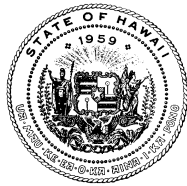


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In reply, please refer to:
File:

I/DD Medicaid Waiver
Memo No.: FY2018-01
Date: July 19, 2017

TO: I/DD Medicaid Waiver Providers

FROM: Mary Brogan, Administrator
Developmental Disabilities Division

SUBJECT: Residential Habilitation (ResHab) and Additional Residential Supports

The Department of Health (DOH), Developmental Disabilities Division (DDD), has begun implementing the phase-in of new waiver services with participants' Individualized Service Plans (ISP) beginning July 1, 2017. This memo will provide additional information and clarification regarding Residential Habilitation (ResHab) services and Additional Residential Supports.

DOH-DDD has discussed the phase-in with providers at several All-Provider Meetings and the *'Timing for New Rates by Service and Cohort'* was sent to providers on May 30, 2017. You can also find this document on the DOH-DDD website (see <https://health.hawaii.gov/ddd/files/2014/11/Timing-for-New-Rates-by-Service-and-Cohort-FINAL-3-27-16.pdf>).

As a refresher, participants in the Medicaid 1915(c) Waiver for Individuals with Intellectual and Developmental Disabilities (I/DD) are assigned to a cohort. Cohorts are defined as follows:

- **Cohort 1:** Participants who live in certified or licensed settings are in Cohort 1. Participants in this cohort will receive a Supports Intensity Scale (SIS) assessment prior to their Individualized Service Plan (ISP) during Year 1 (July 1, 2017 through June 30, 2018).
- **Cohort 2:** Participants who live in their own home or in their family's home AND who attend Adult Day Health (ADH) are in Cohort 2. Participants in this cohort will receive a SIS assessment prior to their ISP during Year 2 (July 1, 2018 through June 30, 2019).

- **Cohort 3:** All remaining participants are in Cohort 3. Participants in this cohort will receive a SIS assessment prior to their ISP during Year 3 (July 1, 2019 through June 30, 2020).

The *'Timing for New Rates by Service and Cohort'* document outlines the schedule for services and rates that phase-in in Year 1 (July 1, 2017 through June 30, 2018), Year 2 (July 1, 2018 through June 30, 2019) and Year 3 (July 1, 2019 through June 30, 2020). Providers are encouraged to use this document in planning for how the participants' services and rates will change and when those changes will occur.

WHAT IS CHANGING?

The *'Highlights of Key Changes Related to the I/DD Waiver Amendment and Rate Study'* document was sent to providers on May 30, 2017. You can also find this document on DDD's website at https://health.hawaii.gov/ddd/files/2014/11/Highlight-of-IDD-Waiver-Changes-2017_04_08_v2.pdf. There are specific areas in that document that the DOH-DDD would like to call your attention to regarding ResHab because of the operational impacts (see page 4 of the *'Highlights of Key Changes'* document).

All participants identified as part of Cohort 1 are eligible to receive ResHab services during the Year 1 of the phase-in (i.e. effective with the participant's ISP between July 1, 2017 and June 30, 2018).

- All participants living in certified or licensed settings are eligible to receive personal assistance and habilitative services under ResHab.
- ResHab is authorized as a daily service [unlike the 15-minute rate for Personal Assistance/Habilitation (PAB)].
- ResHab is a tiered service; tiers are determined by the participant's assessed SIS level of support needs.
- PAB services currently authorized that are delivered in the licensed or certified settings will be converted to ResHab and in-home PAB will end.
- PAB services in-home will not be authorized and cannot be provided in the certified or licensed setting following the participant's ISP after July 1, 2017.
- Community Learning Service-Individual (CLS-Ind) may be authorized to replace community-based PAB services currently being provided.
- Community Learning Service-Individual (CLS-Ind) may not be provided by any member of the household who lives in the certified or licensed setting.
- A new service called Additional Residential Supports may be authorized on a short-term basis. Documentation of the request for this service must demonstrate the need for supports that exceed the ResHab service.

Additional information regarding ResHab services is provided in detail in the 2017 Medicaid I/DD Waiver Standards Manual Version B – DRAFT and is available online for your review at: <http://health.hawaii.gov/ddd/>. The Waiver Standards Manual is being reviewed from the Department of Human Services (DHS), Med-QUEST Division (MQD). All providers will be notified once approval is granted. Highlights of the ResHab Service Standards include:

- two models of service delivery (i.e. Agency-owned or Shared Living Model);
- distinctions between employees in the Agency Model and independent contractors in the Shared Living Model. There is specific information for each in the Service Definition, Qualification Standards, and Supervision/Quality Management and Monitoring for Compliance with Waiver Standards;
- providers are responsible for informing all licensed and certified caregivers affiliated with the provider about the upcoming changes. The independent contractors need to prepare for the new requirements and expectations. In addition, DOH-DDD will be sending a letter to licensed and certified caregivers with an overview of the new ResHab service. Providers will receive a copy of the letter.
- NOTE: All decisions about which model is appropriate are solely the responsibility of the provider. The provider must be in compliance with all applicable federal and state labor laws.

AUTHORIZATIONS FOR RES HAB AND ADDITIONAL RESIDENTIAL SUPPORTS:

- **Authorizations will be based on a plan year, not the state fiscal year.**
 - In Year 1 with the participant's ISP, the case manager will authorize ResHab for a plan year, which begins with the effective start-date of waiver services after the ISP and ends one year later.
 - Authorizations will have an effective start-date of either the 1st or the 15th of the month following the participant's ISP.
- **ResHab rates are based on a 344 day billing year** (i.e. one year of authorized services covered by the ISP plan year).
 - This adjustment to the ResHab billing year was made in order to minimize the negative fiscal impact to providers when the participant is not in the home overnight (e.g. hospitalizations, overnight stays with family).
 - By condensing the daily rate established by the rate study into a 344-day year, the “penalty” for participant absences is removed and providers receive payment for a full year of service. Once a provider has billed for 344 days during the ISP plan year, that provider will be considered to be paid in full for the 365-day year under that ResHab authorization. The participant continues to reside in the setting for the full 365-day year.

- If a participant changes residence and selects a new provider during the ISP plan year (e.g. moves from one ResHab setting to another ResHab setting and changes providers), the 344 day billing year will restart to ensure the new provider is not adversely impacted by the condensed billing year.
- If a participant changes residence but does not change the provider during the ISP plan year (e.g. moves from one ResHab setting to another ResHab Setting with the same provider), the provider will continue to bill for 344 days in the participant's plan year.
- **ResHab rates vary based on home size** (i.e. how many residents the home is certified or licensed for).
 - Providers should be aware of and be able to attest to the capacity of the certified or licensed home setting prior to the participant's ISP following July 1, 2017. To expedite the service authorization process, this information should be shared with the DDD Case Manager prior to or during the ISP meeting.
 - Providers should maintain records of home certificates and/or licenses as it will be included in the verification documentation to be used in the validation of ResHab billing.
 - Home size is determined by the licensed or certified capacity, not the number of occupied or filled beds.
- **Additional Residential Supports** may be authorized on a short-term basis (defined as 60 days) with re-determinations on a case-by-case basis. This service is only authorized when documented needs exceed the staffing level assumed and funded in the rate model for the participant's applicable ResHab rate.
 - An authorization for Additional Residential Supports can only be made to the provider agency with assurance that the service will be delivered by agency staff and not by any member of the household of the certified or licensed setting.
 - When requesting the service, the provider must submit a proposed staffing schedule that illustrates the baseline ResHab staffing and the Additional Residential Supports hours being requested.
 - All requests for Additional Residential Supports must be reviewed and prior authorized by DOH-DDD. The DOH-DDD review of the request will consider total staffing funded in the rates for each participant because staff hours are generally shared across residents.

- Additional documentation requirements will be provided in the near future to assist providers in compiling the supporting documents required for DOH-DDD's review and authorization.

SERVICE SUPERVISION OF PROVIDER EMPLOYEES (AGENCY MODEL):

- Service supervisors in the Agency Model must meet general supervision standards. In the Agency Model, the ResHab staff are employees of the provider.
- The ResHab service does not require an RN service supervisor for any rate tier. If the participant needs nurse-delegated tasks, the case manager will authorize Training & Consultation – Registered Nurse (T&C-RN).
- If the participant has a formal behavior support plan (BSP) based on a functional behavior analysis (FBA), the service supervisor must have completed specialized face-to-face training that includes, but is not limited to,
 - observation
 - behavior interventions
 - skill acquisition
 - data collection
 - documentation and reporting
 - the implementation of the BSP with the participant

QUALITY MANAGEMENT AND MONITORING OF INDEPENDENT CONTRACTORS (SHARED LIVING MODEL):

- The provider is responsible for oversight of quality management and monitoring for compliance for services by the independent caregiver. This is different from the Quality Assurance requirements for every provider in Waiver Standards.
- In the Shared Living Model, the provider does not supervise the day-to-day delivery of services. The provider is responsible for performing contract oversight for quality management and monitoring to ensure the shared living caregiver follows all federal and state laws, waiver program requirements and contractual obligations.
- The contract between the provider and shared living caregiver must specify the federal, state and waiver program requirements.
 - The shared living caregiver and provider must maintain regular communication regarding the participant's physical condition and well-being.

- The shared living caregiver must give access to the provider to visit the home and review records for quality management and monitoring activities at announced and unannounced times to oversee the quality of ResHab services.
- The provider’s quality management and monitoring process must include the shared living caregiver’s compliance with the DOH-DDD Policies and Procedures for Adverse Event Reporting, Restrictive Interventions, and Positive Behavior Supports.
- If the shared living caregiver is a registered nurse, the provider’s quality management and monitoring personnel should be a registered nurse or higher degreed medical professional.

DOCUMENTATION REQUIREMENTS:

- **ResHab:**
 - For both models (Agency and Shared Living), the participant’s ISP will identify ResHab goals. The provider will develop the Individual Plans (IP) with input from agency staff working in Agency Model settings or with Shared Living Model caregivers.
 - Agency Model staff and Shared Living Model caregivers will be required to document implementation of the IP. This is a waiver requirement.
- **Additional Residential Supports:** Providers will be required to maintain daily staffing logs, timesheets, and/ or other documentation that demonstrates total staffing hours including those hours that exceed the ResHab staffing assumptions built into the rate models. A request for Additional Residential Supports must include documentation that the provider is providing the full amount of staffing hours already funded in the applicable Residential Habilitation rate model. The provider will also submit documentation outlining the reasons for needing additional staff hours and a plan for phasing-out the extra staff hours.

If you have questions, please send your questions by email to doh.dddcrb@doh.hawaii.gov.

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