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I/DD Medicaid Waiver
Memo No.: 2017-04
Date: June 23, 2017

TO: I/DD Medicaid Waiver Providers

FROM: Mary Brogan, Administrator
Developmental Disabilities Division

SUBJECT: Waiver Changes: Adult Day Health and Addition of Community Learning Service-Group

The purpose of this memo is to highlight the changes to Adult Day Health (ADH) based on the approved waiver application, and the addition of a new waiver service, Community Learning Service-Group (CLS-G). The Centers for Medicare and Medicaid Services (CMS) approved these changes in the Intellectual and Developmental Disabilities (I/DD) Waiver because they will increase opportunities for waiver participants to participate fully in the community. A copy of the letter to participants and families informing them of the upcoming changes was emailed to each provider on June 6, 2017 and is attached.

What is Changing?

New waiver service – Community Learning Service-Group (CLS-G)

- CLS-G will be available to participants beginning with their new ISP during the fiscal year 2018 (FY18, July 1, 2017 – June 30, 2018).
- Through CLS-G, participants will acquire, retain, or improve social and networking skills, develop and retain social valued roles, independently use community resources, develop adaptive and leisure skills, explore hobbies and interests, and learn civil rights and self-advocacy skills required for active community participation.

- CLS-G and ADH comprise a set of services to support participants to have a flexible mix of site-based and community-based services. CLS-G will meet the participant's needs and preferences for active community participation in a small group of others who share that interest.
- CLS-G is paid at a higher rate than ADH in order to accommodate greater staff expenses (due to more intensive staffing for smaller groups) and transportation costs.

ADH providers are not required to provide lunch

- Effective July 1, 2017 for all participants.
- Removing the requirement of lunch at the ADH site allows participants to have more options with their time during the day and not have to return to the ADH to eat lunch.
- Each ADH provider may determine whether or not to continue to offer lunch for a reasonable cost. A participant cannot be required to purchase lunch from the ADH.
- Participants must be permitted to bring lunch from home, or can purchase lunch from the ADH, if available. Another option is for participants to purchase lunch in the community.
- Providers that continue to offer lunch must make arrangements for the participant to eat lunch at the location where the participant is without needing to return to the ADH site.

Change in staffing ratios at the ADH programs

- The table below illustrates current ADH staffing ratios and the ratios assumed in the rate models for ADH and CLS-G (presented as staff:participants).

ADH prior to July 1, 2017	ADH after July 1, 2017 phase-in	CLS-G after July 1, 2017 phase-in upon ISP date
ADH Level 1 – 1:4	ADH tier 1 – 1:6	CLS-G tier 1 – 1:3
ADH Level 2 – 1:3	ADH tier 2 – 1:4	CLS-G tier 2 – 1:2
ADH Level 3 – 1:2	ADH tier 3 – 1:3	*CLS-G tier 3 – 2:3

*CLS-G tier 3 – two (2) staff to three (3) participants, ratio is 1:1.5

- Since most ADH and CLS-G programs will include a mix of participants with different levels of need, providers will be expected to determine the best approach to staffing in order to meet the needs of participants in the program. In no instance can ADH services be delivered in groups of more than 6 participants

for each staff person. CLS-G services cannot be provided in groups of more than 3 participants per staff person.

Transportation responsibility by the provider has not changed

Transportation will continue to be provided by the ADH/CLS-G provider.

- Transportation between the individual's place of residence and the ADH site will be provided as a component part of ADH services and is not billed separately. Staff time and other costs associated with transporting participants to and from their home, the time spent waiting for participants to be dropped off, and the time spent waiting with participants for a pick-up are included in the rate paid to providers of ADH services.
- Transportation costs related to mileage and vehicles for trips between the ADH and CLS-G activities is a component part of the CLS-G and is not billed separately. The staff's time when they are transporting participants to and from CLS-G activities is billable.
- Non-medical transportation cannot be used to transport the participant to and from the ADH site or for CLS-G activities.

<u>Authorizations for ADH and CLS-G:</u>

- Authorization will occur at the ISP during FY18:
    - ADH will change from half-day (at least 3 hours, but less than 6 hours) and full-day units (at least 6 hours) to 15-minute units. CLS-G will also be authorized in 15-minute units.
        - The 15-minute units will provide an opportunity for the participants to choose how to spend their day, including accessing services to learn about and pursue employment.
        - Instructions for how to submit claims for part of an hour will be provided at an upcoming training on June 26, 2017.
    - ADH Levels will be now be called Tiers. This change is being made to clarify the difference between SIS-based levels of participant support needs and ADH Tiers.
    - Depending on the participant's cohort, ADH and CLS-G will be authorized as follows:
        - FY18/Cohort 1: The first cohort includes participants who live in licensed or certified homes. A SIS assessment will be conducted prior to the participant's ISP. Participants in this cohort will use the results of the Supports Intensity Scale (SIS) assessment at their

ISP meeting. Note: If a participant was part of the SIS study sample, he or she will not need a new SIS.

- The SIS-based level will be used to determine the ADH tier (previously called Level) and CLS-G tier.
- A participant's tier may change from the current ADH Level. As an example, a participant in Cohort 1 with ADH Level 2, based on the SIS level, may result in a lower tier (Tier 1), a higher tier (Tier 3), or the same tier (Tier 2).

▪ FY19/Cohort 2: The second cohort includes participants who attend ADH and live in the family or own home. A SIS assessment will be conducted for participants in this cohort prior to the participant's ISP. Note: If a participant was part of the SIS study sample, he or she will not need a new SIS.

- In FY18, the current ADH Level will convert to the corresponding ADH tier and CLS-G tier.
- In FY19, a participant's tier may change from the current ADH Level. As an example, a participant in Cohort 2 with ADH Level 2, based on the SIS level, may result in a lower tier (Tier 1), a higher tier (Tier 3), or the same tier (Tier 2).

▪ FY20/Cohort 3: The third cohort includes participants who live in their family or own home and do not attend ADH. During FY20, a SIS assessment will be conducted for these participants prior to their ISP. Note: If a participant was part of the SIS study sample, he or she will not need a new SIS.

- If the participant chooses to begin attending ADH during FY18 or FY19 before the SIS assessment is completed, the ADH and CLS-G tier will be the same as their current PAB Level.

o A combination of ADH and CLS-G can be authorized for a total of no more than 1,560 hours per year (an average of 30 hours per week).

▪ Providers should be prepared at the ISP to assist the case manager to determine how many hours of ADH and CLS-G the participant is likely to use in the coming year. This can be an estimate, such as 60% in the ADH and 40% in the community-based CLS-G.

▪ The provider will need to track its utilization throughout the plan year in case adjustments to the estimated ratio of ADH to CLS-G

within the 1,560 hour annual limit has to be made prior to the end of the plan year.

- Authorizations for ADH and CLS-G (and all other services) will be for a year and will not be managed on a monthly basis in order to provide participants and families flexibility and control of the schedule within the annual limit.
  As an example, a participant may choose to take a two week vacation and then use those extra hours at other parts of the year as long as he or she does not exceed 1,560 total hours of ADH/CLS-G in total.
- The case manager will authorize services for the "plan year". This means the authorization will be from the start date of the service authorization for that year and will end 365 days later. The plan year is not the same as the fiscal year.

Service Supervision:

- During FY18, the providers will be transitioning from waiver Standards A service supervision requirements to waiver Standards B service supervision requirements. Until the participant's ISP meeting and plan date (the date that services start for the coming year), use waiver Standards A. After the participant's plan date, use waiver Standards B.
- The biggest change is that waiver Standards B does not require additional qualifications for the service supervisor.

  - As an example, in waiver Standards A, ADH Level 2 (medical) requires an RN service supervisor. This will change in waiver Standards B to a requirement for a bachelor's degree service supervisor. If the participant has nurse-delegated tasks during waiver service hours, the RN will be authorized for Training & Consultation to perform the training and skills verification of staff performing nurse-delegated tasks.
  - DDD used the "blue/gold" waiver services worksheets to determine the services each provider is approved to deliver starting July 1, 2017. All providers that currently deliver Level 2 (medical) services will be approved to deliver Training & Consultation – Registered Nurse services. No additional application paperwork is needed.

Documentation Requirements:

- Providers should start completing the Interest Inventory that is located in the waiver Standards A, Appendix 9A. At the ISP, case managers will be asking if the Interest Inventory has been done yet or the team will agree on a date to get that finished.
    - This can help in identifying some areas of interest that the participant may wish to explore through CLS-G and help with the goals and action plan.
    - Even if the participant does not use words to communicate, staff know the participant very well and can be helpful in describing how they know what they like. This is an opportunity to explore and be creative.

We hope this information is helpful as you begin this transition. DDD is committed to partnering with each provider to help participants achieve Possibilities Now!

If there are any questions, please send an email to the Community Resources Branch at doh.dddcrb@doh.hawaii.gov.

Attachment
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