

Provider Frequently Asked Questions for Appendix K Operational Guidelines

This document will be updated periodically, as additional questions from providers are received. Please check back often and see the “Date Last Modified” in the footer and the “Date Posted” column for reference.

Topics

- [General](#)
- [Provider Staff Qualification Requirements](#)
- [Provider Monthly Visits](#)
- [Flexibility in Services](#)
- [Concerns About Changes and/or Service Delivery](#)
- [Service Authorizations](#)
- [Telehealth](#)
- [Personal Protective Equipment \(PPE\)](#)
- [Rates and/or Retainer Payments](#)

Date Posted	QUESTION	RESPONSE FROM DDD
General		
04/07/20	When was the Appendix K approved and what is the effective date?	DDD received notice on Friday, March 27, 2020, that Hawaii’s application for the 1915(c) HCBS Waiver Appendix K: Emergency Preparedness and Response was approved by CMS with a retroactive start date of March 1, 2020. The retroactive start date is to accommodate any functions that needed to be implemented prior to the approval date.
04/07/20	Where can I find the Appendix K Operational Guidelines? When did they become available?	<p>Appendix K Operational Guidelines were posted on the DDD website on March 31, 2020.</p> <p>They can be accessed on the DDD COVID-19 page. The Operational Guidelines are posted under COVID-19: Information for Waiver Providers.</p> <p>The website should be checked frequently as updated versions will be posted if there are any changes. Providers will be notified of any changes, and edits will be notated.</p>

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
Provider Staff Qualification Requirements		
04/07/20	Why can't DDD allow flexibility for all the staff qualifications during the COVID-19 emergency?	<p>DDD understands the impact of the COVID-19 emergency; Appendix K covers flexibilities that are allowed under regulations that govern the 1915(c) HCBS waiver and cannot be used to modify requirements under federal or state authorities. There are three general categories of authorities that apply to provider qualifications:</p> <ol style="list-style-type: none"> 1. Federal law or state statutes cannot be waived by Appendix K. An example of a federal law is the worker must be legally able to work in the U.S.; an example of a state statute is background checks. 2. Med-QUEST (MQD) or other state regulations cannot be waived by Appendix K. An example would be requirements contained in the MQD Provider Manual, such as the requirement that the worker is not listed on the Medicaid excluded provider list. For categories 1 and 2 above, DDD is working with MQD and other agencies to identify legal authorities to request flexibilities to certain staff qualification requirements. 3. Qualified Provider staff qualifications that are specified in the 1915(c) waiver application (and Waiver Standards by reference) may be temporarily modified by Appendix K. An example of a requirement that can be modified or suspended is training on the mandatory topics listed in the Waiver Standards. <p>Refer to the "Appendix K Operational Guidelines, Topic: Provider Qualifications."</p> <p>DDD will provide updates in the Operational Guidelines when new information is available.</p> <p>Note: Post-emergency, providers will be responsible to ensure staff fulfill the requirements that were waived or suspended during the COVID-19 emergency.</p>
04/07/20	What do we do if we are unable to fulfill the staff qualification requirements for	DDD is working closely with MQD to address delays experienced with fingerprinting and background checks. However, currently there is no extension available for obtaining

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
	<p>existing staff due to the COVID-19 emergency situation? Can we get an extension?</p>	<p>fingerprinting and background checks. If there are extenuating circumstances impacting your ability to meet the mandatory staff qualification requirements due to COVID-19, please contact CRB to discuss the situation.</p> <p>Monthly checks of the OIG LEIE and MQD list of excluded individuals must be completed.</p> <p>TB clearances are not required for current staff through May 31, 2020.</p> <p>The provider has discretion to waive CPR, first aid, and training topics or complete them on-line in lieu of face-to-face.</p>
<p>04/07/20</p>	<p>We want to be able to hire new staff as quickly as possible. What kind of flexibilities are allowed for the staff qualification requirements?</p>	<p>DDD understands the impact of the COVID-19 emergency. However, certain qualification requirements cannot be waived because of federal law, state statutes and/or Med-QUEST (MQD) or state regulations.</p> <p><u>Mandatory requirements for hiring new staff include:</u></p> <ol style="list-style-type: none"> 1) At least age 18 2) Able to work legally in the U.S. 3) Fingerprinting and background check Note: Fingerprinting is required under state statute; however, the DDD is actively working with MQD to request an exemption of the Fieldprint fingerprinting requirement for new hires, during this emergency period. Until the exemption is granted, fingerprinting remains mandatory for all staff upon hire and at the intervals specified in the Waiver Standards. 4) Check against the federal and state lists for excluded individuals who are prohibited from delivering Medicaid services. 5) TB clearance

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
		<p>Note: TB clearance for new employees is not suspended during the emergency (refer to response to question regarding TB clearance, which includes more information from the DOH TB Control Program)</p> <p>6) Must be trained on the participant’s ISP and IP and possess the skills and knowledge to implement the plan.</p> <p><u>Flexible requirements, at the provider’s discretion to waive or complete:</u></p> <ol style="list-style-type: none"> 1) Requirement for a high school diploma or equivalent 2) CPR and First Aid training 3) Training on the mandatory and additional topics. <p>Note: Post-emergency, providers will be responsible to ensure all new hires fulfill the requirements that were waived or suspended during the COVID-19 emergency.</p>
04/07/20	Will online training for First Aid/CPR certifications be accepted?	<p>The Waiver Provider Standards currently state that online certification for First Aid and CPR is not acceptable. However, during the COVID-19 emergency, the Appendix K flexibility gives the provider discretion, in lieu of in-person training, to:</p> <ol style="list-style-type: none"> 1) Waive the requirement of First Aid and CPR certification entirely; or 2) Elect to have employees complete online training for First Aid and CPR certification. <p>Note: Post-emergency, providers will be responsible to ensure staff fulfill the requirements that were waived or suspended during the COVID-19 emergency.</p>
04/07/20	What is the guidance for TB clearance?	<p>On March 25, 2020, the State of Hawai’i announced that TB clearance requirements for selected categories are suspended through May 31, 2020. Annual clearance for healthcare workers (which includes workers who deliver I/DD waiver services) is one of</p>

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
		<p>the selected categories. Please note that TB clearances are still required for new healthcare workers.</p> <p>NOTE: Post-emergency, providers will be responsible to ensure all staff fulfill the requirements that were waived or suspended during the COVID-19 emergency.</p>
Provider Monthly Visits		
04/07/20	Can monthly, face-to-face supervisory/monitoring visits be done through telehealth?	<p>Under Appendix K and during the COVID-19 emergency, monthly service supervision or quality assurance monitoring visits may be done using telehealth that meets the Office of Civil Rights “Notification of Enforcement Discretion for Telehealth”.</p> <p>The telehealth technology must enable the provider to conduct the supervisory or monitoring visit in accordance with the requirements in the Standards (B-3). The provider must also maintain the required documentation for each visit.</p>
Flexibility in Services		
04/07/20	<p>Are we able to continue to provide CLS-I? Examples:</p> <ol style="list-style-type: none"> 1) The participant and family member want to continue services (e.g. taking the participant outside in the vicinity of the home). 2) If a participant has behavioral needs – can the CLS-I worker go to the home (private, licensed or certified) to deliver services to avoid going out? 	<p>Community Learning Services-Individual (CLS-Ind) is still available, when appropriate and social distancing guidelines and Executive Orders can be met.</p> <p>CLS-Ind is a community-based service that is not intended to be provided in the home setting. The Appendix K does not include a flexibility to alter the location of CLS-Ind service delivery.</p> <p>Other services are available for participants who need supports in their home settings. If the participant would typically be using CLS-Ind in the community, but wants to stay at home, for example, in their yard or immediate vicinity of their home, please contact the case manager to discuss changing the service to PAB or ADH 1:1.</p>

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
		<p>Refer to the “Attachment A: Choosing Services Decision Tree” of the Appendix K Operational Guidelines.</p>
04/07/20	<p>Why can't CLS-I be provided in the home setting when ADH services can be?</p>	<p>Appendix K includes flexibility to deliver ADH services in other locations, including the participant's home. This flexibility includes ADH 1:1. Appendix K does not include a flexibility in the location of CLS-Ind service delivery, so it may not be provided in the participant's home.</p> <p>Refer to the Appendix K Operational Guidelines for more details.</p>
04/07/20	<p>If a participant is not able or chooses not to use their current services, can they be converted to other services? Examples: 1) CLS-I to PAB 2) ADH and/or CLS-G to PAB</p>	<p>Appendix K allows flexibility in authorizing and delivering services to accommodate changes due to the COVID-19 emergency. If a participant chooses other services that are necessary and meet criteria, flexibilities can include:</p> <ol style="list-style-type: none"> 1) CLS-Ind services may be converted to PAB or ADH, depending on the participant's needs. Notes: CLS-Ind may not be provided in a participant's home PAB services cannot be provided in a licensed or certified home 2) CLS-G services may be converted to ADH. 3) ADH services may be provided in the home setting as ADH-Group or ADH 1:1, depending on the participant's needs. 4) Expedited procedures to access Consumer Directed (CD) services. Participants and families/guardians may have the option to convert certain services to CD, if applicable. <p>Case managers will work with participants, families/guardians, and providers to determine support needs while sheltering in place.</p>

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
		Refer to the “Guide for Determining if Appendix K Applies” section and “Attachment A: Choosing Services Decision Tree” of the Appendix K Operational Guidelines.
04/07/20	What are the options for participants who live in the same home but have different ADH providers? It would not make sense for multiple ADH workers to go in and out of the home.	<p>DDD will develop guidelines for participants who live in the same home and receive ADH services from different providers. These guidelines will be issued in the next version of the Appendix K Operational Guidelines.</p> <p>In the interim, ADH 1:1 may be provided, based on participants’ support needs. Participants also have the option to change service providers.</p>
04/07/20	Does a participant need to have higher needs to receive ADH 1:1? Is the decision to convert services to ADH 1:1 driven by the participant or can the provider initiate?	<p>Appendix K expands the allowable use of ADH 1:1 and during this COVID-19 emergency period, ADH 1:1 will not be restricted by parameters currently in Standards (B-3).</p> <p>ADH 1:1 is based on the participant’s needs but will not require an Exceptions Review by the DOH-DDD. Case managers will work with participants, families/guardians, and providers to determine support needs while sheltering in place.</p> <p>Refer to “Attachment A: Choosing Services Decision Tree” of the Appendix K Operational Guidelines.</p>
04/07/20	Can providers bill for services when the participant is in a hospital setting?	<p>Appendix K allows participants in a hospital or short-term institutional setting (not an ICF/IID) during the COVID-19 emergency to receive certain waiver services in those settings, if they require additional supports during their stay. The service the participant may receive aligns with where they resided prior to the hospitalization:</p> <ul style="list-style-type: none"> • PAB if the participant has been living in their family or own home; • ARS If the participant has been living in a licensed or certified ResHab home.

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
		<p>DDD will issue Billing Instructions for how to identify the service being delivered in a hospital or short-term institution.</p> <p>Refer to Appendix K Operational Guidelines for full details.</p>
Concerns About Changes and/or Service Delivery		
04/07/20	<p>What do we do if there are concerns about exposure risks when delivering or receiving services? For some participants, it is not easy for them to understand what is going on and why the changes are happening.</p> <p>Examples:</p> <ol style="list-style-type: none"> 1) The DSW is willing and would like to deliver services in the home but the family or licensed/certified caregiver does not want to allow it. 2) The participant wants to go out (e.g. with CLS-I worker) but the family or licensed/certified caregiver does not want to allow it. 	<p>During this time, concerns about risks of having DSWs come into the home or allowing participants to go out are understandable. One option, when appropriate, may be the use of telehealth for service delivery.</p> <p>CMs will work with families, caregivers and providers to discuss and review the risks to help determine if the participant’s support needs outweigh the risks.</p> <p>Ensuring health and safety is the paramount priority during this time.</p>
04/07/20	<p>What can we do if caregivers or family members decline or refuse services from the current provider because they want to pick a different provider that they have "personal" connections with?</p>	<p>Participants are afforded choice among waiver providers. Case managers will work with the participant, family/guardian, caregivers, and providers to help make sure the participant has informed choice when making changes (e.g. in provider).</p>

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
04/07/20	What if the participant wants to make a change in services, but their legal guardian (OPG) does not agree?	Case managers will continue to use person-centered planning to meet the participant’s support needs and preferences.
04/07/20	What do we do if our staff are questioned for being out (and in violation of the stay at home order)?	I/DD waiver service providers are considered essential workers. DSWs working with participants, especially when in the community, are strongly encouraged to carry their provider ID badge or a letter from the provider (acknowledging the DSW as an essential worker). Note: Social distancing and Executive Orders must be observed at all times.
04/07/20	What can the DSW do if their provider refuses to give them a letter?	DDD will work with providers individually. Contact the CRB by phone at 733-2135 or by email doh.dddcrb@doh.hawaii.gov .
Service Authorizations		
04/07/20	Will the Service Provider Authorization Form (SPAF) be required to make changes in services?	SPAFs are still required for changes in services due to COVID-19 but will not be required <u>prior</u> to service delivery, during the COVID-19 emergency. Case managers will work with participants, their families/guardians and unit and section supervisors to coordinate verbal, emailed and/or hard copy approvals and consents for changes in services. Providers may begin delivering approved changes in services after receiving verbal or emailed authorization from the CM.
04/07/20	Can we continue billing for the 1:1 services that we have been providing in the home? Or do we need to completely suspend all services until case manager completes a new service authorization?	If 1:1 services, such as PAB, were previously authorized and are able to continue, uninterrupted, the provider may continue to deliver and bill for those services on the current authorization. There is no need to suspend existing services unless there is a change that requires a new service authorization (e.g., if CLS-Ind is the current service and needs to be converted to PAB).

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
04/07/20	After the emergency period is over, can providers be authorized to deliver additional services until the participant’s budget is exhausted? For example, if the provider wants to offer ADH on Saturdays?	<p>If a participant does not need or chooses not to receive services during the COVID-19 emergency period, their current Plan Year services (authorized prior to the COVID-19 emergency) will remain as is and available through the plan year.</p> <p>Participants will continue to have the flexibility to utilize services within their Plan Year to meet their needs and work toward their goals. Participants, families/guardians, caregivers, and providers are strongly encouraged to keep open communication with the case manager.</p> <p>All requirements for community integration go back into effect after the emergency period. ADH must meet the needs of individuals, support their goals and provider full access to the community. ADH should not be provided after the emergency period to address revenue.</p>
04/07/20	Who identifies "need" for services vs. "want"?	<p>The Individualized Service Plan (ISP) identifies services that are needed to help participants achieve their stated ISP goals.</p> <p>Services authorized during this COVID-19 emergency must be based on impact of the emergency. Refer to the “Guide for Determining If Appendix K Applies” section of the Appendix K Operational Guidelines. Work with case managers to address case-by-case situations.</p>
04/07/20	Do we have to change CLS-I goals?	Appendix K allows flexibility in authorizing services to accommodate changes due to the COVID-19 emergency. CLS-Ind services may be converted to PAB or ADH, when delivered in the home, depending on the participant’s needs. Case managers will work with participants, families/guardians and providers to determine support needs while sheltering in place.

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
		Development of new goals for changes in services during the COVID-19 emergency will not be required prior to service delivery.
04/07/20	If a participant’s request for an exception was previously approved, will an extension apply?	Please work with the case manager; situations will be reviewed on a case by case basis.
Telehealth		
04/07/20	<p>What are the guidelines for Telehealth?</p> <p>Are PAB/RBTs allowed to provide Telehealth?</p> <p>Can CLS-I be provided through telehealth or would it have to change to ADH 1:1?</p>	<p>Only the following services may be provided through telehealth that meets privacy requirements and when the type of supports meets the health and safety needs of the participant:</p> <ul style="list-style-type: none"> • Adult Day Health (ADH) • Personal Assistance/Habilitation (PAB), including PAB-RBT level • Individual Employment Supports (IES) • Discovery & Career Planning (DC&P) • Training & Consultation • Waiver Emergency Services – Emergency Outreach <p>Refer to the Appendix K Operational Guidelines for details on Telehealth guidelines.</p>
04/07/20	<p>If the participant already receives ADH do we need a new service authorization for ADH-Telehealth or ADH 1:1?</p> <ul style="list-style-type: none"> • Is ADH-Telehealth the same rate as ADH-Group at center? • Is ADH 1:1 at a different rate? 	<p>Yes, ADH 1:1 and ADH-Telehealth each have separate rates (from traditional ADH Tiers) that would require new service authorizations.</p>

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
04/07/20	Is Skype Business considered acceptable for Telehealth (e.g. for face-to-face meetings)?	Yes, Skype for Business is acceptable for face-to-face meetings. Please refer to OCR guidance for more information.
04/07/20	Can we use email to communicate with case managers? What about HIPAA compliance?	<p>DDD has guidelines for using encrypted, HIPAA secure email:</p> <ol style="list-style-type: none"> 1) For case managers to email external parties, and 2) For providers to submit documents containing PHI via email to case managers (e.g. AER) <p>Refer to “Attachment B: Encrypted Emails” of the Appendix K Operational Guidelines.</p> <p>Providers are considered to be a covered entity under HIPAA, and therefore are responsible for encrypting their own ePHI and keeping it secure (e.g., when emailing CMs). Providers may contact CRB if they wish to “test” their email encryption to an external party.</p>
Personal Protective Equipment (PPE)		
04/07/20	Who will provide (PPE) supplies for services delivered in the home? Given the lack of access to supplies, what is the expected solution?	<p>Providers are typically expected to provide necessary supplies for their program and for DSWs to work with participants; however, we understand that these are exceptional circumstances.</p> <p>The flexibility for Specialized Medical Equipment and Supplies (SMES) allows providers (who wish to add this service) to bill for the cost of the PPE and infection control supplies that are purchased for participants’ needs and use.</p> <p>The Behavioral Health Administration (BHA) has formed a Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG) that is looking to support BHH Service Providers & Stakeholders with a pooled Support & Supply Request to the Hawaii Emergency Management Agency (HiEMA) and other partnerships.</p>

**Provider Frequently Asked Questions
for Appendix K Operational Guidelines**

Date Posted	QUESTION	RESPONSE FROM DDD
		Please refer to the email sent by DDD to all I/DD waiver providers on April 3, 2020, regarding: Support and Supply Request for PPE and other needs.
Rates and/or Retainer Payments		
04/07/20	Will there be a Temporary Rate Increase?	Temporary rate increases were not included in the Appendix K.
04/07/20	Can you please provide more details about the retainer payments?	DDD is currently working with MQD on the retainer payments and will get more info out as soon as possible. Some of this discussion is related to the MQD State Plan Amendment.
04/07/20	Will there be retainer payments for PAB services?	Retainer payments are not applicable to PAB services.