

The logo of the Hawaii State Department of Health is a circular seal. It features a central figure with arms raised, holding a heart and a leaf. The text "HAWAII STATE" is at the top and "DEPARTMENT OF HEALTH" is at the bottom.

# Overview of Appendix K Flexibilities for COVID19

## Operational Guidelines v2

Hawaii State Department of Health  
Developmental Disabilities Division  
May 5, 2020

*\*\*Information on these slides have been updated to reflect the Approved Appendix K\*\**

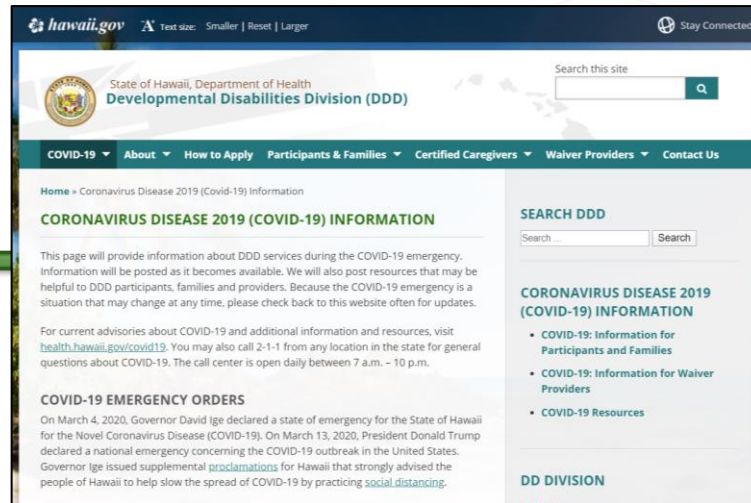
# DDD COVID-19 Website

- **COVID-19 Page:**

- <https://health.hawaii.gov/ddd/covid-19>

- **COVID-19 Provider Page:**

- <https://health.hawaii.gov/ddd/covid-19/waiver-providers/>



## APPENDIX K REFERENCES

- [Approved Appendix K – PDF Format](#) (March 30, 2020)
- [Appendix K Overview slides PDF Format](#) (April 8, 2020)
- [Provider Training Slideshow Recordings](#) (April 9, 2020)
- [NEW DDD 1915\(c\) Appendix K Operational Guidelines – PDF Format](#) (April 27, 2020)
- [Appendix K Operational Guideline Slides – PDF Format](#) (April 13, 2020)
- [Frequently Asked Questions from Providers – PDF Format](#) (April 7, 2020)
- [COVID-19 Rates and Codes in Effect During the Emergency – PDF Format](#) (April 15, 2020)



# Agenda

- Appendix K Overview and Updates
- Changes in v2
  - Changes to Service Guidelines
  - Other Operational Changes
  - Telehealth & Telehealth Assessment
- Q&A –
  - Version 2 Changes
  - Overall Appendix K





# Overview of Appendix K

- During an emergency, States may request specific temporary flexibilities from Waiver requirements through an 'Appendix K' amendment
- All changes allowed are temporary for the period of the emergency
- Hawaii has submitted two amendments to date:
  - #1: Approved 3/27/20; effective 3/1/2020 to 2/28/2021 or when declaration ends
  - #2 Submitted 4/30/2020; approved on 5/5/2020; same effective dates
- CMS/DDD will provide transition guidelines for post emergency



## Appendix K Amendment #2 Highlights

- **Medical Respite**  
(respite provided in a variety of settings by someone who has medical training)
- **Streamlining provider qualifications**  
(credentialed by DOE)
- **Retainer Payments Methodology for ADH, CLS-G and IES – Job Coaching** (Training on this soon)
- **Private Duty Nursing Flexibilities**





# Service Provision Constants

- Services are based on the participant's needs and personal goals
- Participant choice must be honored and respected
- Safety and well-being is a priority
- Team-based discussions are key
- Coordination and communication





# Changes in Version 2

Operational Guidelines,  
1915 (c) Appendix K



# Update to Service Guidelines

- ARS & PAB
- CLS-G
- SMES





# Billing Changes to ARS & PAB



- When participant is hospitalized, claim must include Place of Service
- Place of Service Billing Codes:
  - “21” = Hospital
  - “31” = Nursing Facility
- Important for data tracking and analysis for CMS report



# Changes to CLS-G

- Services must adhere to current County and State mandates

OFFICE OF THE GOVERNOR  
STATE OF HAWAII

**SIXTH SUPPLEMENTARY PROCLAMATION  
AMENDING AND RESTATING  
PRIOR PROCLAMATIONS AND EXECUTIVE ORDERS RELATED TO THE  
COVID-19 EMERGENCY**

By the authority vested in me by the Constitution and laws of the State of Hawai'i, to provide relief for disaster damages, losses, and suffering, and to protect the health, safety, and welfare of the people, I, DAVID Y. IGE, Governor of the State of Hawai'i, hereby determine, designate and proclaim as follows:

**WHEREAS**, I issued on March 4, 2020, a **Proclamation** declaring a state of emergency to support ongoing State and county responses to COVID-19; on March 16, 2020, a **Supplementary Proclamation** suspending certain laws to enable State and county responses to COVID-19; on March 21, 2020, a **Second Supplementary Proclamation** and Rules Relating to COVID-19 implementing a mandatory self-quarantine for all persons entering the State; on March 23, 2020, a **Third Supplementary Proclamation** to mandate and effectuate social distancing measures throughout the State; on March 31, 2020, a **Fourth Supplementary Proclamation** implementing a mandatory self-quarantine for all persons traveling between any of the islands in the State; and on April 16, 2020, a **Fifth Supplementary Proclamation** implementing enhanced social distancing requirements and an eviction moratorium;

**WHEREAS**, I issued five Executive Orders to enable State and county responses to COVID-19, including Nos. **20-01** (March 23, 2020), **20-02** (March 29, 2020), **20-03** (April 7, 2020), **20-04** (April 16, 2020), and **20-05** (April 16, 2020);

**WHEREAS**, as of April 24, 2020, there have been more than 600 documented cases of COVID-19 in the State and 14 deaths attributed to this disease;

**WHEREAS**, COVID-19 continues to endanger the health, safety, and



NEW

# Service – Specialized Medical Equipment & Supplies (SMES)

- Appendix K Flexibilities (Clarification):
  - The flexibility in Appendix K permits the use of SMES to purchase infection control supplies and personal protective equipment (PPE) for use during waiver-related activities with the participant.



# Specialized Medical Equipment & Supplies (Providers)

- Must be purchased by a qualified SMES provider
- Infection control supplies and PPE purchased through SMES are for use in the immediate area while working with the participant.
- SMES is not intended for general household cleaning or for purchasing PPE that is not necessary for working with the participant during waiver-related activities.



**NEW**

# SMES Examples (Providers)



Personal Protective Equipment (PPE)	Infection Control Supplies
<ul style="list-style-type: none"><li>• Masks</li><li>• Gloves</li><li>• or other items</li></ul>	<ul style="list-style-type: none"><li>• Hand soap</li><li>• Hand sanitizer</li><li>• Paper towels</li><li>• Household disinfectant wipes or cleaners, etc.</li></ul>

**\*\*please refer to the latest CDC guidelines\*\***



NEW

# SMES – Authorization (Case Management)



CM provides  
Verbal or Email  
Authorization to  
Provider

Provider will inform  
CM when SMES has  
been purchased or  
procured

CM inputs  
authorization into  
INSPIRE

- Cost: \$1.00 = 1 unit
  - Purchase ends in \$0.01 to \$0.50 = Authorization is 0 units
  - Purchase ends in \$0.51 to \$0.99 = Authorization is 1 unit
- No more than \$300.00 per quarter
- *NOTE: CM will not be required to obtain denials from other insurance or state plan or be required to obtain a prescription from the participant's physician during the emergency.*



NEW

# Documentation (Providers)

- Keep original receipts and maintain itemized records for EACH participant
- If purchase made for multiple participants, calculate and document the total cost for each participant

SMES Documentation	
Name of Participant	Dee Dee Wayvur
List of specific of PPE or Supplies purchased	100 Face Masks
Total cost of each purchase	\$100.00
Date of purchase	5/1/2020
Date given to participant	5/4/2020
Verification participant received	Dee Wayvur



# Other Operational Changes

- Service Plan
- AER
- Provider Staff Qualifications





# Service Plan

- Case managers may retroactively authorize services when Appendix K applies to identified service needs to mitigate harm or risk related to COVID-19 impacts.
- E-signatures may be used as a method for the participant or legal guardian to sign the Consent for Services to indicate approval of the plan. Signature dates will reflect the date of the ISP meeting.





# Adverse Event Reporting

- No modification to verbal and written timelines
- Update to change in health condition requiring medical treatment category to include COVID-19 related incidents
- AER submission to CM and OCB



# Provider Staff Qualifications

- Three general categories of authorities that apply to requirements:
  - 1) Federal Law or State statutes
  - 2) Med Quest or other State regulations
  - 3) Specified in 1915(c) Waiver Application
- Appendix K cannot be used to modify requirements under federal or state authorities



# Staff Qualifications Changes

Current	Provisional Hire for New Staff
<ul style="list-style-type: none"><li>Annual TB clearance requirement suspended until May 31, 2020 (per State order)</li></ul>	<ul style="list-style-type: none"><li>TB clearance required</li></ul>
<ul style="list-style-type: none"><li>Annual Fieldprint fingerprinting and background checks are required but may be delayed</li></ul>	<ul style="list-style-type: none"><li>Fieldprint fingerprinting and background checks are required. Provider may process a State Name Check (e-Crim) while Fieldprint is pending</li></ul>
<ul style="list-style-type: none"><li>Maintain documentation</li></ul>	<ul style="list-style-type: none"><li>Expanded documentation requirements</li></ul>

***Post emergency, providers will be responsible to ensure all staff fulfill requirements that were waived or suspended during COVID-19 emergency period***



# Telehealth

- Changes to Operational Guidelines to Telehealth
- Telehealth Assessment
- Telehealth in CLS-Ind Decision Tree



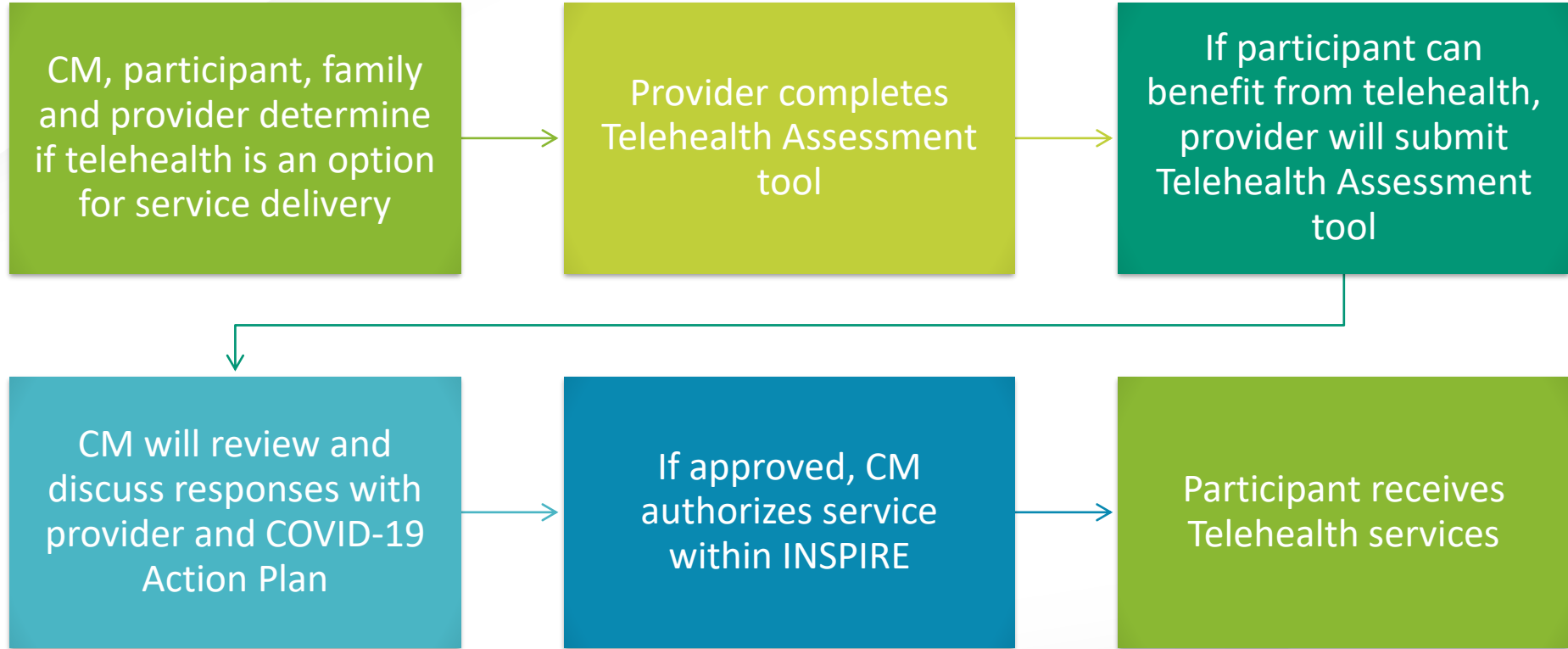
# To telehealth or not to telehealth?



- Minimizes face to face contact and decreases spread of infection during time of pandemic
- Discuss with CM
- “Goodness of fit”
  - ✓ Will the person benefit from this service at this time? Does it make sense for the individual?
  - ✓ Does the participant want telehealth? Does the family want telehealth (consent)?
- Other Considerations
  - ✓ Is the technology available and does the individual feel comfortable with using it?
  - ✓ Is it a viable way to help the person meet their goals
  - ✓ Is there a plan for making the telehealth session beneficial?



# Request for Services via Telehealth



# Service Delivery

## ADH, PAB, IES, and DCP

- Must meet telehealth criteria
- Must complete telehealth assessment
- The provider is responsible to ensure that telehealth strategies and activities engage participants and broadly align with their ISP outcomes
- Wellness check-ins may be a part of the service delivery but cannot comprise the entirety of the telehealth service

## Training & Consultation

- Must meet telehealth criteria
- Must complete telehealth assessment
- The provider will deliver services in accordance with Waiver Standards, licensing requirements and scope of practice

## Waiver Emergency Service – Crisis Outreach

- Does not need telehealth assessment
- The provider will deliver services in accordance with the contract using telehealth in lieu of face-to-face visits when such a visit can meet the individual's health and safety needs





# Service Supervision Can Be Done Remotely



- Applies to All Waiver Services with Service Supervision Requirements (including those services that are not delivered using telehealth)
- The provider must continue to maintain documentation in accordance with the requirements in the Standards (B-3)
- Additionally, Service Supervisors must ensure documentation for telehealth demonstrates that the delivery and duration is appropriate and effective



# Telehealth - Billing

- If a group activity is provided, the provider will maintain documentation that lists the names of all participants who received the service (attendance log or similar).
- Have the same code but with a unique telehealth modifier. The modifiers are included on the revised [Master Rate Sheet](#)
- Telehealth for T&C EAA does not have a unique telehealth modifier and will use Place of Service Identifier “02” on claims





# Telehealth - Documentation

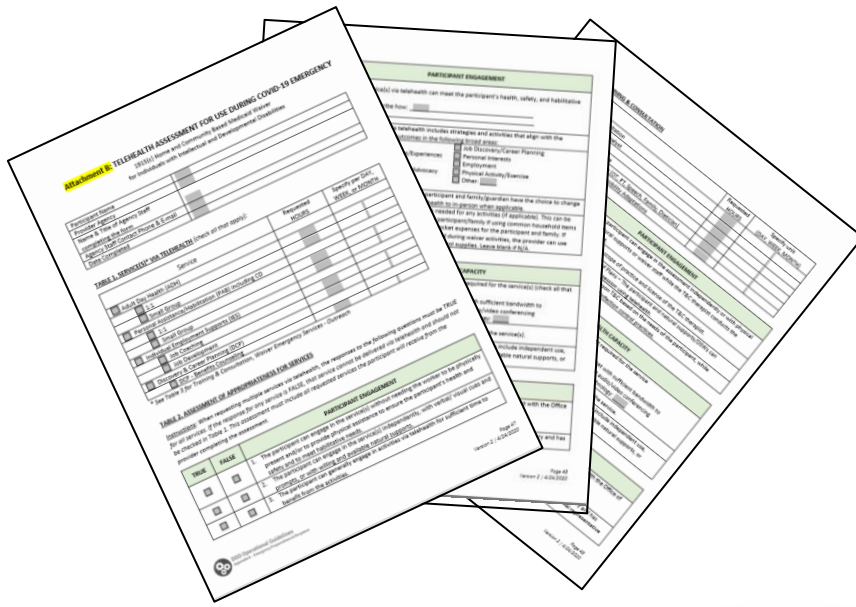
- The provider must complete and maintain service delivery documentation, records and reports in accordance with the requirements in the Standards (B-3).

Telehealth Documentation	
Name of DSW	
Service Date	
Start & End Time	
1:1 or Group?	
Describe Activities	
Other technology? Please explain	



NEW

# Telehealth Assessment



- Initiated when participant/family requests telehealth services
- 3 pages
- Completed by provider
- Attachment B in Operational Guidelines



# Table 1 – Available Services via Telehealth



**TABLE 1. SERVICE(S)\* VIA TELEHEALTH** (check all that apply):

Service	Requested HOURS	Specify per DAY, WEEK, or MONTH
<input checked="" type="checkbox"/> Adult Day Health (ADH)		
<input type="checkbox"/> 1:1		
<input checked="" type="checkbox"/> Small Group		
<input checked="" type="checkbox"/> Personal Assistance/Habilitation (PAB) including CD		
<input checked="" type="checkbox"/> 1:1		
<input type="checkbox"/> Small Group		
<input type="checkbox"/> Individual Employment Supports (IES)		
<input type="checkbox"/> Job Coaching		
<input type="checkbox"/> Job Development		
<input type="checkbox"/> Discovery & Career Planning (DCP)		
<input type="checkbox"/> DCP - Benefits Counseling		

\* See Table 3 for Training & Consultation, Waiver Emergency Services - Outreach



# Table 2 – Assessment of Appropriateness for Services



# Participant Engagement

TRUE	FALSE	PARTICIPANT ENGAGEMENT
<input type="checkbox"/>	<input type="checkbox"/>	1. The participant can engage in the service(s) without needing the worker to be physically present and/or to provide physical assistance to ensure the participant's health and safety and to meet habilitative needs.
<input type="checkbox"/>	<input type="checkbox"/>	2. The participant can engage in the service(s) independently, with verbal/ visual cues and prompts, or with willing and available natural supports.
<input type="checkbox"/>	<input type="checkbox"/>	3. The participant can generally engage in activities via telehealth for sufficient time to benefit from the activities.
<input type="checkbox"/>	<input type="checkbox"/>	4. The service(s) via telehealth can meet the participant's health, safety, and habilitative needs. Briefly describe how: _____
<input type="checkbox"/>	<input type="checkbox"/>	5. The service(s) via telehealth includes strategies and activities that align with the participant's ISP outcomes in the following broad areas: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Skill Development  <input type="checkbox"/> Community Resources/Experiences  <input type="checkbox"/> Social Interaction  <input type="checkbox"/> Self-Determination/Self-Advocacy  <input type="checkbox"/> Communication </div> <div> <input type="checkbox"/> Job Discovery/Career Planning  <input type="checkbox"/> Personal Interests  <input type="checkbox"/> Employment  <input type="checkbox"/> Physical Activity/Exercise  <input type="checkbox"/> Other: _____ </div> </div>
<input type="checkbox"/>	<input type="checkbox"/>	6. The provider attests that the participant and family/guardian have the choice to change from receiving services by telehealth to in-person when applicable.
<input type="checkbox"/>	<input type="checkbox"/>	7. The participant has the materials needed for any activities (if applicable). This can be supplied by the provider or by the participant/family if using common household items that do not require special out-of-pocket expenses for the participant and family. If infection control supplies are required during waiver activities, the provider can use SMES to purchase those infection control supplies. Leave blank if N/A.



# Telehealth Capacity

TRUE	FALSE	TELEHEALTH CAPACITY
<input type="checkbox"/>	<input type="checkbox"/>	<p>8. The participant has the telehealth equipment required for the service(s) (check all that will be used):</p> <div> <input type="checkbox"/> Telephone           <input type="checkbox"/> Internet with sufficient bandwidth to support audio/video conferencing         </div> <div> <input type="checkbox"/> Computer, tablet or smart phone           <input type="checkbox"/> Other technology: _____         </div>
<input type="checkbox"/>	<input type="checkbox"/>	9. The provider has the telehealth equipment required for the service(s).
<input type="checkbox"/>	<input type="checkbox"/>	10. The participant can use the telehealth equipment. This may include independent use, assistance for set-up and troubleshooting by willing and available natural supports, or remote technical assistance from the provider.





# Privacy

TRUE	FALSE	PRIVACY
<input type="checkbox"/>	<input type="checkbox"/>	11. The provider is using technology that is non-public facing and compliant with the Office of Civil Rights "Notification of Enforcement Discretion for Telehealth". <a href="https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html">https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</a>
<input type="checkbox"/>	<input type="checkbox"/>	12. The provider has explained privacy requirements and obtained and documented permission from the patient.



# T&C Telehealth

Participant  
Engagement

Telehealth  
Capacity

Privacy

TABLE 3: TRAINING & CONSULTATION

Service	Requested HOURS	Specify unit (DAY, WEEK, MONTH)
<input type="checkbox"/> Training & Consultation		
<input type="checkbox"/> Behavior Analyst		
<input type="checkbox"/> Psychologist		
<input type="checkbox"/> Registered Nurse		
<input type="checkbox"/> All Other Therapist (OT, PT, Speech, Family, Dietician)		
<input type="checkbox"/> Environmental Accessibility Adaptations		

TRUE	FALSE	PARTICIPANT ENGAGEMENT
<input type="checkbox"/>	<input type="checkbox"/>	1. Assessment - The participant can engage in the assessment independently or with physical assistance from natural supports or waiver staff while the T&C therapist conducts the telehealth assessment.
<input type="checkbox"/>	<input type="checkbox"/>	2. The service is within the scope of practice and license of the T&C therapist.
<input type="checkbox"/>	<input type="checkbox"/>	3. Supervision and Oversight of Plans – The participant and natural supports/DSWs can participate in the supervision session using telehealth.
<input type="checkbox"/>	<input type="checkbox"/>	4. The provider can provide in-person T&C based on the needs of the participant, while maintaining social distancing and infection control practices.

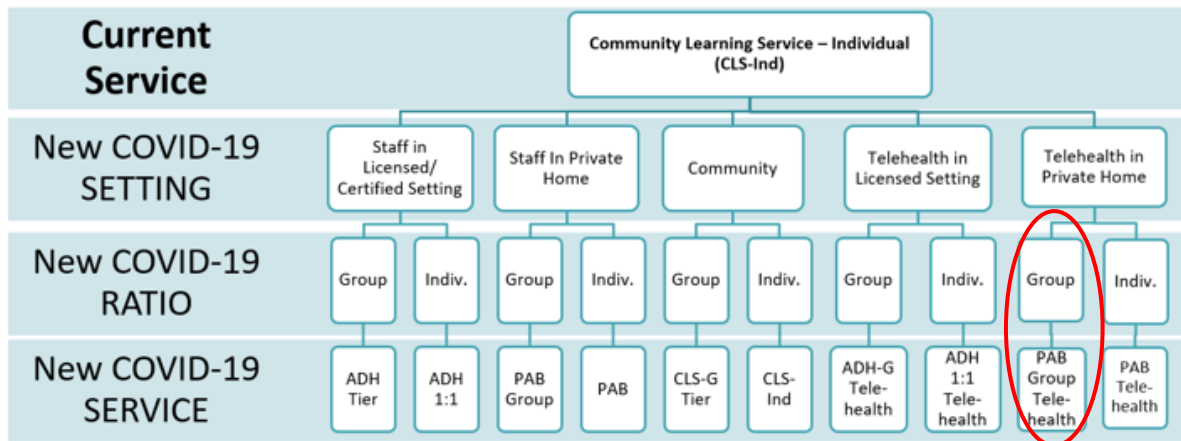
TRUE	FALSE	TELEHEALTH CAPACITY
<input type="checkbox"/>	<input type="checkbox"/>	5. The participant has the telehealth equipment required for the service (check all that will be used): <input type="checkbox"/> Telephone <input type="checkbox"/> Internet with sufficient bandwidth to support audio/video conferencing <input type="checkbox"/> Computer, tablet or smart phone <input type="checkbox"/> Other technology: _____
<input type="checkbox"/>	<input type="checkbox"/>	6. The provider has the telehealth equipment required for the service.
<input type="checkbox"/>	<input type="checkbox"/>	7. The participant can use the telehealth equipment. This may include independent use, assistance for set-up and troubleshooting by willing and available natural supports, or remote technical assistance from the provider.

TRUE	FALSE	PRIVACY
<input type="checkbox"/>	<input type="checkbox"/>	8. The provider is using technology that is non-public facing and compliant with the Office of Civil Rights "Notification of Enforcement Discretion for Telehealth". <a href="https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html">https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</a>
<input type="checkbox"/>	<input type="checkbox"/>	9. The provider has explained privacy requirements for telehealth service delivery and has obtained written permission from the participant or legal guardian/personal representative (if applicable).



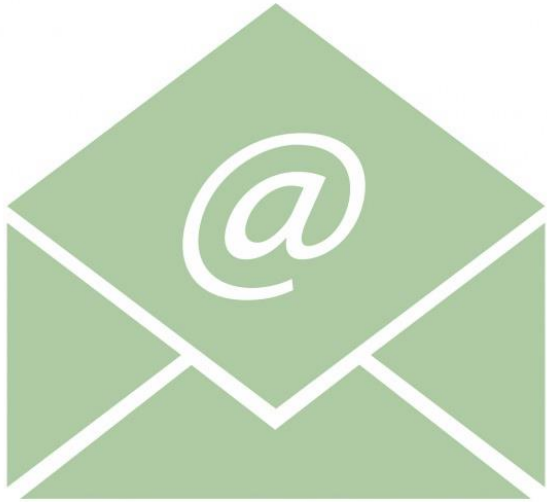


# CLS-Ind Decision Tree



- PAB Group Tele-health in Private Home





**Additional Questions?  
Please email -  
[doh.dddcrb@doh.hawaii.gov](mailto:doh.dddcrb@doh.hawaii.gov)**

