

welcome

Our webinar will be starting shortly

All lines will be muted during the presentation of this webinar.

This webinar will be archived on our website at – health.hawaii.gov/ddd

Please utilize the chat function for your questions throughout the webinar

Overview of Hawaii's Application

1915(c) Home and Community-Based Services Waiver

APPENDIX K: Emergency Preparedness and Response

Waiver Providers



Department of Health
Developmental Disabilities Division
March 25, 2020, 11:30 AM

Background on Appendix K



- Medicaid Waiver programs, such as Hawaii's I/DD Waiver, operate under strict federal rules related to service planning, authorization, timelines, etc.
- During an emergency, States may request temporary flexibility through an 'Appendix K' amendment

Background on Appendix K

- All changes allowed under the Appendix K amendment are temporary for the period of the emergency
- The flexibilities requested will be available for the State's use as needed, but are not intended to be applied in all situations (e.g., not all ISPs will need retroactive approval)
- Participants and their families should work with their case managers to determine what supports they might need during this period

Status of Hawaii's Appendix K



COVID-19

- Requested various allowances to respond to likely issues arising from COVID-19
- Jointly developed by Med-QUEST and Department of Health's Developmental Disabilities Division

Submitted

- On March 20
- Pending approval from federal government

DDD

- is in the process of addressing operational requirements



ISSUE: In-Person Meetings

ISPs

- May be conducted electronically
- Use of e-sign or mail for signatures

SIS

- May be conducted electronically

Check In & Follow ups

- Case Managers may conduct monitoring check-ins electronically

Home Visits

- Providers will temporarily be able to restrict visitors in licensed and certified homes

Level of Care

- Re-determinations may be extended up to 12 months

Telehealth Model

- When appropriate based on individuals' needs, certain services to be provided through telehealth model



ISSUE: Individuals Required to Stay at Home

Operational Strategies

In Home Services

- Streamline process to establish/increase/convert services like PAB & Respite (for Private Homes) & ARS (for licensed or certified homes)

Consumer Directed

- Streamline the process for approving consumer-directed employers and employees, and easing requirements

Agency Providers

- Allow agency providers to more easily provide other services (e.g. qualify ADH provider to deliver PAB)



ISSUE: Individuals Required to Stay at Home

Strategies for Private Homes

Adult Day Health

- Permit ADH services to be provided in-home

Telehealth Model

- When appropriate based on individuals' needs, certain services to be provided through telehealth model

Individual Budgets

- Budgets may be exceeded to accommodate changes in services (*e.g. more 1:1 services instead of group services*)

Respite

- Allows flexibility to exceed 760-hours of Respite per year
- Expand Respite settings (*e.g. Home of neighbor with an Agency providing the Respite worker*)





ISSUE: Individuals Required to Stay at Home

Strategies for Licensed or Certified Homes

Additional Residential Supports

- Expand allowable use of ARS for participants in licensed and certified settings
- ARS provider cannot be a household resident

Telehealth Model

- When appropriate based on individuals' needs, certain services to be provided through telehealth model

Adult Day Health Services

- Permits ADH services provided in-home
- ADH provider cannot be a household resident

Individual Supports Budgets

- Budgets may be exceeded to accommodate changes in services
(e.g. more 1:1 services instead of group services)



ISSUE: Access to Nursing Supports

Strategies:

Private Duty Nursing

- Allows flexibility to waive requirement that participants must receive another covered service in order to receive Private Duty Nursing
- Per-day and short-term time limits on Private Duty Nursing will be flexible as needed to protect participant health and safety

Private Duty Nursing for < 22

- Children and young adults up to 22 years old will continue to receive nursing services from their health plan

ISSUE: Access to Infection Control Supplies

Strategies:

Specialized Medical Equipment & Supplies

- Provide coverage of personal protective equipment and infection control supplies for the participant through Specialized Medical Equipment and Supplies when not otherwise covered in the Medicaid state plan

ISSUE: Some participants may require support in the hospital or other institutional setting

Strategies:

Allow Providers to Bill for Supports in These Settings

- PAB will be billed for individuals who reside in a private home; Additional Residential Supports will be billed for individuals who reside in a licensed or certified setting



ISSUE: Staffing Shortages

Strategies:

Staff Ratio Requirements

- Flexibility with staff ratio requirements for Adult Day Health and Community Learning Service-Group programs
- Providers will still need to be able to ensure participants' health and safety

Telehealth Model

- When appropriate based on individuals' needs, certain services to be provided through telehealth model

Waiver Providers - Appendix K Update – 3/25/2020

Health Plan Providers

- Evaluate opportunities to allow providers enrolled in QUEST Integration health plan networks performing similar work to become waiver providers





ISSUE: Reduction in Billable Services

Retainer Payments Strategies

ResHab Providers

- When participant is out of home, would not begin until the 22nd day since the first 21 days of absences are built into the rate model
- The duration of retainer payments will be consistent with the limitations set in the State's Section 1135 waiver.

Consumer Directed - PAB

- Retainer payments for consumer-directed Personal Assistance/ Habilitation (PAB) workers when the participant is unavailable to receive services
- Lesser of 40 hours per week or the authorized number of hours
- Duration of retainer payments consistent with Section 1135 waiver.

ADH/CLS-G Programs & Employment Supports

- Will maintain 75% of providers' historic billing, duration consistent with Section 1135.
- Since ADH and CLS-G providers will be able to deliver other services (*e.g. PAB*), new revenues associated with these services will be offset against the payment
- Providers will be required to maintain their staffing



Next Steps

- Awaiting federal response to the proposed changes
 - Approval is expected
- Developing operational protocols to implement the changes
- Participants and their families should work with their case managers to determine what supports they might need during this period



More Information and Resources

- For the latest DDD information, please visit – <https://health.hawaii.gov/ddd>
- For COVID-19 updates, please visit – <https://hawaiicovid19.com/>



Q&A

Question/Topic	Answer
When is the anticipated Appendix K approval date?	<ul style="list-style-type: none"> • Hoping it will be approved in a couple days • Fast turnaround, application received • Appendix K Approvals may be provided in segments
Operational Guidelines for Providers and Staff	<ul style="list-style-type: none"> • DDD is currently developing
Are there additional steps to support DSW/Direct Care Workers	<ul style="list-style-type: none"> • DDD provided flexibilities that are allowed under 1915c authority
Extension for Annual Requirements (e.g. CPR, provider competencies)	<ul style="list-style-type: none"> • Requirements are regulated by Waiver Standards (not Application) • DDD looking at Standards and will determine what should be adjusted
TB Clearance	<ul style="list-style-type: none"> • Press release provided – suspended for 30 day period
Temporary Suspension (by Hawaii Governor)	<ul style="list-style-type: none"> • Being vetted by AG office and released with an Order from Gov.
Supervision Visits/Onsite Supervision - Home Visits (via monthly) can onsite visits occur via phone?	<ul style="list-style-type: none"> • App. K application covers as monitoring visits via telehealth • Pending Appendix K approval • Allowed/Limits in HIPAA compliant platform

Q&A

Question	Answer
CLS I claims as PAB	<ul style="list-style-type: none">• Yes, will need to be converted to PAB
Billing in Hospital Setting	<ul style="list-style-type: none">• Will be billed as PAB (for in home)• Will be billed as ARS (for Licensed and Certified Settings)
Guidelines for Telehealth	<ul style="list-style-type: none">• Office of Civil Rights provided guidance• Overall 1135 Application has additional guidance
Flexibility for Credentialing	<ul style="list-style-type: none">• Some flexibilities (e.g. asking for relief for First Aid certification via online courses)• DDD will provide them in operational guidelines• Some requirements are in Waiver Standards, not in Appendix K
Advice/Next Steps for Agencies	<ul style="list-style-type: none">• Helping staff understand of flexibilities in Appendix K that are underway• Keep staff safe, practice CDC guidelines



Q&A

Question	Answer
System Changes	<ul style="list-style-type: none">• DDD meeting with Conduent today so claims will be paid
SPAF for new services (e.g. ARS)?	<ul style="list-style-type: none">• Meeting with Unit Supervisors to fine tune operational guidelines• Options – verbal approval then signatures to follow
PPE	<ul style="list-style-type: none">• DDD looking at sources for PPE (due to PPE shortages)• PPE usually covered under employer via OSHA guidelines• Please share PPE resources amongst providers
What is the Appendix K effective date?	<ul style="list-style-type: none">• Application/Authority begins as of 3/1/2020 (pending approval)
ADH → PAB Conversion	<ul style="list-style-type: none">• Guidelines will be provided to ensure claims are paid for
Are PAB/RBTs allowed to provide Telehealth?	<ul style="list-style-type: none">• Yes, RBT will be included in telehealth flexibilities



Q&A

Question	Answer
Fingerprint/Background Check	<ul style="list-style-type: none">• Asked for flexibility and looking at various options• More info on Monday
CLS I Goals?	<ul style="list-style-type: none">• Goals will be done through PAB (in home)
HIPAA Compliance	<ul style="list-style-type: none">• Working with staff to communicate electronically• Will be broadening communication guidelines
ISP Changes?	<ul style="list-style-type: none">• Will be addressed in operational training
Temporary Rate Increase?	<ul style="list-style-type: none">• DDD is not asking for rate increases with Appendix K (does not have State match for increase)• Hoping for retainer payments to ease burden
Letter to Allow Work During Shutdown	<ul style="list-style-type: none">• We are essential workers• () Mary will forward letter similar to what health plans are using• Keep employment badge on staff at all times• Other agencies have provided essential worker emails

Q&A

Question	Answer
Late Payments (Per Conduent)	<ul style="list-style-type: none">• DDD is following up with Conduent (call scheduled today)
CPR Certification (from Red Cross)	<ul style="list-style-type: none">• Thank you Sheryl!
Telehealth for PDN	<ul style="list-style-type: none">• Will check in terms of doing assessments via telehealth• () Not sure if Nursing Assessments can be done electronically• DDD will ask MQD
Thank you!	<ul style="list-style-type: none">• Thank you!
Client Cancellation (Retainers)	<ul style="list-style-type: none">• Not included• Only included in Appendix K – ResHab, CLS-G, ADH



Q&A

Question	Answer
Conversation with CMs via Email	<ul style="list-style-type: none">• Yes, can follow up with CMs electronically• Use due caution when you can (e.g. using *secure*, emailing unit supervisors)• CRB will send out Unit Supervisors contact email• Please cc Unit sups when emailing CMs
If Exceptions has been granted, does extension apply?	<ul style="list-style-type: none">• Will be reviewed on a case by case basis
Lots of changes	<ul style="list-style-type: none">• All operations (service auths, change in settings, change in services) please be patient and allow DDD to make changes by next week• If emergency, work with Unit Supervisors and Staff
Service Conversation (PAB → CLS I)	<ul style="list-style-type: none">• Conversion is based upon living situation<ul style="list-style-type: none">• Licensed Home – billed as ARS• Private Homes - billed as PAB

Q&A

Question	Answer
Exceptions Review Process	<ul style="list-style-type: none">• Will be ironed out this week and presented next week
No retainers for PAB? As PAB service may be replaced with CD	<ul style="list-style-type: none">• Ability to redeploy agency staff as we are transition from group based services to individual service• Rate model includes level of client cancellations
Provisions should staff be exposed to COVID 19?	<ul style="list-style-type: none">• Retainer payments as some cushion• DDD will follow up with Bridget to discuss solutions• The FFCRA takes effect 4/2/20, which will have tremendous impact on employers
Service Conversion: ADH/CLS-G to PAB	<ul style="list-style-type: none">• Relative can deliver service• Guardian can be employee of Agency (not CD)



Q&A

Question	Answer
ResHab with CLS-I (2 agencies)	<ul style="list-style-type: none">• Cannot have PAB in ResHab• ARS will be authorized (cannot be provided by member living in home)
Unemployment Claims	<ul style="list-style-type: none">• Reduction in work, some have applied for UI
CLS I vs. PAB	<ul style="list-style-type: none">• If social distancing can be maintained and teaching goals consistent with service standards, CLS I can be used
FFCRA Family First Coronavirus Response Act	<ul style="list-style-type: none">• Includes info for reduction in hours



Closing Remarks

- Q&A will be vetted and will included in Operational Training (stay tuned!)
- Thank you for being patient as DDD works out details
- Continue to work with DDD staff
- Appendix K will hopefully assist us all through this time
- Mahalo plenty!

