

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/>

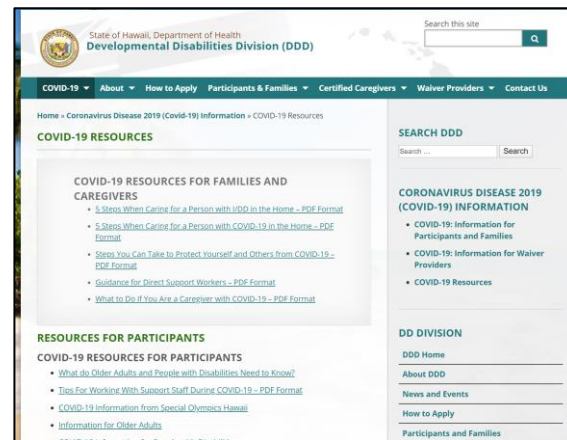


APPENDIX K REFERENCES

- NEW** **Operational Guidelines Version 3**
 - [DDD 1915\(c\) Appendix K Operational Guidelines Version 3 – PDF Format](#) (May 14, 2020)
- Operational Guidelines Version 2**
 - NEW** [DDD 1915\(c\) Appendix K Operational Guidelines Version 2 – PDF Format](#) (April 27, 2020)
 - NEW** [NEW Appendix K Operational Guidelines Version 2 Slides – PDF Format](#) (May 6, 2020)
 - NEW** [NEW Telehealth Assessment Tool – DDD Appendix K Operational Guidelines v2 – Fillable PDF](#) (May 6, 2020)
 - NEW** [Appendix K Operational Guidelines v2 Recording](#)
- Appendix K Overview**
 - [Appendix K Overview Presentation Recording](#) (April 9, 2020)
 - [Appendix K Overview slides PDF Format](#) (April 8, 2020)
 - [Approved Appendix K – PDF Format](#) (March 30, 2020)
- Other**
 - [Frequently Asked Questions from Providers – PDF Format](#) (April 7, 2020)
 - **NEW** [COVID-19 Rates and Codes in Effect During the Emergency – PDF Format](#) (May 1, 2020)

COVID-19 Resources

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



5 STEPS WHEN CARING FOR A PERSON WITH I/DD IN THE HOME

Persons with intellectual and developmental disabilities (I/DD) are at higher risk for developing complications of COVID-19. These steps are based on Centers for Disease Control and Prevention (CDC) and Hawaii Department of Health (DOH) guidelines. It is important for those who support them to understand how to minimize risk when continuing care in the home.

- 1. Make a Plan**
 - Train everyone on infection control
 - Arrange for back-up staff if needed
 - Know signs and symptoms of COVID-19
 - Review who to contact in emergencies (e.g. physician, family, DDD Case Manager)
- 2. Anticipate Challenges**

Plan for challenges during isolation or self-monitoring. Prepare a crisis plan for emergency situations.
- 3. Establish a Routine**

Routines reduce anxiety during transitions. Establish a routine that works for everyone. Use this time to improve mental health, communication, and relationships.
- 4. Prevent Spread of Disease**

Practice infection control, social distancing, stay home, and limit visitors and staff. Essential only! Use personal protective equipment (PPE) when required. Follow guidelines to reduce community infection.
- 5. Monitor Safety**

Dry cough, fever, and difficulty breathing are signs of infection that may worsen with time. Wear PPE as indicated. Contact your physician or 911 for support when advanced medical care is required. Follow CDC and DOH recommendations on when to discontinue home monitoring.

for more info, visit:
<https://health.hawaii.gov/ddd>
<https://health.hawaii.gov/doh/>

5 STEPS WHEN CARING FOR A PERSON WITH COVID-19 IN THE HOME

People with disabilities can be at increased risk of becoming infected or having unrecognized illness. If someone who lives in your home becomes infected with COVID-19, following these guidelines will help prevent the spread of infection.

- 1. PREVENT THE SPREAD OF DISEASE**
 - Have the person stay in a separate bedroom by themselves, away from others utilizing their own bathroom, if possible.
 - Avoid unnecessary visitors. Limit to essential visits only.
 - Maintain at least a 6-foot distance from each other whenever possible.
 - Have the person with COVID-19 wear a mask.
 - If person cannot wear a mask, caregiver should use PPE when treating the person.
- 2. PERIODIC SYMPTOM MONITORING**
 - Monitor household residents and support staff for fever, cough, shortness of breath, or other symptoms.
 - Contact a healthcare provider if anyone experiences these symptoms.
- 3. PROVIDE SYMPTOM TREATMENT**
 - Follow the guidance of your health care provider on treating fever, shortness of breath, or other symptoms.
 - Contact your healthcare provider if considering ending isolation.
- 4. WORSENING SYMPTOMS: CALL 9-1-1**
 - Trouble breathing, shortness of breath
 - Fatigued pain
 - Pressure in the chest
 - New confusion
 - Bluish lips or face
- 5. KEEP OTHERS INFORMED**
 - Inform necessary people of COVID-19 infection in the home and provide updates to: DDD case manager, parent/guardian, and family.

for more info, visit -
<https://health.hawaii.gov/ddd>
<https://health.hawaii.gov/doh/>

5 STEPS TO PRACTICE EVERYDAY

Steps You Can Take to Protect Yourself and Others from COVID-19

- 1 Practice Social Distancing**
 - Stay at least 6 feet from other people
 - Do not gather in groups
- 2 Practice Good Daily Hygiene**
 - Wash hands often and use a hand mask
 - Avoid touching your face with unwashed hands
 - Cover your mouth and nose when coughing or sneezing
- 3 Avoid Close Contact**
 - Avoid contact with people who are sick
 - Stay home as much as possible
- 4 Clean and Disinfect**
 - Clean and disinfect frequently touched surfaces. This includes tables, door knobs, counter tops, phones, toilets, faucets, and sinks.
- 5 Minimize Unnecessary Visitors in the Home**

for more info visit:
<https://health.hawaii.gov/ddd>
<https://health.hawaii.gov/doh/>

GUIDANCE FOR DIRECT SUPPORT WORKERS

Essential workers like direct support workers and nurses are critical in ensuring the health and safety of people with intellectual and developmental disabilities (I/DD). For essential workers that need to have direct contact with the person, it is important to follow these steps:

PREPARE AHEAD OF TIME

- Bring only items necessary for the visit into the home.
- Bring Sanitary Tool Kit into the home.
- Do not bring personal items into the home, whenever possible.
- Stay home if you are sick.
- Contact the family member or caregiver prior to conducting the home visit to confirm no one in the home is showing any signs of illness and ask permission to come.
- If anyone is ill or if the family or caregiver is uncomfortable with visitors, the visit should be canceled.

PRACTICE DAILY HYGIENE AND INFECTION CONTROL

- Great families verbally and avoid physical contact.
- Keep a 6-foot distance between people, if possible.
- Wash hands often with soap upon arrival, departure, and as needed.
- Wear a mask if interacting with a person who is symptomatic.
- Cover your mouth with a tissue or elbow when coughing or sneezing.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Clean and sanitize items between home visits.

Check for the latest CDC guidelines.

FOR MORE INFO, VISIT -
<https://health.hawaii.gov/ddd>
<https://health.hawaii.gov/doh/>

WHAT TO DO IF YOU ARE A CAREGIVER WITH COVID-19

If you are a caregiver of a person with intellectual and developmental disabilities (I/DD), it is important that you plan ahead.

- 1- MAKE A PLAN**
 - Identify who your back-up caregiver will be if you get sick. This could be a family member, friend, or a substitute caregiver.
 - Review the Individualized Service Plan (ISP) with your back-up caregiver.
 - Communicate with your back-up person the type of daily support the person with I/DD will need.
 - Notify the DDD case manager if you think additional in-home supports will be needed.
 - Create a list of emergency contacts and share it with your back-up caregiver.
 - Support the emotional well-being of person with I/DD throughout the emergency by acknowledging any feelings the person with I/DD may have and talk about things that can help bring the stress level down.
- 2- PREVENT THE SPREAD OF DISEASE**

Follow the steps from the [Center for Disease Control and Prevention](https://health.hawaii.gov/ddd) <https://www.cdc.gov/covid19/about-you-are-sick/index.html>
- 3- MONITOR SAFETY**
 - Dry cough, fever, and difficulty breathing are signs of infection that may worsen with time.
 - Wear PPE as indicated.
 - Contact your physician or 911 for support when advanced medical care is required.
 - Follow CDC and DOH recommendations on when to discontinue home monitoring.

For more info, visit -
<https://health.hawaii.gov/ddd>
<https://health.hawaii.gov/doh/>

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

Overview of Appendix K Flexibilities for COVID19

Operational Guidelines v3

Hawaii State Department of Health
Developmental Disabilities Division
May 14, 2020

Information on these slides have been updated to reflect the approved Appendix K

Agenda

- Appendix K Overview
- Retainer Payments
- Medical Respite
- Private Duty Nursing
- Q&A –
 - Version 3 Changes



Overview of Appendix K Amendments

Public Health Emergency

- States may request temporary flexibilities from Waiver requirements through an 'Appendix K' amendment

Approved Amendments

- #1: Approved on 3/27/20;
- #2 Approved on 5/5/2020;
- Effective dates 3/1/2020 to 2/28/2021 or when declaration ends

Amendment #3

- Has been submitted
- Waiver Reporting (Performance Measures and 372 report)

Note: CMS/DDD will provide transition guidelines for post emergency; all transition in accordance with Executive Proclamations



Appendix K Amendment #2 Highlights

- Changed Day Services Retainer Payments Methodology
- Added Medical Respite
- Made Changes to Private Duty Nursing (PDN)





Changes in Version 3

Operational Guidelines,
1915 (c) Appendix K



Clarification for Participant Hospitalization (PAB & ARS)

The CARES Act included a provision that allows participants to have their worker assist them during a short-term hospital stay. It does not specify a time limit. The Operational Guidelines v3 has been updated to reflect CMS guidance in these areas:

Be documented in the ISP

- Sample ISP documentation is located in Operational Guidelines, Version 3

Must describe what supports would be provided in the following 3 areas:

- Communication
- Behavior supports
- Intensive personal care needs

Include the focus on assisting the participant to transition

- From hospital to home

Not duplicate services provided in the hospital

- Such as medication administration



Retainer Payments

- ResHab
- Day Services
 - Adult Day Health (ADH),
 - Community Learning Services – Group (CLS-G)
 - Individual Employment Supports – Job Coaching (IES-JC)
- CD-PAB

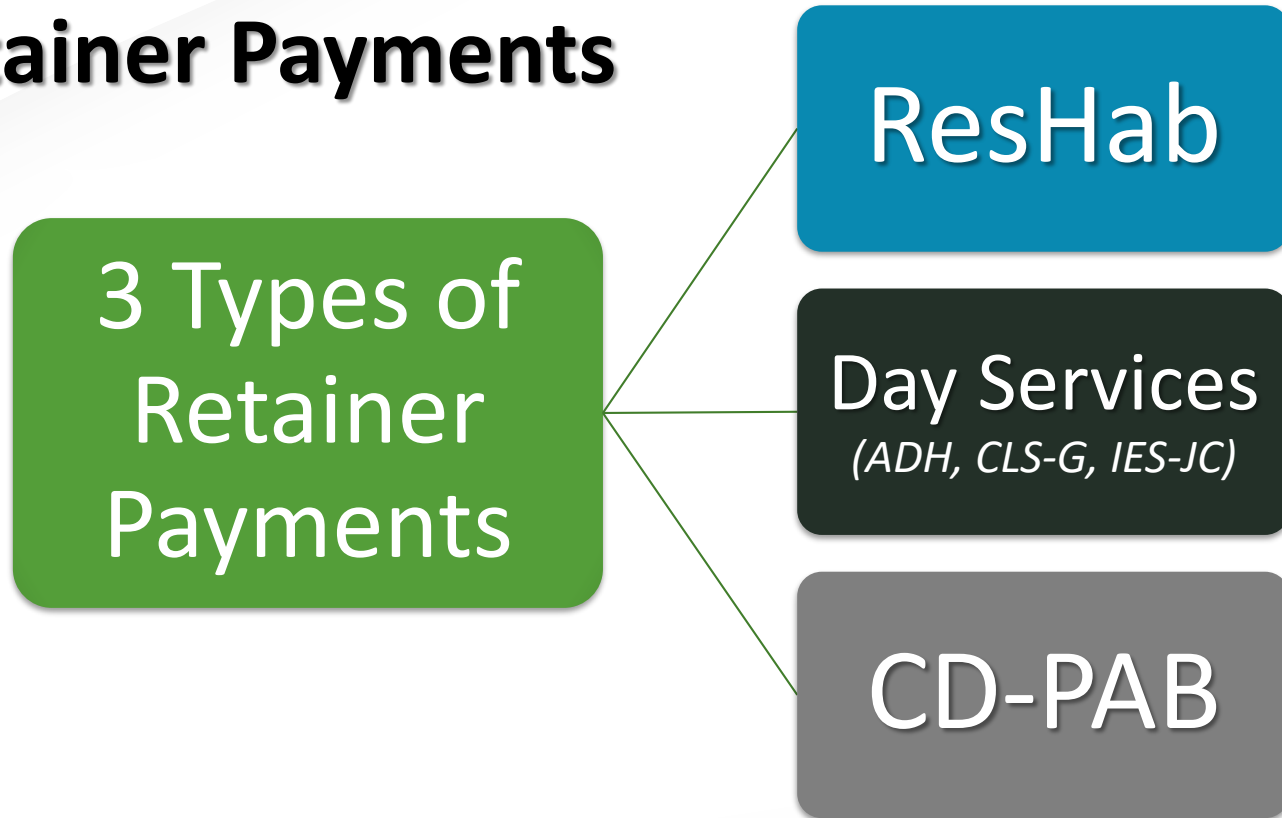


Purpose

- Support providers experiencing revenue losses due to reduced services
 - Ensure participants have programs to return to after the public health emergency
 - Stabilize the direct support workforce
 - Cover certain fixed costs (e.g., program facilities, shared staffing)
- Retainer payments will be in effect until the end of the declared emergency period



Retainer Payments



3 Types of Retainer Payments

ResHab

Day Services
(ADH, CLS-G, IES-JC)

CD-PAB

ResHab Retainer

- Provides payments for absences that exceed the 21 days built into the ResHab rate models
 - Absences may have occurred for any reason
 - Participant must be expected to return to the home
- Each billing span is limited to 30 consecutive days



3 Types of Retainer Payments

ResHab

Day Services
(ADH, CLS-G, IES-JC)

CD-PAB

ResHab Authorization

- There are ***not*** separate authorizations for ResHab retainer payments
 - Providers will bill retainer payments against an individual's existing ResHab authorization
 - Billing for service days and retainers in total cannot exceed 344 days in a participant's plan year



3 Types of Retainer Payments

ResHab

Day Services
(ADH, CLS-G, IES-JC)

CD-PAB

ResHab Billing

Retainer payments will only be paid for absences that occur during the emergency period (March 1, 2020 until the emergency is declared over)

The first 21 absence days that are not billed may have occurred before March 1 – once a participant has 21 days of absences in their plan year, the provider can immediately begin billing the retainer for additional absence days occurring after March 1

Providers will bill for retainer payments the same as they bill for regular ResHab services (with the same procedure codes, modifiers, and rates) but **must include “99” in the place of service field**



3 Types of Retainer Payments

ResHab

ResHab Billing cont.

By billing for a retainer payment, the provider is attesting that the claim meets the requirements detailed in the Operational Guidelines

Day Services
(ADH, CLS-G, IES-JC)

DDD will conduct post-emergency audits of retainer payments – any payments that do not comply with the provisions of the Operational Guidelines will be recouped

CD-PAB



3 Types of Retainer Payments

ResHab

Day Services
(ADH, CLS-G, IES-JC)

CD-PAB

Day Services Retainer

- Provides payment to cover most of any lost ADH, CLS-G, and Job Coaching revenues
- Each billing span is limited to 30 consecutive days



Day Services Authorization

For each active authorization for services subject to the retainer, DDD will add paid claims during a baseline period
(October – December 2019)

Baseline spending will be calculated as total paid claims for a given service divided by the number of months in which the service was billed during the baseline period

Retainer payment authorizations will be 90% of the average monthly amount billed during the baseline period

Oct 2019	Nov 2019	Dec 2019	Total
\$800	\$600	\$ --	\$1,400

$$\text{\$1,400} / 2 = \text{\$700}$$

Retainer Authorization
 $\text{\$700} \times 90\% = \text{\$630}$

- Unique codes for Day Services
(see *Master Rate Sheet*)
- 1 Unit = \$1 (rounded to the nearest dollar)



Day Services Billing

Start with
baseline
(authorized)
amount

Subtract amount
billed for services
provided during
the month.

Providers may bill
for 90% of the
difference
calculated.

Baseline Amount
(Determined by
DDD)
\$700.00



Monthly
Billing
\$200.00



Baseline (minus)
Monthly Billing
\$500.00

Baseline (minus)
Monthly Billing
\$500.00



90%
x .90



Retainer Billing Amount
\$450.00



3 Types of Retainer Payments

ResHab

Day Services
(ADH, CLS-G, IES-JC)

CD-PAB

Staff Retention

- In order to bill the retainer, a provider may not have reduced aggregate wages for ADH, CLS-G, and IES-JC staff by more than 25%
- DDD intends to evaluate compliance with the requirement by comparing wages paid to staff during the payrolls occurring during the month for which a retainer is being claimed to wages paid in January and February 2020
- This will be calculated by:
 - Summing total staff wages paid for payrolls in January and February
 - Dividing these totals by the number of payrolls to calculate a per-payroll average
 - Comparing this threshold to the payrolls occurring during the month for which a retainer was claimed



3 Types of Retainer Payments

ResHab

Day Services
(ADH, CLS-G, IES-JC)

CD-PAB

Additional Billing Information

- The provider will include the dates in the month minus the last day of the month (*e.g. 3/1/2020 - 3/30/2020*) on the claim
- By billing a retainer payment, a provider is attesting that they have not reduced aggregate wages for direct support workers by more than 25%
- Any payments that do not comply with the provisions of the Operational Guidelines will be recouped



3 Types of Retainer Payments

ResHab

Day
Services
(ADH, CLS-G, IES)

CD-PAB

CD-PAB Retainer Information

- Information will be shared with CD employers



Medical Services

- Medical Respite
- Private Duty Nursing



Medical Respite Overview

- A daily, short-term service for eligible participants who have needs related to a COVID-19 diagnosis
- The participant and/or their family/caregiver need support and assistance during the participant's required self-isolation or quarantine period



Medical Respite – Determination

Eligible Participants

- Tested positive or are presumptive positive and require self-isolation
- Exposed to COVID-19 and require quarantine
- Recovering from COVID-19 and require self-isolation

Staff Qualification

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Certified Nurse Aide (CNA)

Note: A RN must provide supervision of the LPN and/or CNA at the amount and frequency needed to ensure the participant's health and safety

Location

- The participant and family/guardian choose to receive this service in an appropriate location



NEW



Medical Respite - Location of Services

May be provided in any non-institutional setting

- Private Residence:
Participant's own private home or private home of a relative, friend, or staff
- Other Setting:
A hotel or motel or other setting that meets the participant's health and safety needs

May not be provided in a licensed or certified home

- Other services such as Private Duty Nursing (PDN) may be available to a participant who is in self-isolation or quarantine in a licensed or certified home



NEW

Medical Respite – Authorizations

Private Residence

- Rate **does not include** room and board
- The CM will input authorization for *"Medical Respite, by RN, without room and board"*

Other Facility/Setting

- Rate **includes** room and board
- The CM will input authorization for *"Medical Respite, by RN, with room and board"*

NOTE: Provider will submit claims with the modifier that is attached to the staff level (RN, LPN, or CNA). Conduent will manually process claims to pay at appropriate staff level.



NEW

Medical Respite - Reimbursable Activities

(in addition to routine Respite activities)

- Ensure participant's health, safety and welfare through a 24-hour day
 - Preventing the spread of the disease
 - Periodic symptom monitoring
 - Providing symptom treatment
 - Communicating with the participant's circle of support
- Service must be provided for a minimum of 12 hours per day



Medical Respite - Documentation

- Must follow service delivery documentation requirements for Maintenance of Participant Records as described in Waiver Standards (B-3), Section 2.5.A.
- The RN (providing and/or supervising the service) must submit written updates on the participant's health status to the CM via email or fax
- Updated must be provided by the end of each week



NEW

Medical Respite Process



Private Duty Nursing – Flexibilities Updated



Requests > 8-hour limit per day &
30-day short-term limit require

- Expedited review

PDN without
habilitative service

- Participant may receive PDN without receiving a habilitative service

May receive PDN and another waiver
service at the same time

- Second staff is supporting the participant's communication, behavioral needs, and/or intensive personal assistance needs

Provided to participants who have
medical needs related to COVID-19
diagnosis

- Presumptive positive, exposure, and/or recovery
- Functional needs assessment not required



Private Duty Nursing – Flexibilities Updated cont.



Requirement of less than 24 hours-per-day on an ongoing long-term basis may be suspended

- Can use PDN for short-term needs

Participants residing in licensed or certified homes

- Can receive hourly PDN services and
- Residential Habilitation (ResHab) during the same day

PDN may be provided by:

- Qualified RN or LPN who is member of the household who is not the primary caregiver
- Is employed by a waiver provider



**Additional Questions?
Please email -
doh.dddcrb@doh.hawaii.gov**

