adult has graduated or exited school.</p> <p>CLS-Ind may not be used to help a student complete school homework assignments.</p> <p>CLS-Ind may not be used for the sole purpose of child care while parents work outside the home.</p> <p>CLS-Ind may not replace the responsibilities of the family to include the participant who is a minor child in typical family activities in the community.</p> <p>CLS-Ind services may not be provided to minor children, less than 18 years of age, by parents, step-parents, or the legal guardian of the minor.</p> <p>CLS-Ind services may not be provided to a participant by their spouse.</p> <p>CLS-Ind in volunteer or employment settings may not be used:</p> <ul style="list-style-type: none"> a) in employment settings that are not competitive integrated employment b) for the sole purpose of transporting the participant to and from the job; c) to replace the employer's responsibility for supervision, training, support and adaptations typically available to other workers without disabilities; d) to increase productivity of any company or business that employs a participant; and e) as a condition of employment where the employer requires the participant to have a CLS- Ind worker with the participant at all times. <p>An individual serving as a designated representative for a waiver participant using the CD option may not provide CLS-Ind.</p> <p>CLS-Ind may not be provided at the same time (in the same hour of the day) as Respite, Personal Assistance/Habilitation, Adult Day Health, Discovery and Career Planning, or Individual Employment Supports.</p> <p>NOTE: CLS-Ind can be billed for the same 15-minute period with Individual Employment Support – Job Development when it is not a being provided face-to-face with the participant.</p> |
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| | <p>CLS-Ind does not include educational services otherwise available through a program funded under section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.) but may complement those services beyond any program limitations.</p> <p>Personal care/assistance may be a component of CLS-Ind as necessary to meet the needs of a participant but may not comprise the entirety of the service.</p> |
| LIMITS | <p>Out-of-state CLS-Ind services cannot exceed 14 calendar days in the participant's plan year.</p> <p>An exceptions process is in place for situations that could arise during travel that would require additional authorization of hours.</p> <p>Out-of-state CLS-Ind is approved for the same number of hours as the current authorization.</p> <p>CLS-Ind is not intended to be used on an ongoing or long- term basis to support a participant to work except for the primary purpose of assisting the participant with activities of daily living.</p> |
| AUTHORIZATION | <p>CLS-Ind is authorized by the CM based on the ISP.</p> <p>If the participant's request exceeds the Individual Supports Budget amount or service guidelines, the participant has the option to request a review through the DOH-DDD exceptions review process.</p> <p>For Provider CLS-Ind: The staff to participant ratio for CLS-Ind services is 1:1. Requests for enhanced staff authorizations (2:1 ratio) are considered on a case- by-case basis and must be reviewed through the DOH- DDD exceptions review process.</p> <p>Enhanced staff authorizations for Provider CLS-Ind (2:1) must be reviewed at regular intervals as specified in the ISP or a minimum every six months to determine the continued need for enhanced staffing.</p> <p>CLS-Ind is generally not provided by any worker or member of the ResHab household (someone residing at the same address as the participant). If the participant lives in a ResHab setting and the participant chooses to receive CLS-Ind from any worker or member of the ResHab household, the ISP must clearly document that the CLS-Ind service:</p> <ol style="list-style-type: none"> 1) is distinct from routine household and family activities provided as part of the ResHab service; 2) is used by the participant for activities in the community that are chosen by the participant; and 3) includes that the participant has been given an informed choice of workers and is not limited only to the ResHab workers or household members. |

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| | Before CLS-Ind can be provided by any worker or member of the ResHab household, prior authorization from DOH-DDD is required. |
| INTERFACE WITH TRAINING AND CONSULTATION (T&C) | <p><u>Training and Consultation (T&C) by Behavior Analyst, Psychologist or Other Professional practicing within the scope of their license and in accordance with Act 205, Session Laws of Hawai'i 2018:</u></p> <p>For participants who have a formal behavior support plan (BSP) based on a Functional Behavior Assessment (FBA) that is implemented during CLS- Ind service hours, the ISP will specify the amount and frequency of T&C. This is a separate service that interfaces with CLS-Ind because the qualified T&C professional will train CLS-Ind staff or CD employees who will implement the BSP.</p> <p><u>T&C – Registered Nurse (T&C-RN):</u></p> <p>For participants who require nurse-delegated tasks to be completed during CLS-Ind service hours, the ISP will specify the amount and frequency of T&C-RN. This is a separate service that interfaces with CLS-Ind because the qualified T&C professional will train CLS- Ind staff or CD employees who will perform nurse- delegated tasks.</p> <p>The T&C Provider will work with the CLS-Ind Provider and CD employer to ensure that staff needing training, skills verification or other contacts are available when needed for efficient and effective use of T&C services.</p> <p><i>NOTE: T&C does not replace the provider Service Supervisor's responsibilities. T&C may delivered concurrently (same 15-minute period) with CLS-Ind.</i></p> |
| STAFF AND LICENSED/CERTIFIED CAREGIVER QUALIFICATION REQUIREMENTS | <p>All CLS-Ind staff must complete specialized training in community integration.</p> <p>Additional training requirements if the Direct Support Worker (DSW) or Registered Behavior Technician (RBT) will implement a formal behavior support plan or perform nurse-delegated tasks:</p> <ol style="list-style-type: none"> 1) If the CLS-Ind service includes implementation of a formal Behavior Support Plan (BSP) based on a Functional Behavior Assessment (FBA), the DSW/RBT who provides the service must also complete: <ol style="list-style-type: none"> a. the DSW must complete specialized face-to- face training that includes, but is not limited to, observation, behavior interventions, skill acquisition, data collection, documentation and reporting; <p style="text-align: center;">or</p> |

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| | <ul style="list-style-type: none"> b. if the worker is an RBT, the current RBT credential substitutes for the specialized training requirement but the RBT must complete face-to-face training in the implementation of the BSP. c. for either a DSW or RBT implementing a BSP, the staff must also successfully complete a comprehensive training on Positive Behavior Supports (PBS) and an approved behavioral/crisis management system compatible with PBS and in accordance with DOH-DDD P&P #2.01 <i>Positive Behavior Supports</i> and #2.02 <i>Restrictive Interventions</i>. <p>2) If the participant receives an RN assessment that identifies nursing tasks that require delegation during CLS-Ind service, the DSW/RBT delivering the service must meet state delegation requirements per HRS 457-2.5 and 457-7.</p> <p>Training(s) for meeting these requirements must be conducted by a licensed professional or qualified designee in accordance with Hawai'i state law.</p> |
| <p>PROVIDER QUALIFICATION STANDARDS</p> <p>DSW – Consumer-Directed Employee</p> | <p>The CD employee must be a Direct Support Worker (DSW) who completes the mandatory qualifications:</p> <ul style="list-style-type: none"> 1) <u>Mandatory:</u> <ul style="list-style-type: none"> a. 18 years of age; b. Criminal History Record check (List of Excluded Individuals and Entities (LEIE), MQD list of Excluded Providers and the Hawaii Criminal Justice Data Center (eCRIM) site) and c. Satisfactory skills (skill level as defined and identified in the ISP) as verified and documented by the employer prior to the service delivery and in the event of any changes to the ISP, including required training and skills verification for nurse delegated tasks or in implementing a formal Behavior Support Plan (BSP); 2) <u>Recommended:</u> In addition, it is recommended that the consumer- directed employee complete the recommended qualifications: <ul style="list-style-type: none"> a. Adult Protective Services (APS) and/or Child Welfare Services (CWS) checks according to the Standards set forth by the DHS; b. TB clearance; c. First Aid training; and d. Cardiopulmonary Resuscitation (CPR) training. |
| GENERAL SERVICE SUPERVISOR QUALIFICATIONS | <p>If the service includes implementation of a formal BSP based on an FBA, in addition to General Standards,</p> <ul style="list-style-type: none"> a) the Service Supervisor must also complete specialized face-to-face training that includes, but is not limited to, observation, behavior interventions, skill acquisition, data collection, documentation and reporting; <p style="text-align: center;">or</p> |

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| | <p>b) the Service Supervisor is a Registered Behavior Technician (RBT), the current RBT credential substitutes for the specialized training requirement but the RBT/Service Supervisor must complete face-to-face training in the implementation of the BSP.</p> <p>c) whether the Service Supervisor is qualified under a) or b), the Service Supervisor must complete a comprehensive training on Positive Behavior Supports and an approved behavioral/crisis management system compatible with PBS and in accordance with DOH-DDD P&P #2.01 <i>Positive Behavior Supports</i> and #2.02 <i>Restrictive Interventions</i>.</p> <p>Training(s) for meeting the requirements of a) and b) must be conducted by a licensed professional or qualified designee in accordance with Hawai'i state law.</p> <p>It is recommended that the Service Supervisor for a participant's plan that includes BSP interventions obtain RBT certification. Note that the RBT certification does not permit the Service Supervisor to oversee the BSP; however, the RBT certification demonstrates that the Service Supervisor has a standard base of knowledge.</p> <p>For CD, the employer supervises the employee(s).</p> <p>The CD employer must ensure that all CD employees performing nurse-delegated tasks or implementing a formal Behavior Support Plan (BSP) have successfully completed all required training and skills verification.</p> |
| DOCUMENTATION STANDARDS | <ol style="list-style-type: none"> 1) The Provider or CD employer must maintain a copy of sign-in sheets as documentation of all face-to-face training(s) conducted by the licensed professional or qualified designee for instructing workers in how to implement a formal Behavior Support Plan (BSP) based on a Functional Behavior Assessment (FBA). 2) The Provider or CD employer must maintain a copy of sign-in sheets as documentation of all skills verification done for nurse-delegated tasks by the Registered Nurse who delegates the tasks. |

Personal Assistance/Habilitation (PAB)

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| SERVICE DESCRIPTION | <p>Personal Assistance/Habilitation (PAB) includes a range of assistance or habilitative training services provided primarily in the participant's own home or family home to enable a participant to acquire, retain and/or improve skills related to living in his/her home.</p> <p>Through the person-centered planning process, the participant is afforded the choice and flexibility to decide the skills/activities to work on in the home setting using PAB and the skills/activities to work on in community-based settings using other waiver services.</p> <p>A different service, Community Learning Service, is delivered outside the participant's home and focuses on community-based skill development opportunities.</p> <p>PAB may be provided by staff of a Provider or through the Consumer-Directed (CD) option.</p> <p>PAB is available to participants of all ages.</p> <p>PAB is subject to Electronic Visit Verification (EVV).</p> |
| LOCATION OF SERVICES | PAB services are provided in the participant's own home or family home. |
| SERVICE TIERS | This service does not include any tiers. |
| STAFF TO PARTICIPANT RATIO | <p>For CD, one CD employee may deliver PAB services at a ratio of:</p> <ul style="list-style-type: none"> • 1:1 –one (1) employee to one (1) participant |
| TRANSPORTATION | Transportation of the participant is not included in PAB services. |
| HOURS OF OPERATION | PAB services are available based on the participant's preferences and needs as identified through the person-centered planning process and documented in the ISP. This includes a schedule chosen by the participant to receive PAB during the day, evening, weekends, and holidays. |
| REIMBURSABLE ACTIVITIES | <p>PAB services are identified through the person-centered planning process and are included in the Individualized Service Plan (ISP) to address measurable outcomes related to the participant's skills in the following areas:</p> <ol style="list-style-type: none"> 1) Activities of Daily Living (ADL) skills including eating, bathing, dressing, grooming, toileting, personal hygiene and transferring; 2) Instrumental Activities of Daily Living (IADL) including light housework, laundry, meal preparation, arranging public transportation, preparing a grocery or shopping list, using the telephone, learning to self-administer medication and budgeting; 3) mobility; |

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| | <p>4) communication; and</p> <p>5) social skills and adaptive behaviors.</p> <p>PAB may be provided through hands-on assistance (actually performing a task for the participant), training (teaching the participant to perform all or part of a task), or multi-step instructional cueing (prompting the participant to perform a task). Such assistance also may include active supervision (readiness to intervene as necessary when there is a greater than 50% likelihood that assistance will be required during the supervision episode). PAB includes personal assistance, which means the direct support worker may perform the care for the participant. However, PAB also includes habilitation, which means the IP must also include strategies for the DSW to implement that teach the participant to acquire, retain or improve a skill for part of the service. Personal care assistance may be a component part of PAB services but may not comprise the entirety of the service.</p> <p>Acquire means to learn a new skill that the participant cannot do.</p> <p>Retain means to keep a skill that the participant already can do.</p> <p>Improve means to get better at a skill the participant can do.</p> <p>PAB services may be provided on an episodic or on a continuing basis.</p> |
| ACTIVITIES NOT ALLOWED | <p>PAB services may not be provided in a licensed or certified residential home.</p> <p>PAB services may not be provided out of the country.</p> <p>For participants under age 21, PAB may not be delivered if such services have been determined to be medically necessary EPSDT services to be provided through the QUEST Integration (QI) health plans.</p> <p>PAB services may not be delivered during the school day or educational hours as defined in the Individualized Education Plan (IEP) for a student (age 3 to 20) who is attending school, such as a reduced attendance schedule, home-school, or hospital services. If a parent chooses to remove a minor-aged student from school, the waiver will not provide PAB services during the times when the participant would otherwise be attending school. These limits to not apply once an adult has graduated or exited school.</p> <p>PAB services may not be used to help a student complete Department of Education homework assignments.</p> <p>PAB services may not be used for the sole purpose of child care while parents work outside the home.</p> <p>PAB services may not be provided to minor children, less than 18 years of age, by parents, step-parents, or the legal guardian of the minor.</p> |

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| | <p>Service provision by family members should not replace “usual non-paid activities and customary” efforts that are typically taught by family members to their children.</p> <ol style="list-style-type: none"> 1) The family member will provide services in accordance with the Standards of services. 2) The family member will only provide services to the participant for approved services as stated in the ISP and/or Action Plan. <p>PAB services may not be provided to a participant by their spouse.</p> <p>An individual serving as a designated representative for a waiver participant using the consumer-directed option may not provide PAB.</p> <p>PAB may not be provided at the same time (in the same hour of the day) as Respite, Community Learning Services, Adult Day Health, Discovery and Career Planning, Individual Employment Supports or Residential Habilitation.</p> |
| LIMITS | <p>Out-of-state PAB services cannot exceed fourteen (14) calendar days in the participant’s plan year for one staff to accompany the participant. An exceptions process is in place for situations that could arise during travel that would require additional authorization of hours. Out-of-state PAB is approved for the same number of hours as the current authorization. The staff will perform both PAB and CLS-Ind services.</p> |
| AUTHORIZATION | <p>PAB is authorized by the CM based on the ISP.</p> <p>If the participant’s request exceeds the Individual Supports Budget amount or service guidelines, the participant has the option to request a review through the DOH-DDD exceptions review process.</p> <p>If the RBT is delivering PAB services that do not require implementation of a formal behavior support plan, PAB will be authorized at the regular DSW rate, not the RBT rate.</p> |
| INTERFACE WITH TRAINING AND CONSULTATION (T&C) | <p><u>Training and Consultation (T&C) by Behavior Analyst, Psychologist or Other Professional practicing within the scope of their license and in accordance with Act 205, Session Laws of Hawai‘i 2018:</u></p> <p>For participants who have a formal behavior support plan (BSP) based on a Functional Behavior Assessment (FBA) that is implemented during PAB service hours, the ISP will specify the amount and frequency of T&C. This is a separate service that interfaces with PAB because the qualified T&C professional will train PAB staff or consumer-directed employees who will implement the BSP.</p> |

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| | <p><u><i>T&C – Registered Nurse (T&C-RN):</i></u></p> <p>For participants who require nurse-delegated tasks to be completed during PAB service hours, the ISP will specify the amount and frequency of T&C-RN. This is a separate service that interfaces with PAB because the qualified T&C professional will train PAB staff or CD employees who will perform nurse-delegated tasks.</p> <p>The T&C Provider will work with the PAB Provider and CD employer to ensure staff and CD employees needing training, skills verification or other contacts are available when needed for efficient and effective use of T&C services.</p> <p><i>NOTE: T&C does not replace the Provider service supervisor’s responsibilities or the CD employer’s supervision responsibilities. T&C may be delivered concurrently (same 15-minute period) with PAB.</i></p> |
| STAFF AND LICENSED/CERTIFIED CAREGIVER QUALIFICATION REQUIREMENTS | <p>All PAB staff must complete specialized training in community integration.</p> <p>Additional training requirements if the Direct Support Worker (DSW) or Registered Behavior Technician (RBT) will implement a formal behavior support plan or perform nurse-delegated tasks:</p> <ol style="list-style-type: none"> 1) If the PAB service includes implementation of a formal Behavior Support Plan (BSP) based on a Functional Behavior Assessment (FBA), the DSW/RBT who provides the service must also complete: <ol style="list-style-type: none"> a. the DSW must complete specialized face-to-face training that includes, but is not limited to, observation, behavior interventions, skill acquisition, data collection, documentation and reporting; or b. if the worker is an RBT, the current RBT credential substitutes for the specialized training requirement but the RBT must complete face-to- face training in the implementation of the BSP. c. for either a DSW or RBT implementing a BSP, the staff must also successfully complete a comprehensive training on Positive Behavior Supports (PBS) and an approved behavioral/crisis management system compatible with PBS and in accordance with DOH-DDD P&P #2.01 <i>Positive Behavior Supports</i> and #2.02 <i>Restrictive Interventions</i>. 2) If the participant receives an RN assessment that identifies nursing tasks that require delegation during PAB service, the DSW/RBT delivering the service must meet state delegation requirements per HRS 457-2.5 and 457-7. |

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| | <p>Training(s) for meeting these requirements must be conducted by a licensed professional or qualified designee in accordance with Hawai'i state law.</p> |
| <p>PROVIDER QUALIFICATION STANDARDS</p> <p>DSW – Consumer-Directed Employee</p> | <p>The CD employee must be a Direct Support Worker (DSW) who completes the mandatory qualifications:</p> <ol style="list-style-type: none"> 1) <u>Mandatory:</u> <ol style="list-style-type: none"> a. 18 years of age; b. Criminal History Record check (List of Excluded Individuals and Entities (LEIE), MQD list of Excluded Providers and the Hawaii Criminal Justice Data Center (eCRIM) site) and c. Satisfactory skills (skill level as defined and identified in the ISP) as verified and documented by the employer prior to the service delivery and in the event of any changes to the ISP, including required training and skills verification for nurse delegated tasks or in implementing a formal Behavior Support Plan (BSP); 2) <u>Recommended:</u> <p>In addition, it is recommended that the CD employee complete the recommended qualifications:</p> <ol style="list-style-type: none"> a. Adult Protective Services (APS) and/or Child Welfare Services (CWS) checks according to the Standards set forth by the DHS; b. TB clearance; c. First Aid training; and d. Cardiopulmonary Resuscitation (CPR) training. |
| <p>GENERAL SERVICE SUPERVISOR QUALIFICATIONS</p> | <p>If the service includes implementation of a formal BSP based on an FBA, in addition to General Standards,</p> <ol style="list-style-type: none"> a) the Service Supervisor must also complete specialized face-to-face training that includes, but is not limited to, observation, behavior interventions, skill acquisition, data collection, documentation and reporting; or b) the Service Supervisor is a Registered Behavior Technician (RBT), the current RBT credential substitutes for the specialized training requirement but the RBT/Service Supervisor must complete face-to-face training in the implementation of the BSP. c) whether the Service Supervisor is qualified under a) or b), the Service Supervisor must complete a comprehensive training on Positive Behavior Supports and an approved behavioral/crisis management system compatible with PBS and in accordance with DOH-DDD P&P #2.01 <i>Positive Behavior Supports</i> and #2.02 <i>Restrictive Interventions</i>. <p>Training(s) for meeting the requirements of a) and b) must be conducted by a licensed professional or qualified designee in accordance with Hawai'i state law.</p> |

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| | <p>It is recommended that the Service Supervisor for a participant's plan that includes BSP interventions obtain RBT certification. Note that the RBT certification does not permit the Service Supervisor to oversee the BSP; however, the RBT certification demonstrates that the Service Supervisor has a standard base of knowledge.</p> <p>For CD, the employer supervises the employee(s).</p> <p>a) The CD employer must ensure that all CD employees performing nurse-delegated tasks or implementing a formal Behavior Support Plan (BSP) have successfully completed all required training and skills verification.</p> |
| DOCUMENTATION STANDARDS | <p>1) The Provider or CD employer must maintain a copy of sign-in sheets as documentation of all face-to-face training(s) conducted by the licensed professional or qualified designee for instructing workers in how to implement a formal Behavior Support Plan (BSP) based on a Functional Behavior Assessment (FBA).</p> <p>2) The Provider or CD employer must maintain a copy of sign-in sheets as documentation of all skills verification done for nurse-delegated tasks by the Registered Nurse who delegates the tasks.</p> |

Respite

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| SERVICE DESCRIPTION | <p>The goal of Respite services is to support family relationships to sustain the participant living in the family home.</p> <p>Respite services are only provided to participants living in family homes and are furnished on a short-term basis to provide relief to those persons who normally provide uncompensated care for the participant for at least a portion of the day.</p> <p>Respite may be provided by staff of a Provider or through the Consumer-Directed (CD) option.</p> <p>Respite is subject to Electronic Visit Verification (EVV). See Introduction, E. and Section 3.2 for details.</p> <p>If the participant requires nursing assessment, judgment and skilled interventions during Respite, the service may be provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) who is under the supervision of an RN.</p> |
| LOCATION OF SERVICES | <p>Hourly Respite services can only be provided in a residential or community setting that ensures the health and safety of the participant:</p> <ol style="list-style-type: none"> 1) participant's own home 2) private residence of a respite care worker |
| SERVICE TIERS | This service does not include any tiers. |
| TRANSPORTATION | Not included in this service. |
| HOURS OF OPERATION | Respite services are available based on the participant's preferences and family needs as identified through the person-centered planning process and documented in the ISP. This includes a schedule chosen by the participant and family to receive Respite services. |
| REIMBURSABLE ACTIVITIES | <p>Respite services may include the supervision or provision of assistance to meet participant needs in the following areas:</p> <ol style="list-style-type: none"> 1) Routine health needs such as nurse delegated tasks; 2) Activities of Daily Living (bathing, toileting, etc.); and 3) Meal preparation. <p>If Respite is provided by an RN or LPN, perform nursing assessment, judgment and skilled interventions that may arise during the Respite service.</p> |
| ACTIVITIES NOT ALLOWED | Respite shall not be provided in institutional settings, such as long-term nursing care facilities or intermediate care facilities for individuals with intellectual disabilities (ICF/IID). |

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| | <p>Respite may not be provided out of the country.</p> <p>Respite is not available to participants who reside in licensed or certified settings.</p> <p>Respite provided on an hourly basis may not be delivered during the same time (same 15 minutes) that the following face-to-face services are delivered: Personal Assistance/Habilitation (PAB), Adult Day Health (ADH), Discovery and Career Planning, Individual Employment Supports – Job Coaching, Private Duty Nursing or Community Learning Services (CLS).</p> <p>Respite may not be provided to minor children, less than 18 years of age, by parents, step-parents, or the legal guardian of the minor.</p> <p>Respite may not be provided to a participant by their spouse.</p> <p>An individual serving as a designated representative for a waiver participant using the consumer-directed option may not provide Respite.</p> <p>Respite services provided by a nurse shall not be authorized to supplement PDN hours on a regular scheduled basis or for participants who do not otherwise receive nursing services as specified in “Limits”.</p> |
| LIMITS | <p>Multiple episodes of respite may occur during the year. However, any episode of respite is limited to 14 consecutive days. The total annual amount of Respite is limited to 760 hours.</p> <p>Daily Respite is limited to licensed or certified residential homes.</p> <p>Hourly Respite with the 15-minute codes is provided in the participant's own home or the private residence of a respite care worker.</p> <p>Participants who receive ongoing nursing services because the participant requires the assessment, judgment, and skilled interventions of a nurse may choose to receive Respite from a qualified respite worker or by an RN or LPN. Ongoing nursing services must be authorized through one of the following:</p> <ul style="list-style-type: none"> a) for children under age 21, Skilled Nursing or Private Duty Nursing (PDN) provided through QUEST Integration EPSDT services; b) for adults age 21 and older, PDN provided through the 1915(c) I/DD waiver services or Skilled Nursing provided through the QUEST Integration health plans; c) for participants with third-party insurance, PDN or Skilled Nursing services through the insurer. <p>Respite services provided by an RN or LPN must be obtained from a Medicaid I/DD Waiver Provider and cannot be consumer- directed.</p> |

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| | Participants may choose CD to employ respite workers, but cannot use CD to employ nurses. |
| AUTHORIZATION | <p>Respite is authorized by the CM based on the ISP.</p> <p>If Respite will be delivered by both RNs and LPNs, the Provider must advise the CM of the projected number of hours the RNs will provide and the number of hours the LPNs will provide. The CM must enter the authorization using different code/modifiers for Respite – RN and Respite – LPN. Although hours can be adjusted, the Provider is strongly encouraged to project RN and LPN staffing as closely as possible to avoid multiple requests for adjustments to the authorizations during the plan year.</p> <p>Requests for Respite beyond the annual limit of 760 hours must be submitted through the DOH-DDD exceptions review process.</p> <p>Respite services provided by a nurse must be provided using the 15-minute code only.</p> |
| INTERFACE WITH TRAINING AND CONSULTATION (T&C) | <p><u><i>Training and Consultation (T&C) by Behavior Analyst, Psychologist or Other Professional practicing within the scope of their license and in accordance with Act 205, Session Laws of Hawai‘i 2018:</i></u></p> <p>For participants who have a formal behavior support plan (BSP) based on a Functional Behavior Assessment (FBA) that is implemented during Respite service hours, the ISP will specify the amount and frequency of T&C. This is a separate service that interfaces with Respite because the qualified T&C professional will train Respite staff or consumer-directed employees who will implement the BSP.</p> <p><u><i>T&C – Registered Nurse (T&C-RN):</i></u></p> <p>For participants who require nurse-delegated tasks to be completed during Respite service hours, the ISP will specify the amount and frequency of T&C-RN. This is a separate service that interfaces with Respite because the qualified T&C professional will train Respite staff or CD employees who will perform nurse-delegated tasks.</p> <p>The T&C Provider will work with the Respite Provider or the CD employer to ensure that staff needing training, skills verification or other contacts are available when needed for efficient and effective use of T&C services.</p> <p><i>NOTE: T&C does not replace the Provider or CD employer Service Supervisor’s responsibilities. T&C may be delivered concurrently (same 15-minute period) with Respite.</i></p> |

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| <p>STAFF AND LICENSED/CERTIFIED CAREGIVER QUALIFICATION REQUIREMENTS</p> | <p>The Provider must ensure that Respite workers have written information on:</p> <ol style="list-style-type: none"> 1) basic health and safety needs and care affecting the participant; 2) emergency and personal information; and 3) medical history as outlined in the ISP. <p>Additional training requirements if the staff, licensed/certified caregiver, CD employee or Registered Behavior Technician (RBT) will implement a formal behavior support plan or perform nurse-delegated tasks:</p> <ol style="list-style-type: none"> 1) If the Respite service includes implementation of a formal Behavior Support Plan (BSP) based on a Functional Behavior Assessment (FBA), the person who provides the service must also complete: <ol style="list-style-type: none"> a. specialized face-to-face training that includes, but is not limited to, observation, behavior interventions, skill acquisition, data collection, documentation and reporting; or b. if the worker is an RBT, the current RBT credential substitutes for the specialized training requirement but the RBT must complete face-to-face training in the implementation of the BSP. c. a comprehensive training on Positive Behavior Supports (PBS) and an approved behavioral/crisis management system compatible with PBS and in accordance with DOH-DDD P&P #2.01 <i>Positive Behavior Supports</i> and #2.02 <i>Restrictive Interventions</i>. 2) If the participant receives an RN assessment that identifies nursing tasks that require delegation during Respite service, the person delivering the service must meet state delegation requirements per HRS 457-2.5 and 457-7. <p>Training(s) for meeting these requirements must be conducted by a licensed professional or qualified designee in accordance with Hawai'i state law.</p> |
| <p>PROVIDER QUALIFICATION STANDARDS</p> <p>DSW – Consumer-Directed Employee</p> | <p>The CD employee must be a Direct Support Worker (DSW) who completes the mandatory qualifications:</p> <ol style="list-style-type: none"> 1) <u>Mandatory:</u> <ol style="list-style-type: none"> a. Criminal History Record check (List of Excluded Individuals and Entities (LEIE), MQD list of Excluded Providers and the Hawaii Criminal Justice Data Center (eCRIM) site); and b. Satisfactory skills (skill level as defined and identified in the ISP) as verified and documented by the employer prior to the service delivery and in the event of any changes to the ISP, including required training and skills verification for nurse delegated tasks or in implementing a formal Behavior Support Plan (BSP); |

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| | <p>2) <u>Recommended:</u> In addition, it is recommended that the CD employee complete the recommended qualifications:</p> <ul style="list-style-type: none"> a. Adult Protective Services (APS) and/or Child Welfare Services (CWS) checks according to the Standards set forth by the DHS; b. TB clearance; c. First Aid training; and d. Cardiopulmonary Resuscitation (CPR) training. |
| GENERAL SERVICE SUPERVISOR QUALIFICATIONS | <p>Respite by an RN does not require a Service Supervisor.</p> <p>If the service includes implementation of a formal BSP based on an FBA, in addition to General Standards,</p> <ul style="list-style-type: none"> a) the Service Supervisor must also complete specialized face-to-face training that includes, but is not limited to, observation, behavior interventions, skill acquisition, data collection, documentation and reporting; or b) the Service Supervisor is a Registered Behavior Technician (RBT), the current RBT credential substitutes for the specialized training requirement but the RBT/Service Supervisor must complete face-to-face training in the implementation of the BSP. c) whether the Service Supervisor is qualified under a) or b), the Service Supervisor must complete a comprehensive training on Positive Behavior Supports and an approved behavioral/crisis management system compatible with PBS and in accordance with DOH-DDD P&P #2.01 <i>Positive Behavior Supports</i> and #2.02 <i>Restrictive Interventions</i>. <p>Training(s) for meeting the requirements of a) and b) must be conducted by a licensed professional or qualified designee in accordance with Hawai'i state law.</p> <p>It is recommended that the Service Supervisor for a participant's plan that includes BSP interventions obtain RBT certification.</p> <p>Note that the RBT certification does not permit the Service Supervisor to oversee the BSP; however, the RBT certification demonstrates that the Service Supervisor has a standard base of knowledge.</p> <p>For CD, the employer supervises the employee(s).</p> <p>The CD employer must ensure that all CD employees performing nurse-delegated tasks or implementing a formal Behavior Support Plan (BSP) have successfully completed all required training and skills verification.</p> |
| DOCUMENTATION STANDARDS | <p>The Provider or CD employer must maintain a copy of sign-in sheets as documentation of all skills verification done for nurse- delegated tasks by the Registered Nurse who delegates the tasks.</p> |

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| | <p>If Respite is provided by LPNs, the agency must assign one RN to oversee the Respite service and be responsible for written quarterly service supervision reports that are submitted to the CM.</p> <p>If Respite is provided by RNs, the RN is responsible for written quarterly reports that are submitted to the CM.</p> |
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ATTACHMENT B

Self-Assessment for Consumer-Directed Employers

The Consumer-Directed (CD) option gives you an opportunity to have control of your Waiver services. You would have control over your employees (Employer Authority) and over dollars for the services (Budget Authority). The services available under the CD option are: Personal Assistance/Habilitation (PAB), Community Learning Services (CLS), Respite and Chore.

Employer Authority enables you to:

- Recruit your own workers to provide Waiver services
- Hire workers that you feel would do the best job
- Train your workers to provide your services
- Schedule your workers when you want them to work
- Provide them with supervision (let them know when they do well and correct them when they are not following directions)
- Fire them if they do not meet your expectations or are disrespectful and abusive

Budget Authority lets you:

- Decide how much to pay your workers (within a range)
- Manage an annual budget for each service under the CD option
- Move dollars between budgets for most services
- Decide whether to obtain and pay for Workers' Compensation Insurance from the budget

For the Consumer-Directed option, you will be the common law (legal) employer of your workers. You will also be responsible to manage your employee's work schedule so there is enough dollars to pay them for the whole ISP year. While there is significant authority to control your services, there is also much responsibility to be an employer.

Many individuals have not been employers or supervised other persons. This self-assessment will help you to decide whether you are able or willing to be an employer.

Each person that will be the CD employer must complete this self-assessment. The participant is regarded as the employer. However, if the participant is unable or unwilling to fulfill the responsibilities of the common law employer, a designated representative can be the common law employer. The designated representative must complete this self-assessment. More information on the designated representative is detailed in the CD Employer Handbook.

Instructions:

- After each question, check a Yes or No box
- Complete the information at the end of the Self-Assessment
- Submit the Self-Assessment to your DDD case manager

Self-Assessment for Consumer-Directed Employers

Employer Authority- Are you able and willing to:

- Recruit potential workers? ☐ Yes ☐ No
- Decide what duties your workers will perform to meet your ISP outcomes? ☐ Yes ☐ No
- Train your workers to provide services? ☐ Yes ☐ No
- Schedule your workers to meet your service needs? ☐ Yes ☐ No
- Supervise your workers by giving them praise when they do well and pointing out what they need to correct? ☐ Yes ☐ No
- Keep a safe workplace for your workers? ☐ Yes ☐ No
- Follow procedures and meet due dates from the fiscal agent for the CD option? (The fiscal agent will require forms to be completed and worktime to be entered into the web-based payroll system. You will need to make sure your workers meet these requirements. ☐ Yes ☐ No
- Use a computer to review and approve employee work time? ☐ Yes ☐ No

Budget Authority- Are you able and willing to:

- Manage budgets to last the entire ISP year? ☐ Yes ☐ No
- Make adjustments in employee wage rates and work schedules to stay within service budgets? ☐ Yes ☐ No
- Keep track of expenditures (monthly reports available from fiscal agent? ☐ Yes ☐ No
- Control the use of overtime to stay within budgets? ☐ Yes ☐ No

Other- Are you able and willing to:

- Inform your case manager if employees are disrespectful or abusive to you? ☐ Yes ☐ No
- Speak up when something is bothering you? ☐ Yes ☐ No
- Make sure employees are not entering false work time? (This is a Medicaid fraud offence subject to investigation and legal penalties) ☐ Yes ☐ No

Your answers will give you an idea of whether you are able and willing to meet the responsibilities of a CD employer. You can have a designated representative take on the responsibilities of the employer and can change designated representatives at any time.

Indicate the person taking this self-assessment:

☐ Participant. ☐ Designated Representative

Name and Signature of Person completing the self-assessment:

First Name: _____ Last Name: _____

Signature: _____ Date: _____

ATTACHMENT C

Participant Choice of the Consumer-Directed (CD) Option

Please print clearly

Waiver Participant: (F Name, L Name): _____

Selection of the CD Option:

Your case manager has provided you with information and materials on the Medicaid Waiver for individuals with intellectual and developmental disabilities. The information included services provided by provider agencies and the CD option. Materials on the CD option included the CD Brochure, Self-Assessment and CD Employer Handbook. You may obtain your Waiver services through: (1) agency provided services, (2) CD option or (3) a combination of agency provided services and the CD option.

Indicate how you want to receive your Wavier services:

☐ Agency services ☐ CD option ☐ Agency services and CD option

CD Employer:

If you have selected the CD option or a combination of Agency services and CD option, a person must be identified to be the common-law (legal) employer. The CD employer shall be responsible to carry out all the employer functions identified in the CD Employer Handbook.

Provide the following information on the person who will be the CD employer:

Who is the employer? ☐ Designated Representative ☐ Participant

If Designated Representative, indicate relationship to Participant: _____

Employer Name (F Name, L Name): _____

Home Address: _____

Email Address: _____ Phone Number: _____

Backup Plan:

If your CD services are interrupted for some reason, a Backup Plan should be in place so your services can continue. Check selected choices and enter information.

☐ Provider Agency (Name of Agency): _____

☐ Natural Supports (Names of people): _____

☐ Other (Specify): _____

I will keep my case manager informed of any changes in this form. I understand a designated representative can be appointed or changed but the case manager must be notified and receive this form before the change can be made.

Signature: Participant/Legal Guardian/Family: _____

Date: _____

Revised 4-5-22

[Download the Participant Choice Form – PDF Format](#)

ATTACHMENT D

Annual Acknowledgment of Consumer-Directed (CD) Option Requirements

Participants in the Medicaid Home and Community Based Services Waiver may choose to have services provided through the Consumer-Directed (CD) option. This means you are the employer of the direct support workers that provide your Waiver services. If you select this option, you must fulfill the employer's requirements and manage a budget for each service. (If a designated representative will be the employer, that person must complete this form.)

I acknowledge and agree to each of the following employer requirements as a condition for participating in the CD option:

- ☐ I have been informed of the CD option and been given a copy of the "Consumer-Directed Option Overview and Requirements Handbook" which identifies the CD Employer's requirements.
- ☐ I will accept responsibility for and comply with all requirements identified in the "Consumer-Directed Option Overview and Requirements Handbook".
- ☐ I understand that if I am the designated representative, I will be the legal employer and shall fulfill all responsibilities of the CD employer. I also understand I cannot be paid to provide services.
- ☐ As the employer, I will submit all employer required paperwork and comply with all procedures required by Acumen by their scheduled due dates.
- ☐ I will train and supervise my employee(s) and will be responsible to ensure they complete all employee required paperwork and comply with procedures as required by Acumen by scheduled due dates. This includes meeting Electronic Visit Verification (EVV) requirements.
- ☐ I am responsible to make sure my employee's work time is accurate and accept legal liability for approving any false work time entries.
- ☐ I am responsible to manage the CD budgets for each service to ensure services are provided and there are sufficient dollars to pay my employee(s) for the Plan year.
- ☐ I am responsible to make sure services shall be used only for goals and outcomes documented in the Individualized Service Plan (ISP).
- ☐ I will train my employees to carry out the steps to implement the services in the ISP. The training will be done before employees work with the participant.
- ☐ I will attend all required training and meet standards set by the Developmental Disabilities Division.
- ☐ If I am unable to hire employees to provide services or do not follow the CD option requirements and Acumen requirements, I can be terminated from the CD option and may need to obtain waiver services from provider agencies.

Print Name: Participant

Signature

Date

Print Name: Designated Representative

Signature

Date

ATTACHMENT E

Cost Share Designation

Cost Share Designation for the Medicaid Home and Community Based Services (HCBS) Waiver for Individuals with Intellectual/Developmental Disabilities (I/DD)

☐ Initial

☐ Revision

| | |
|--------------------------|---------------------------------|
| Name: _____ | |
| Medicaid I.D. NO.: _____ | Monthly Cost Share Amount _____ |
| Effective Date: _____ | |
| Case Manager: _____ | CMU: _____ |

I, _____, agree that the monthly Medicaid cost share amount noted above will be incurred to _____.

Designated I/DD Waiver Agency/CD Employee(s)

I understand that the claims or payments to the I/DD waiver agency or Consumer Directed (CD) employee(s) will be adjusted for the cost share amount.

In accordance with 1902(a)(17) of the Social Security Act, 42 CFR 435.732, 435.831 and Hawaii Administrative Rule §17-1721-36 through §17-171-38, I understand that I must meet my full cost share before the Department of Health Developmental Disabilities Division may pay for any of my I/DD waiver services. If I do not meet my full cost share amount each month, I understand that I may not be eligible for services from Medicaid or the I/DD Waiver program.

If I fail to designate a waiver agency or my CD employee(s) for my full cost share, the Developmental Disabilities Division may deduct my full cost share from any or a combination of the I/DD waiver agency or CD employee(s) who serve me. I agree to notify my case manager and designated provider before any changes are made.

If I do not meet my full cost share amount for any given month, it is my responsibility to notify my eligibility worker from the Department of Human Services, Med-Quest Division.

Signature of Individual/Parent/Guardian/
Designated/Personal Representative

Date

C: Individual/Parent/Guardian/Designated/Personal Rep,
Waiver Agency

Revised: 11/16

[Download the Cost Share Designation Form – PDF Format](#)

ATTACHMENT F

Verification of Annual Training of Consumer-Directed (CD) Employees

The Centers for Medicare and Medicaid (CMS) require that Waiver services be provided by qualified workers. This means CD Employees must be trained to implement the services listed on the Individualized Service Plan (ISP). This form will be used to verify CMS training requirements have been met. (see instructions for further information)

The training requirements are:

- CD Employees are trained by the CD Employer to implement each Waiver service under the CD option.
- Every CD Employee should be trained on each service.
- Training shall cover: (1) Participant objectives/goals and (2) how to conduct the activities for each service. (The details are in the Action Plans for your Participant.)
- Training is completed **BEFORE** the start of every Plan Year and/or new service.
 - *If a new service is added during the active Plan Year, training should also be conducted BEFORE the new service starts, and this form will need to be completed to document the training for the new service.*
- The CD Employer is responsible for supervising and making sure the CD Employees can implement the Action Plan and ensure the health and safety of the Participant during the service provided.
- Indicate if this form is reporting training the employee(s) on the annual ISP services OR an added service(s) AFTER the Plan Year started.

Participant Name (print): _____
(person receiving care services)

Check off appropriate box for purpose of training form:

| | |
|---|---|
| <input type="checkbox"/> Annual training for Upcoming Plan Year | Plan Year Start Date (mm/dd/yy): _____ |
| Check off Annual Services: <input type="checkbox"/> CLS <input type="checkbox"/> PAB <input type="checkbox"/> RESPITE <input type="checkbox"/> CHORE | |
| <input type="checkbox"/> New service added AFTER Plan Year started | Date New Service Starts (mm/dd/yy): _____ |
| Check off New Service(s) added: <input type="checkbox"/> CLS <input type="checkbox"/> PAB <input type="checkbox"/> RESPITE <input type="checkbox"/> CHORE | |

In the space below, list your active Employee(s)'s name and the date they were trained on the goals for the Plan Year or new service. If the Employee is no longer working, write the date they were terminated (instead of the date they were trained).

| Employee Name (Print) | Employee Signature | Date Trained (mm/dd/yy) | Date Terminated (mm/dd/yy) |
|-----------------------|--------------------|-------------------------|----------------------------|
| Example -- John Smith | John Smith | 01/01/24 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

** Add additional employees on another form, if needed

Employer Name (print): _____

Employer Signature: _____ Date: _____

Return the completed form to Acumen BEFORE the start of the Plan Year and/or new service.

You can return the completed form by:

- Email: Scan or attach photo of completed form & send to: enrollment-hi@acumen2.net; OR
- Fax: (808) 427-8180; OR
- Mail: Acumen Fiscal Agent, 1003 Bishop St., Ste. 1100, Pauahi Tower, Honolulu, HI 96813

Verification of Annual Training Form

Rev. 01-29-2025 tp

[Download Verification of Annual Training Form – PDF Format](#)

ATTACHMENT G

Adverse Event Report (AER) Form and Instructions

State of Hawaii
Department of Health
Developmental Disabilities Division
ADVERSE EVENT REPORT FORM

| DDD USE ONLY | | |
|--------------------|-------|-------|
| DATE/TIME RECEIVED | | |
| Date | Time | Met? |
| Verbal | _____ | _____ |
| Written | _____ | _____ |

**THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE DDD CASE MANAGER
WITHIN 72 HOURS OF THE ADVERSE EVENT**

PLEASE PRINT OR TYPE:

| | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Waiver Participant <input type="checkbox"/> Non-Waiver Participant | Event occurred during billable service: <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. EVENT DATE (MM/DD/YY) |
| | | |
| 3. PARTICIPANT NAME (Last, First, MI) | 4. BIRTHDATE (MM/DD/YY) | 5. SEX |
| 8. REPORTER'S NAME | 9. RELATIONSHIP | 10. ISLAND |
| 13. NAME OF REPORTER'S AGENCY (if applicable) | | |
| ADVERSE EVENT INFORMATION | | |
| SECTION A: GENERAL INFORMATION | | |
| 14. EVENT LOCATION: <input type="checkbox"/> Own/Family Home <input type="checkbox"/> Community <input type="checkbox"/> Program Site <input type="checkbox"/> Other _____ <input type="checkbox"/> Foster Home* <input type="checkbox"/> DDM Home* <input type="checkbox"/> ARCH* *Include Name of Licensed/Certified Home _____ | | |
| 15. PERSON(S) PRESENT: <input type="checkbox"/> Agency Staff <input type="checkbox"/> Caregiver <input type="checkbox"/> Family <input type="checkbox"/> Other Participants <input type="checkbox"/> CD Worker <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ | | |
| 16. WHO WAS NOTIFIED? (Check all that apply) | | |
| Name | Date/Time | Report No. |
| <input type="checkbox"/> Police | _____ | _____ |
| <input type="checkbox"/> Adult Protective Services (APS) | _____ | _____ |
| <input type="checkbox"/> Child Welfare Services (CWS) | _____ | _____ |
| <input type="checkbox"/> DDD Certification Unit | _____ | _____ |
| <input type="checkbox"/> Office of Health Care Assurance | _____ | _____ |
| <input type="checkbox"/> Case Manager | _____ | _____ |
| <input type="checkbox"/> Guardian | _____ | _____ |
| <input type="checkbox"/> Caregiver | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |
| 17. WHAT WAS DONE? (Check all that apply) | | |
| <input checked="" type="checkbox"/> No treatment required | Date/Time | Treatment Location (Name of Facility) |
| <input type="checkbox"/> Treated by ambulance/emergency medical personnel | _____ | _____ |
| <input type="checkbox"/> Treated at Urgent Care | _____ | _____ |
| <input type="checkbox"/> Treated at Emergency Room | _____ | _____ |
| <input type="checkbox"/> Admitted to Hospital | _____ | _____ |
| 18. SECTION B: DISCOVERY Fully describe the event and potential causes and/or contributory factors (e.g., WHO, WHAT, WHEN and HOW the event occurred and WHY it occurred). Attach additional pages as necessary. | | |

Form 28-3 (Rev. 01/18)
Page 1

[Download the AER Form – PDF Format](#)

Adverse Event Report Instructions for Completing Form 28-3 (Rev. 01/18)

This form must be completed within 72 hours of the adverse event. Please type or write legibly.

Top of Form: DDD USE ONLY

Verbal Date: DOH-DDD Case Manager (CM) or designee to write the date the verbal report was received from the reporter. Write "NA" if the person completing the form is the case manager.

Verbal Time: The CM or designee to write the time the verbal report was received from the reporter. Write "NA" if the person reporting the event is the case manager.

Verbal Met: The CM or designee to write "Yes" if the waiver provider, LASR provider, CD provider, or caregiver of a licensed or certified home notified the CM within 24 hours or the next business day of the event occurrence or of being informed of the event. If not, enter "No". Write "NA" if the person reporting the event is the case manager.

Written Date: The CM or designee to write the date the written report was received from the reporter. Write "NA" if the person reporting the event is the case manager.

Written Time: The CM or designee to write the time the written report was received from the reporter. Write "NA" if the person reporting the event is the case manager.

Written Met: The CM or designee to write "Yes" if the waiver provider, LASR provider, CD provider, or caregiver of a licensed or certified home submitted the written report to the CM within 72 hours or the next business day of the event occurrence or of being informed of the event. If not, enter "No". Write "NA" if the person reporting the event is the case manager.

Waiver Participant: Select "waiver participant" if the participant is currently in the I/DD Waiver Program.

Non-Waiver Participant: Select "non-waiver participant" if the participant is not currently in the I/DD Waiver Program (i.e. receiving only state funded services such as LASR).

Event Occurred During Billable Services: Select "Yes" if the event occurred during a billable service (i.e. waiver provider service delivery hours, LASR program hours, CD service time). Select "No" if the event occurred when services were not being provided.

1. **Event Date:** Write or enter the date the adverse event occurred in MM/DD/YYYY. For example, September 1, 2017 shall be entered as 09/01/2017.
2. **Event Time:** Write or enter the time the adverse event occurred. The time shall be entered as the time followed by a.m. or p.m. Do not use military time or 24-hour clock format. For example, four o'clock in the afternoon shall be written as 4:00 p.m.
3. **Participant Name:** Write or enter the participant's name – Last name, First name, M.I. Be sure to use given name and not nicknames.
4. **Birthdate:** Write or enter the birthdate of the participant in MM/DD/YYYY. For example, August 30, 2006 shall be entered as 08/30/2006.
5. **Sex:** Write or enter the sex of the participant – male or female.

Instructions Form 28-3 (rev. 01/18)

[Download AER Form Instructions – PDF Format](#)