SECTION 5:
APPENDICES & RESOURCES

FOR USE WITH
MEDICAID I/DD WAIVER STANDARDS
Effective July 1, 2021

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APPENDIX 1:
DEFINITIONS

Definitions

"Abuse" − means actual or imminent physical, psychological abuse or neglect, sexual abuse, financial exploitation, negligent treatment, or maltreatment, as further defined in Hawaii Revised Statutes (HAR) § 346-222.

"Activities of Daily Living" (ADLS) – means activities related to personal care including, but not limited to, bathing, dressing, toileting, transferring, and eating

"Adjusted Claims'' – means that for each adjusted claim, the new allowed amount is listed first with the previous amount paid to the provider subtracted from the new allowed amount. A new net paid amount is then calculated which may result in additional payment to or a recoupment from the provider.

"Adult Foster Home" (AFH) – means a private home certified under Title 11, Chapter 148, Hawaii Administrative Rules (HAR) that provides care and training for a fee on a (24) twenty-four hour basis for one or two adults with DD/ID who are unrelated to the foster family at any point in time.

"Adult Residential Care Home" (ARCH) – means any facility licensed under Title 11, Chapter 100, HAR that provides twenty-four (24) hour living accommodations, for a fee, to adults who are unrelated to the family and who require at least minimal assistance in the activities of daily living, but who do not need the services of an intermediate care facility. It does not include facilities operated by the federal government. There are two types of ARCHs:

Type I home for five or less residents; and
Type II home for six or more residents.

"Adverse Event" – means a critical incident or event that can bring harm or create the potential for harm to the participant. This includes:

- changes in the participant's health condition requiring medical treatment;
- injury from a known or unknown cause requiring medical treatment;
- death of the participant;
- suspected abuse, neglect, or exploitation;
- all medication errors and unexpected reactions to drugs or treatment;
- situations where the participant's whereabouts are unknown;
- changes in the participant's behavior that may require a new or updated behavior support plan;
    1) any use of restraint;
    2) any use of seclusion; or
    3) any use of prohibited restrictive intervention or procedure.

"Aversive Procedures" – means procedures intended to inflict pain, discomfort and/or social humiliation in order to modify behavior. These include but are not limited to, electric skin shock, liquid spray to one's face and strong, non-preferred tastes applied in the mouth. Aversive Procedures are prohibited and shall not be used with DOH-DDD participants.

"Behavior Support Plan" (BSP) – is a written plan for the team members who are supporting the person who is engaging in behaviors perceived as challenging. The BSP outlines:

1) the steps that will be taken by the members of the person's team to modify the physical environment;
2) what replacement skills should be taught to the participant and how to do so;
3) the ways in which team members should respond to challenging behaviors, and;
4) ways in which team members can decrease the likelihood of challenging behaviors occurring.

BSP is developed based on the results of a Functional Behavior Assessment (FBA) – see definition of FBA.

"Behavioral Support Review Committee" (BSRC) – is the committee that will review BSPs that propose the use of restrictive interventions to address challenging behaviors that pose an imminent risk of harm to the participant or others.

"Benefit Counseling" – means a service that promotes work preparation by examining current disability benefits and assisting the individual and family to understand the impact of increased income on those benefits.

"Case Management Services" – means services defined in HRS § 333F-1 and HAR Title 17, Chapter 1738 including case assessment, case planning, and on-going monitoring and service coordination to persons with developmental and intellectual disabilities.

"Case Manager" (CM) – means DOH-DDD-CMB case manager who provides targeted case management services as defined in HAR Title 17, Chapter 1738.

"Circle of Supports" − means the participants' family, friends, and other persons identified by the participant as being important to the planning process. The Circle of Supports are defined in the Individualized Service Plan (ISP).

"Claim" – means a legal document submitted to Medicaid or its fiscal agent for payment.

"Case Management Branch" (CMB) – means the organizational entity under DOH-DDD that is responsible for provision of case management services.

"Centers for Medicare & Medicaid Services" (CMS) – means the federal entity authorized to administer and oversee Medicaid programs.

"Community Resources Branch" (CRB) – means the organizational entity under DOH-DDD that is responsible for identifying, directing and operating a statewide capacity of resource development, administration and management of services and supports for persons with intellectual and developmental disability (I/DD), and support to their families or guardians. CRB is responsible for monitoring all agency providers under the Medicaid I/DD Waiver Program.

"Denied Claims" – means claims that were not paid due to participant eligibility, benefit limitations or claim submission reasons. Denied claims are listed in the "Denied Claims" section of the Remittance Advice (RA) with the corresponding denial reason code(s). Denied claims will not be paid or returned to providers. The RA is the only notification of claim denial.

"Developmental Disabilities Domiciliary Home" (DD Dom) – means any facility licensed under Title 11, Chapter 89, HAR that provides twenty-four (24) hour supervision or care for a fee (excluding licensed nursing care) to no more than five (5) adults with intellectual and/or developmental disabilities as defined in Chapter § 333F, H.

"Developmental Disabilities" – means a severe, chronic disability of a person which, as defined in HRS §333F-1:

1) is attributable to a mental or physical impairment or combination of mental and physical impairments;
2) is manifested before the person attains age twenty-two;
3) is likely to continue indefinitely;
4) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and
5) reflects the persons' need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

An individual from birth to age nine who has substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described above, if the individual without services and supports, has high probability of meeting those criteria later in life.

"Direct Support Worker" (DSW) − means a staff hired by the provider in accordance with the standards to provide services under the Medicaid I/DD Waiver as specified in the Individual Plan (IP).

"Department of Health, Developmental Disabilities Division" (DOH-DDD) – is responsible for developing, leading, administering, coordinating, monitoring, evaluating, and setting direction for a comprehensive system of supports and services for persons with developmental disabilities or mental retardation in compliance with HRS § 333.

"Expanded Adult Residential Care Home" (E-ARCH) – means a category of an adult residential care home licensed under HAR Title 11, Chapter 100 that provides twenty-four (24) hour living accommodations, for a fee, to adults unrelated to the family, and that is qualified to serve nursing facility level residents. There are two types of extended care ARCHs:

1) Type I home that consists of five or less residents with no more than two nursing facility level residents; and
2) Type II home that consists of six or more residents with no more than ten percent of the home's licensed capacity as nursing facility level residents.

"Family Member" – means the biological, adoptive, step, in-law, or "hanai" father, mother, brother, sister, son or daughter, and grandfather or grandmother.

"Financial Literacy" – means a practical financial knowledge to access, save, budget, avoid debt, spend wisely, invest, donate, and manage other aspects of financial decision-making to enhance an individual's quality of life.

"Functional Behavioral Assessment" or "FBA" – means the process of determining the functions, or reasons why a person is engaging in challenging behaviors, and to understand the conditions in which challenging behaviors occur. The FBA involves collecting data to identify patterns or trends and to develop a hypothesis of conditions that trigger and/or maintain these behaviors prior to developing a behavior support plan.

"Hanai" – is a Hawaiian word which means that a child is permanently given to be reared, educated and loved by individual(s) other than the child's natural parents at the time of the

child's birth or early childhood. The child is given outright, and the natural parents renounce all claims to the child.

"Individual Plan" (IP) – means a written plan that is developed and implemented by a provider within thirty (30) calendar days of the Individualized Service Plan (ISP) meeting and prior to implementation, which delineates the specific activities that the provider should do to meet the goals, objectives, and outcomes specified in the ISP.

"Individualized Service Plan" (ISP) – means the written plan that is required by HRS § 333F-6 and that is developed by the individual, with the input of family, friends, and other persons identified by the individual as being important to the planning process. The ISP shall be a written description of what is important to the person, how any issue of health or safety shall be addressed, and what needs to happen to support the person in the person's desired life.

"Instrumental Activities of Daily Living" (IADLs) – means more complex life activities such as light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, managing one's medication, and money management.

"Intellectual Disability" – means significantly subaverage general intellectual functioning resulting in or associated with concurrent moderate, severe, or profound impairments in adaptive behavior and manifested during the developmental period (HRS § 333F-1).

"Intermittent and Part-Time" – means occurring at irregular intervals, sporadic and not continuous.

"Licensed Practical Nurse" (LPN) – means a person licensed as a practical nurse by the State of Hawaii, pursuant to HRS Chapter 457.

"Licensed Behavior Analyst" (LBA) − is an individual licensed under HRS Chapter 465D.
"Measurable" – means to describe an objective or task in terms that delineate when the participant has accomplished the objective or task. It means it is quantifiable, material, quantitative, assessable, determinable, computable or gauge-able.

"Medication Administration Records" (MAR) - is a written legal document that provides for the specific documentation of all prescribed medications and supplements that are provided by the waiver worker to a participant during Medicaid Waiver service hours.

"Medicaid Waiver for Individuals with Intellectual and Developmental Disabilities" (Medicaid I/DD Waiver) – means the home and community-based services program authorized under section 1915(c) of the Social Security Act.

"Medicaid Waiver Services" – means the home and community-based services that are defined and approved in Hawaii's Medicaid I/DD Waiver.

"Medical Treatment" – means treatment that is rendered by a physician, physician assistant, nurse practitioner, ambulance or emergency medical personnel, or emergency room medical staff.

"Med-QUEST Division" (MQD) – means a DHS organizational entity that is the state Medicaid agency for the State of Hawaii.

"Moratorium" – means the DDD's prohibition against a provider providing services to a new Medicaid I/DD Waiver participant.

"Natural Supports" – means supports that are available to the participant within the family, circle of supports, and community and that are unpaid.

"Nursing Delegation Plan" – A plan that identifies the specific nursing tasks that are to be delegated by the Registered Nurse (RN) to the unlicensed direct support worker (DSW) and to provide a specific guideline and signed documentation that training of every DSW has occurred and for every delegable nursing task provided. It is developed for each Participant receiving nursing delegated tasks via Medicaid I/DD Waiver.

"Oversight and Monitoring" – is provided by a Service Supervisor:
(1) at the site or location where services are rendered;
(2) in the presence of the direct support worker (DSW) and the participant receiving services and
(3) while the participant is receiving services as specified in the IP

"Outcomes and Compliance Branch" – is responsible for the DDD's quality assurance and improvement program statewide, which include monitoring and evaluating program services, supports, and outcomes for individuals with intellectual disabilities and developmental disabilities (I/DD).

"Paid Claims" – are claims which Medicaid has made payment, and are listed in the "Paid Claims" section of the RA. The allowed amount for each paid claim is listed first followed by any deductions to calculate which may result in additional payment to or a recoupment from provider.

"Participant"− means an individual who meets the Medicaid I/DD Waiver eligibility criteria and who has been admitted into the program. A participant may also be referred to as a "recipient" of Medicaid services and has been determined eligible for DOH-DDD services.

"Person-Centered Planning" – means an on-going process directed by the participant that helps individuals in his or her circle learn how the participant wants to live and describe what supports are needed to help the participant move toward a life considered meaningful and productive.

"Physician" – means a person who is licensed to practice medicine or osteopathy in Hawaii under HRS Chapter 453 or 460.

"Positive Behavior Support" (PBS)– means a process for addressing challenging behaviors by understanding the relationships between a person's behavior, communication and aspects of his or her environment. It offers strategies to modify the environment and interactions in order to prevent the occurrence of these behaviors; teaches skills to replace challenging behaviors; outlines responses to challenging behaviors to reduce the likelihood that these behaviors will reoccur in the future; and offers proactive and functional strategies to promote a positive lifestyle change. Positive Behavior Support strategies are included in Behavior Support Plans (BSPs).

"Primary Caregiver" – means the caregiver living in the home with the participant who has primary responsibility for the participant's care and well-being.

"Prior Authorization" (PA) – means a process by which health plans, program contractors, and the Med-QUEST Division determines in advance whether a medical service is appropriate and will be covered for payment. All approved Medicaid waiver services written into the ISP will be authorized by the DOH-DDD-CM. The provider shall receive a prior authorization (PA) notice before the delivery of service.

"Provider Agreement" – means the agreement detailing the conditions for participation in the Medicaid I/DD Waiver that is executed by the authorized representative of the provider and the authorized representative of DHS.

"Provider"– means an agency, company, or individual that has entered into a written Provider Agreement with DHS to provide services under the Medicaid I/DD Waiver to participants as described in the Waiver Standards Manual.

"Readily Available" – means the duration of the on-site monitoring visit or if a desk audit, by the due date.

"Registered Nurse" (RN) – means a person who is licensed as a registered nurse in the State of Hawaii pursuant to Chapter 457, HRS.

"Remittance Advice" (RA) – means a document that accompanies the weekly Medicaid payment to providers and reports all processed claims whether they are paid, denied, pended or in process, as well as all claim adjustments.

"Restraints" – means physical, chemical or mechanical interventions that is used as a last resort on an emergency basis to protect the person from imminent harm to themselves and/or others using the least restrictive means possible and for the shortest duration necessary. Refer to Policy #2.02 on Restrictive Interventions.

1) **"Chemical Restraint"** is a psychotropic medication prescribed by a licensed health care professional with prescriptive authority: 1) on a routine basis without an appropriate Diagnostic and Statistical Manual (DSM) diagnosis for the purpose of behavioral control; or 2) the incidental use of medications, sometimes called PRN or as needed medication, to protect the person from imminent harm to themselves and/or others through temporary sedation or other related pharmacological action. Refer to Policy #2.02 on Restrictive Interventions that are **NOT** considered "Chemical Restraint".
2) **"Mechanical Restraint"** is an intervention which a device, material or equipment is involuntarily applied to the participant's body or immediate

environment (i.e., wheelchair, chair, bed, toilet, vehicle, etc.) that immobilizes, restricts, limits, or reduces any bodily movement and protects him or her from self-harm or harming others. Refer to Policy #2.02 on Restrictive Interventions that are **NOT** considered "Mechanical Restraint".

3) **"Physical Restraint"** is an intervention in which physical force applied to the person and involuntarily restricts their freedom of movement or normal access to portion or portions of their body. Refer to Policy #2.02 on Restrictive Interventions that are **NOT** considered "Physical Restraint".

"Restrictive Procedures" or "Restrictive Interventions"− means a practice that limits a person's freedom of movement, access to other locations, property, individuals or rights. This includes, but is not limited to, Chemical, Mechanical, and Physical Restraints.

"Satisfactory Skills Verification" − means verification of skills determined by an appropriate Service Supervisor or delegating professional as defined in these standards and special tasks of nursing care, if applicable, to ensure competency in implementing the IP.

"Seclusion" – means restrictive procedure in which a person is involuntarily confined in a room or area from which they are prevented from having contact with others or leaving by closing a door or using another barrier. Seclusion is prohibited and shall not be utilized with DOH-DDD participants.

"Service Supervisor" – means an individual identified by the provider who has responsibility for programmatic, administrative, personnel, and contract compliance.

"Sharps Container" – means a rigid, puncture resistant, disposable container with a lid and a prominent biohazard label indicating needle container. The container shall be closable, leak-proof on sides and bottom, easily accessible, and maintained upright throughout use. The container shall be replaced routinely and not allowed to overfill.

"Sharps" or "Sharps Material" – means needles, scalpel blades, skin lancets, bleeding time devices, and any other material that can easily puncture the skin and should be handled with extreme caution.

"Special Task of Nursing Care" or "Special Tasks" – means a procedure that requires nursing education or that requires nursing education and training in order to be performed safely. Refer to HAR Title 16, Chapter 89, Sub chapter 15 (Delegation of Special Tasks of Nursing Care to Unlicensed Assistive Personnel).

"**Stabilized in Place"** – means the participant has had no further crisis situations, police contact or hospital visits between Crisis Mobile Outreach (CMO) and follow-up call.

"Voided Claims" – means the allowed amount listed as a negative amount and any previous deductions will be added to the allowed amount on the RA. As a result, the net paid amount is the amount to be recouped from the provider.

APPENDIX 2:
ACRONYMS & ABBREVIATIONS

Acronyms & Abbreviations

Acronym / Abbreviation	Definition
§	Section
ACS	Administrator Certification Section
ADA	American Disabilities Act
ADH	Adult Day Health
ADL ADLs	Activity of Daily Living (one) Activities of Daily Living (two or more)
AER	Adverse Event Report
AFH	Adult Foster Home
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
ARCH	Adult Residential Care Home
AT	Assistive Technology
AVRS	Automated Voice Response System
BPQY	Benefits Planning Query
BSP	Behavior Support Plan
BSRC	Behavioral Support Review Committee
CAN	Child Abuse Neglect
CAP	Corrective Action Plans
CESP	Certified Employment Support Professional
CFR	Code of Federal Regulations
CIT	Clinical Interdisciplinary Team
CLS	Community Learning Services
CM	Case Manager
CMB	Case Management Branch
CMO	Crisis Mobile Outreach
CMS	Centers for Medicare & Medicaid Services
CPA	Certified Public Accountant

Acronym / Abbreviation	Definition
CPI	Crisis Prevention Institute
CPR	Cardiopulmonary Resuscitation
CRB	Community Resources Branch
CTH	Crisis Telephone Hotline
CWS	Child Welfare Services
DCP	Discovery & Career Planning
DD	Developmental Disabilities
DD AFH	Developmental Disabilities Adult Foster Home
DD Dom	Developmental Disabilities Domiciliary Home
DDD	Developmental Disabilities Division within the Hawaii DOH
DHS	Hawaii Department of Human Services
DHS-MQD	Department of Human Services – Med-QUEST Division
DMO	DHS Medicaid Online
DOH	Hawaii Department of Health
DOH-DDD	Department of Health – Developmental Disabilities Division
DOH-DDD-CRB	Department of Health – Developmental Disabilities Division – Community Resources Branch
DOH-OHCA	Department of Health – Office of Health Care Assurance
DSW	Direct Support Worker
DSW-CD	Direct Support Worker – Consumer Directed
E-ARCH	Expanded Adult Residential Care Home
e-Crim	Hawaii's Adult Criminal Information
EAA	Environmental Accessibility Adaptation
EFT	Electronic Fund Transfer
EPSDT	Early Periodic Screening Diagnosis and Treatment
EVV	Electronic Visit Verification
FBA	Functional Behavioral Assessment

Acronym / Abbreviation	Definition
FDA	Food Drug Administration
GT	Gastrostomy
HAR	Hawaii Administrative Rules
HCBS	Home and Community Based Services
HIePRO	State of Hawaii Procurement
HIPAA	Health Insurance Portability & Accountability Act
HRS	Hawaii Revised Statutes
IADL	Instrumental Activities of Daily Living
ICAP	Inventory for Client and Agency Planning
ICE	In Case of Emergency
ICF-IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
ID	Intellectual Disabilities
I/DD	Intellectual and Developmental Disabilities
IEP	Individualized Educational Plan
IES	Individual Employment Supports
IP	Individual Plan
ISP	Individualized Service Plan
IV	Intravenous
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LMHC	Licensed Mental Health Counselor
LOC	Level of Care
LP	Licensed Psychologist
LPN	Licensed Practical Nurse
LTC	Long Term Care
MAR	Medication Administration Record
MD	Medical Doctor

Acronym / Abbreviation	Definition
MQD	Med-QUEST Division within the Hawaii DHS
NG	Nasogastric
NOA	Notice of Action
OHCA	Office of Health Care Assurance
OHS	Out-of-Home Stabilization
OT	Occupational Therapy
OTC	Over-the-Counter
PA	Physician Assistant
PAB	Personal Assistance/Habilitation
P&P	Policies & Procedures
PBS	Positive Behavioral Supports
PERS	Personal Emergency Response System
PICC	Peripherally Inserted Central Catheter
PRN	Pro Re Nata (circumstances or as the circumstance arises)
PT	Physical Therapy
PUC	Public Utilities Commission
QA	Quality Assurance
QA/I	Quality Assurance/Improvement
QI	QUEST Integration
QAIP	Quality Assurance and Improvement Program
RBT	Registered Behavior Technician
ResHab	Residential Habilitation
RN	Registered Nurse
SIS	Supports Intensity Scale
SMES	Specialized Medical Equipment & Supplies
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income

Acronym / Abbreviation	Definition
SSP	State Supplemental Payment
STF	Special Treatment Facility
TB	Tuberculosis
T&C	Training & Consultation
TLP	Therapeutic Living Program
TPN	Total Parenteral Nutrition
TST	Tuberculin Skin Test
U.S.C.	United States Code

APPENDIX 3:
ASSISTANCE DIRECTORY

Assistance Directory

AGENCY	ADDRESS	PHONE/EMAIL
DOH-DDD Application Provider Address Changes	DOH-DDD-Community Resource Branch Diamond Head Health Center 3627 Kilauea Ave., Rm. 411 Honolulu, HI 96816	(808) 733-2135
DHS-MQD Hawaii Fiscal Agent - Conduent	Conduent P.O. Box 1220 Honolulu, HI 96807	(808) 952-5570 Oahu 1-800-235-4378 Neighbor Islands
DHS-MQD Medicaid Provider Enrollment	DHS Med-QUEST Division Health Care Services Branch Provider Enrollment 601 Kamokila Boulevard, Room 506A Kapolei, Hawaii 96707 Become a Medicaid Provider	(808) 692-8099 (808) 692-8087 (fax) HCSBInquiries@dhs.hawaii.gov
DHS-MQD Electronic Visit Verification (EVV)	DHS Med-QUEST Division Health Care Services Branch Electronic Visit Verification P.O. Box 700190 Kapolei, HI 96709 Electronic Visit Verification (EVV)	(808) 692-8087 (fax) EVV-MQD@dhs.hawaii.gov
DOH-DDD Case Management Branch (CMB)	DOH-DDD CMISB Diamond Head Health Center 3627 Kilauea Avenue, Rm. 104 Honolulu, HI 96816	(808) 733-9172
DOH-DDD Community Resource Branch (CRB)	DOH-DDD-CRB Diamond Head Health Center 3627 Kilauea Avenue, Rm. 411 Honolulu, HI 96816	(808) 733-2135

AGENCY	ADDRESS	PHONE/EMAIL
DOH-DDD Division	DOH-DDD Division Office 1250 Punchbowl Street, Rm. 463 Honolulu, HI 96813	(808) 586-5840
DHS-MQD Medicaid Eligibility or Enrollment Inquires	DHS Med-QUEST Division Customer Services P.O. Box 700190 Kapolei, HI 96709 Hawaii Medicaid Application	1-800-316-8005 1-877-628-5076
DHS-MQD Medicaid Eligibility Verification	Automated Voice Response Systems (AVRS) (SEE AVRS Quick Reference Sheet)	1-800-882-4608
DHS-MQD Medicaid Eligibility Verification	Medicaid Online Providers must create an account using Medicaid ID#.	
Department of the Attorney General Criminal Justice Division Medicaid Fraud Control Unit Medicaid Provider, Care Facility, or Caregiver Fraud Reporting	Medicaid Fraud Control Unit Office of the Attorney General c/o Dawn Shigezawa 707 Richards Street, Suite 402 Honolulu, HI 96813 Medicaid Fraud Control Unit	(808) 586-1058 (808) 586-1077 (fax)

AGENCY	ADDRESS	PHONE/EMAIL
Department of the Attorney General Criminal Justice Division Medicaid Beneficiary Fraud Reporting	Criminal Justice Division Office of the Attorney General c/o Renee Sonobe Hong 707 Richards Street, Suite 400 Honolulu, HI 96813	(808) 586-1160 **I. FRAUD HOTLINES** • Oahu: (808) 587-8444 • Big Island: (808) 933-8899 • Kauai: (808) 241-7106 • Maui: (808) 243-5840

Quest Integration Health Plan

HEALTH CARE PLAN	PHONE	WEBSITE
AlohaCare	1-877-973-0712	Alohacare.org
HMSA	1-800-440-0640	Hmsa.com
Kaiser Permanente	1-800-651-2237	Kpinhawaii.org
Ohana Health Plan	1-888-846-4262	Ohanahealthplan.com
United Healthcare Community Plan	1-888-980-8728	Uhcomunityplan.com/hi

APPENDIX 4:
PARTICIPANT SAFEGUARDS

APPENDIX 4A: P&P #2.01 POSITIVE BEHAVIOR SUPPORTS

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

DEVELOPMENTAL DISABILITIES DIVISION

TITLE: Positive Behavior Supports Policy #: 2.01

PURPOSE:

Historically interventions used for people with intellectual and developmental disabilities (I/DD) have been unacceptably intrusive, focused primarily on punitive consequences, inappropriate for integrated settings, and/or ineffective in producing meaningful changes. Positive Behavior Supports (PBS) are preferable because they are effective in improving behavior and quality of life for people with behavioral challenges. The Developmental Disabilities Division (DDD) is committed to using approaches that will increase the safety, independence and overall well-being of participants receiving services. While the goal of this policy is to safely support participants who may engage in challenging behaviors, it also strives to promote participants' engagement in integrated activities.

The fundamental features of this policy include a foundation built on person-centered values, a commitment to outcomes that are meaningful, and services individualized to each participants' unique interests and strengths. The primary purposes of this policy are to commit to approaches that embrace the unique strengths and challenges of each participant, and engage each participant's circle of support as partners in developing and implementing PBS using least restrictive interventions. When a participant presents behaviors that put them at imminent risk of hurting themselves or others, PBS shall be used, whenever possible, to decrease the behaviors that pose a risk. When PBS techniques have been used and are not effective in resolving the immediate risk of harm, restrictive interventions that involve temporary restrictions may be necessary *(refer to Policy 2.02, Restrictive Interventions)*. Behavioral support plans (BSP) containing restrictive interventions are the least desirable approach to supporting participants and should only be utilized for the protection of the participant and others. Ultimately, this policy sets forth the core values of supporting participants to the best of their abilities by expanding opportunities and enhancing quality of life using PBS approaches.

DEFINITIONS:

"Behavior Support Plan" or "BSP" is a written plan for the team members who are supporting the person who is engaging in behaviors perceived as challenging. The BSP outlines:

1. Steps that will be taken by the members of the person's team to modify the physical environment;
2. What replacement skills should be taught to the participant as well as how to do so;

https://health.hawaii.gov/ddd/files/2018/05/DD-Policy-2.01-Positive-Behavior-Supports.pdf

3. Ways in which team members should respond to challenging behaviors; and
4. Ways in which team members can decrease the likelihood of challenging behaviors.

The BSP is developed based on the results of a Functional Behavior Assessment (see definition below). As BSPs include Positive Behavior Support approaches (see definition below), a BSP may also be referred to as Positive Behavior Support Plan or PBS Plan.

"Functional Behavior Assessment" or "FBA" means the process of determining the functions, or reasons why a person is engaging in challenging behaviors, and to understand the conditions in which challenging behaviors occur. The FBA involves collecting data to identify patterns or trends and to develop a hypothesis of conditions that trigger and/or maintain these behaviors prior to developing a behavior support plan.

"Person-Centered Planning" means an ongoing process directed by the participant that helps individuals in his or her circle learn how the participant wants to live and describes what supports are needed to help the participant move toward a life considered meaningful and productive.

"Positive Behavior Supports" or "PBS" is a process for addressing challenging behaviors by understanding the relationships between a person's behavior, communication, and aspects of his or her environment. It offers strategies to modify the environment and interactions in order to prevent the occurrence of these behaviors; teaches skills to replace challenging behaviors; outlines responses to challenging behaviors to reduce the likelihood that these behaviors will reoccur in the future; and offers proactive and functional strategies to promote a positive lifestyle change. Positive Behavior Supports strategies are included in Behavior Support Plans (BSPs).

"Trauma Informed Care" or "TIC" is a developmentally appropriate, strengths-based approach that creates opportunities for people who have experienced trauma to rebuild a sense of control and empowerment. TIC is grounded in an understanding of and responsiveness to the impact of trauma and emphasizes physical, psychological, and emotional safety for both providers and survivors. It involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to maintain and/or exacerbate the impact(s) of trauma and/or re-traumatize individuals who have histories of trauma. It upholds the importance of consumer participation and choice in the development, delivery, and evaluation of services. When appropriate for a participant, TIC recognizes trauma recovery as a primary goal of treatment which involves systems integration and a basic understanding of trauma, triggers, and the impact trauma may have had on a participant's development and coping.

CORE PRINCIPLES:

PBS methods should be the primary interventions used to maintain the safety of participants and others, promote the independence of participants, and safely support participants who engage in challenging behavior(s). The following principles serve as the foundation for guiding and implementing PBS interventions with participants:

A. **Respect:** All participants must be treated with respect and dignity. All interventions must be free from practices or interactions that are degrading, humiliating, painful, or harmful.

B. **Least Restricted Intervention:** Ensure that the most proactive, effective, and least intrusive methods are utilized.
C. **Person-Centered Services:** Specific needs of each participant are identified based on an individualized assessment that incorporates the preferences, values, lifestyles, strengths and abilities, and social circumstances of the participant.
D. **Most Integrated Setting:** A setting that enables participants with disabilities to interact with non-disabled persons to the fullest extent possible.
E. **Meaningful Activities:** Participation in meaningful and purposeful activities that are interesting and motivating as determined by the participant.
F. **Independence:** Participants learn functional skills, which are used in their daily routine and necessary to participate in the community in order to enhance their quality of life.
G. **Individualization:** Behavioral interventions are designed to meet the unique and individual needs of the participant.
H. **Choice:** Encourage individual choice in daily decision-making.
I. **Access to Services:** Participants should have timely access to quality services.
J. **Family Support:** It is essential for the circle of support members, particularly family and caregivers, to participate as partners in the design of behavioral interventions. Families and/or caregivers may often need continuous support when developing and/or implementing behavioral interventions.
K. **Cultural Competency:** Support of a participant should incorporate the priorities and needs of the individual as well as his/her cultural and ethnic backgrounds and values.
L. **Collaboration:** Effective change is achieved through the circle of support working together to understand the goals and recommended strategies. Collaboration ensures that members of the circle have adequate resources and support to consistently implement the recommendations.
M. **Consistency:** Ensure consistency and continuity between and within services. The behavioral supports must be compatible and sustainable with existing routines in the participant's natural environment.
N. **Communication:** Involve all members of the participant's circle of support, including but not limited to family members, caregivers, friends, service supervisors and direct support staff. Ensure clear communication of the interventions to those directly involved.
O. **Skill Development:** An absolute belief that every participant has the potential to learn new adaptive skills, with all members of the participant's circle of support working to determine how to teach such skills to meet the unique strengths and capabilities of the participant.
P. **Trauma Informed Care:** An organizational structure and framework that involves comprehensive understanding, recognizing, and responding to the effects of all forms of trauma, when warranted by the individualized needs of the participant.

POLICY:
DDD establishes that PBS practices and procedures - which serve to support a participant's engagement in positive behaviors and helps them to lead meaningful and productive lives - shall be the primary interventions used when supporting participants. This Policy applies to services authorized by the participant's Case Manager (CM).

A. A BSP will be developed to support participants who engage in behaviors that threaten the health and safety of themselves or others, or that limits or prohibits the participant from engaging in an integrated activity. PBS approaches shall be the primary interventions proposed for use in a BSP to safely address challenging behaviors and increase a participant's independence and integration into community activities.
B. A BSP will take into account an understanding of the participant's behavior by collecting and using data to make decisions. When appropriate, a trauma-informed care approach will be incorporated into a BSP to meet the individual needs of a participant with a history of trauma and/or abuse.
C. A BSP will be developed and implemented for all participants receiving more than a 1:1 staff ratio with services in place to address health and safety goals, with regards to reducing challenging behaviors. The BSP must include recommendations and criteria on when to transition to a 1:1 staff ratio.
D. The BSP must be overseen by a qualified DDD provider.

PROCEDURES:

A. A BSP must be developed by a licensed professional in accordance with Hawaii state law.
B. The Clinical Interdisciplinary Team (CIT) or designee may assist with assessing any medical, trauma, and/or mental health concerns that may impact the onset or exacerbation of challenging behaviors.
C. The BSP is developed using the following set of criteria;
    1. Building a PBS team: The PBS team members are anyone who provides services or support to the participant. These members must coordinate their work at all times when developing, implementing, and/or monitoring the participant's BSP.
    2. Person-Centered: It is important to identify goals that are not only limited to addressing challenging behaviors, but goals that also enhance the participant's overall quality of life. The following questions shall be considered when developing goals:
        a. How can participation and inclusion in the participant's home and community be increased?
        b. How can we increase the meaningful activities that a participant engages in?
        c. What would increase or strengthen the participant's social support?
        d. How can we increase a participant's ability to make appropriate choices and control aspects of their life?
        e. What barriers may interfere with the participant's progress?
    3. Defining the Target Behaviors: In order to monitor the outcomes of an intervention, specific behaviors of interest, also known as target behaviors, need to be defined in a concrete and observable manner. This definition should be written in clear, concise, and measurable objective terms (what the participant does or says). Target behaviors may be defined by answering the following questions:
        a. What does the behavior look or sound like?
        b. How often does the behavior occur (e.g., frequency, duration measure)?
        c. How intense is the behavior (e.g., does the behavior result in bruising or breaking of skin)?

d. Is the behavior harmful to the participant or others?
e. Does the behavior result in property damage?
f. Does the behavior prohibit or limit the participant's engagement in integrated activities?
g. Is the progress of the participant or others being affected?

4. Functional Behavioral Assessment: The FBA must include the following components:
   a. Review of relevant records, such as but not limited to, Adverse Event Reports, Individualized Service Plans (ISP), and/or provider quarterly reports.
   b. Interviews with multiple people who interact with the participant regularly in different settings and activities.
   c. Direct observations of the participant across multiple settings, activities and interactions with various people.
   d. Individualized assessments to determine broader variables affecting the participant's behavior.
   e. Collection and analysis of objective information regarding the following:
      1) Baseline data of the challenging behavior as well as signals that indicate more serious behavior is about to occur (e.g., threatening gestures, pacing, muttering).
      2) Antecedents (conditions that precede the occurrence of the participant's behavior) such as the time, setting, activity, and the people who are present or absent when challenging behaviors occur.
      3) Consequences (conditions that immediately follow the occurrence of the participant's behavior), such as if staff respond to the behavior by giving attention or removing undesirable activities.
      4) Setting events (ecological or motivational conditions) such as lack of sleep, skills deficits, change in routines, illness, or difficulties with crowded places.
   f. One or more statements that summarize the patterns of behaviors, including the triggers and consequences, and offers an educated hypothesis for the function of the challenging behaviors and what may be maintaining it based on the objective data collected.
5. BSP Development: The FBA provides the basis for developing the BSP. The date(s) each of the FBA component activities (detailed in item 4 above) occurred must be documented in the BSP. This should include relevant details regarding the FBA activity completed (e.g., where an observation took place, the date, and who was present; who was interviewed, the date, and findings; what assessment was administered, the date, and results) as well as a list of the records that were reviewed by the author of the BSP, including the date indicated on the record and relevant information/findings.

   The BSP facilitates the attainment of broad goals identified by the team and promotes the sustainability of the behavioral change. The BSP must include:

a. Modifications to the social or physical environment that may prevent the challenging behavior and/or increase the likelihood of alternative appropriate behaviors.
b. Identification of specific behaviors or skills to teach and/or reinforce that will achieve the same function as the challenging behavior and that will allow the person to more effectively manage or respond to the environment.
c. Strategies for managing consequences so that positive reinforcement is provided for proactive behaviors.
d. Interventions that should be utilized during earlier stages of behavior escalation to prevent imminent risk of harm to the participant or others.
e. Detailed information on how data will be collected and analyzed by individuals implementing the BSP to evaluate the effectiveness of the plan for *each* objectively defined target behavior and goal.
f. An outline of crisis management procedures and the conditions in which they should be applied, should it be necessary to implement in order to ensure safety and rapid de-escalation of challenging behaviors.
g. Detailed information on how the author of the BSP will train all members in the participant's circle of support as well as documentation of how these individuals respond to the training (e.g., are they able to independently apply interventions appropriately). The service supervisor and caregiver(s) must be involved in the training of the BSP.
h. PBS strategies shall be the primary interventions used when supporting participants. If a restrictive intervention is proposed for use in a BSP, these interventions shall only be used on an emergency basis to prevent imminent risk of harm to the participant and/or others and applied only after less restrictive interventions were used and deemed ineffective, with appropriate documentation demonstrating their ineffectiveness. DDD's requirements regarding the documentation, data, training and supervision, interventions, and plans that must be included in BSPs involving restrictive interventions are detailed in *Policy 2.03, Behavior Support Review*.

6. Implementation and Monitoring: Specific procedures for implementing each intervention must be outlined in the BSP and progress toward the goals must be monitored as defined below:
   a. The PBS team must discuss and document the training(s), support(s), and/or other resources that may be needed to implement the BSP (e.g., supplementary aids or equipment).
   b. The BSP must include specific objectives and activities, identify responsible persons, and set reasonable timelines.
   c. Training on the BSP must be provided to all members of the PBS team and shall include, but not be limited to, a review of written materials, PBS approaches, and other interventions individualized for the participant, face-to-face behavioral modeling and coaching, feedback on the application of an intervention, instructions on data collection and review methods, and assistance in restructuring

routines, curriculum, instructional strategies, schedules and/or activities to minimize the likelihood of a challenging behavior.

d. Plan implementation must be monitored through observation and data analysis to ensure intervention strategies are implemented appropriately and consistently across settings.
e. Objective data must be collected to evaluate the effectiveness of the BSP. Data should include decreases in challenging behavior, increases in replacement skills, achievement of broader goals, and staff implementation.
f. The PBS team must communicate regularly on a schedule defined by the team, to review progress and adjust the BSP as necessary.
g. The goals of the BSP shall be incorporated into the participant's Individualized Service Plan (ISP) by the participant's CM.

D. An initial authorization of Training & Consultation (T&C) for Behavior Analysis may be authorized by the CMB Section Supervisor for a limited number of hours (up to five hours). The purpose of the initial T&C authorization is to enable a qualified provider to make a determination based on data of the need for a formal request to the CIT for additional hours of T&C to complete the FBA and BSP.
E. The CIT shall make the decision whether or not to authorize T&C hours for a licensed professional in accordance with Hawaii state law to complete a FBA and BSP.
F. The CMB Section Supervisor may authorize the author of the BSP to provide ongoing monitoring of the implementation of the BSP, retraining on the BSP, if necessary, and the collection and review of relevant data. This ongoing monitoring shall not exceed four (4) hours per month at a maximum of 6 months following completion of the initial training on the BSP. These hours shall not be used by the author of the BSP to complete tasks or other duties that are the responsibility of the DDD provider's service supervisor. A request for additional hours per month and/or an extension of the ongoing monthly supervision by the author of the BSP must be requested through the CIT. The CIT may authorize additional hours following a review of data and/or documentation which demonstrates the need for increased hours and provides detailed information regarding how previously authorized T&C hours were utilized. The author of the BSP or his/her designee shall also provide the CIT with a detailed description of how the additional hours will be used each month to improve the implementation of the BSP and/or collection of data.
G. The CM must initiate contact with a T&C provider within five (5) working days of receiving written authorization from the CIT. The CM must report back to the Case Management Branch (CMB) Section Supervisor if a T&C provider has not been retained within 14 calendar days from the date the T&C approval was received. The Unit Supervisor may call the Section Supervisor of the Community Resource Management Section (CRMS) within the Community Resources Branch (CRB) for assistance in locating a provider.
H. Once the FBA is completed, a BSP must be developed and written within 14 calendar days and shall include the date (month, day, and year) the BSP report was completed as well as the name of the author and his/her credentials. A final copy of the BSP report shall be forwarded by the author to the CM within 2 business days of the date of

completion indicated on the BSP report. Refer to *Policy 2.02, Restrictive Interventions*, for additional BSP requirements.

I. Training must be initiated by the author of the BSP within 7 calendar days of the completion date indicated on the BSP and shall include a face-to-face training of, at minimum, all of the interventions and data collection methods included in the BSP by the author for all individuals in the participant's circle of support.

J. Documentation of challenging behavior(s), including the effectiveness of the recommendations and/or interventions indicated in the BSP, shall be reported by the DDD provider to the CM every quarter or more frequently, as documented in the ISP.

K. If a restrictive intervention is included in a BSP to address a challenging behavior, such interventions are permitted only when PBS strategies and less restrictive interventions have been applied first and deemed ineffective. Refer to *Policy 2.03, Behavior Support Review*, for the DDD's requirement specifications for BSPs that include restrictive interventions as well as when review by the Behavior Support Review Committee is required.

L. The BSP must be reviewed at least annually by the participant's circle of support and updated as needed.

M. A copy of the participant's current BSP must be accessible at the participant's home, and to all staff who work with the participant at the setting in which the DDD service is provided.

N. Staff who work with the participant must implement the procedures as written in the BSP. If modifications are needed, staff must refer to a qualified professional.

O. At minimum, the author of the BSP must remain on the participant's team until training and implementation of the plan is completed. The author should also be available to provide periodic monitoring of the BSP (not to exceed four hours per month) to ensure that it is being consistently and correctly implemented by all individuals in the participant's circle of support. If the author of the BSP is unable to provide ongoing monitoring of the BSP, he or she must appoint an appropriate designee who complies with Hawaii state law before transitioning off the team. It is at the discretion of the PBS team, with support from the CIT, to request another licensed professional in accordance with Hawaii state law to assume responsibility of the BSP.

P. The DDD provider's service supervisor needs to demonstrate a level of competency on the BSP following training from the licensed professional in accordance with Hawaii state law who developed the plan.

Q. All staff who implement the BSP must comply with Hawaii state law. A licensed professional in accordance with Hawaii state law shall train on the implementation of the BSP and provide periodic monitoring of BSP implementation.

R. T&C services will not duplicate services provided through another source, including Applied Behavior Analysis (ABA) services covered by a participant's commercial insurance or, if the participant is under 21 years of age, through the Early Periodic Screening Diagnostic and Treatment (EPSDT) services under the Medicaid QUEST Integration Health Plan. When a participant has a BSP developed through another source (e.g., Department of Education, QUEST Integration, and private insurance), T&C may be authorized to develop a BSP to address behaviors that occur in settings where DDD

services are provided. The author of the BSP shall ensure consistency amongst and across the services the participant receives by consulting with the authors of the other BSPs and their treatment teams and utilizing similar interventions in settings where DDD services are provided, where appropriate. This T&C shall include training in implementing the BSP strategies and approaches during waiver service hours, as well as providing periodic monitoring of the BSP to ensure consistency.

AUTHORITATIVE & OTHER REFERENCES:

1. Koegel, L.K., Koegel, R.L., & Dunlap, G (1996). *Positive behavior support: Including people with difficult behavior in the community.* Baltimore: Paul H. Brookes Publishers.
2. O'Neill, R.E., Horner, R.H., Albin, R. W., Sprague, J.R., Storey, K., & Newton, J.S. (1997). *Functional assessment and program development for problem behavior: A practical handbook.* Pacific Grove, CA: Brooks/Cole.
3. Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014
4. Chapter 465D, HRS, "Behavior Analysts"[1] http://www.capitol.hawaii.gov/hrscurrent/Vol10_Ch0436-0474/HRS0465D/HRS_0465D-.htm
5. DD Policy 2.02, Restrictive Interventions
6. DD Policy 2.03, Behavior Support Review

Approved: Mary Brog **Date:** FEB 17 2017

Administrator
Developmental Disabilities Division

[1]This hyperlink connects to the most recent version of HRS through the Hawaii State Legislature website. Hyperlinks to HRS chapters show the first page of the chapter only, to see the rest of the contents of the chapter, click "Next" on the lower right hand side of the page on your screen.

APPENDIX 4B: P&P #2.02 RESTRICTIVE INTERVENTIONS

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

DEVELOPMENTAL DISABILITIES DIVISION

TITLE: Restrictive Interventions — Policy #2.02

BACKGROUND:
When a participant presents behaviors that places him/her at imminent risk of hurting themselves or others where steps must be taken to prevent harm, positive behavior supports (PBS) shall be used, whenever possible, to decrease the behaviors that pose risk to the person or others, and prevent the need for restrictive interventions *(refer to Policy 2.01, Positive Behavioral Supports)*. When PBS techniques have been used and are not effective in resolving the immediate risk of harm, restrictive interventions that involve temporary restrictions may be necessary. Behavioral support plans (BSP) containing restrictive interventions are the least desirable approach to supporting participants and should only be utilized for the protection of the participant and others.

PURPOSE:
The purpose of this policy is to ensure that participants are supported in a caring and responsive manner that promotes dignity, respect, trust and free from abuse. Participants have all the same rights and personal freedoms granted to people without disabilities. This shall be accomplished by ensuring that:

- PBS methods are the primary interventions used to maintain the safety of participants and others, promote the independence of participants, and safely support participants who engage in challenging behavior;
- Services, supports, and/or BSPs are based on a thorough understanding of the participant and the reason why they are engaging in a challenging behavior (i.e., the function of the behavior);
- A pattern of behavior escalation has been identified and the BSP includes corresponding, least restrictive interventions to prevent or minimize the escalation of the challenging behavior at each phase to prevent imminent risk of harm;
- Restrictive measures are used only after PBS and/or less restrictive interventions were tried and documentation demonstrates that these interventions were ineffective at reducing the risk of imminent harm to the participant or others;
- Opportunities are provided for participants to exercise choice in matters affecting their everyday lives and are supported in choices that yield positive outcomes; and

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https://health.hawaii.gov/ddd/files/2018/05/DD-Policy-2.02-Restrictive-Interventions.pdf

- The Developmental Disabilities Division (DDD) system in Hawaii moves to a trauma-informed system, free from the use of restraints and restrictive interventions.

DEFINITIONS:

"Aversive Procedures" means procedures intended to inflict pain, discomfort and/or social humiliation in order to modify behavior. These include, but are not limited to, electric skin shock, liquid spray to one's face, and strong, non-preferred tastes applied in the mouth. **Aversive Procedures are prohibited and shall not be used with participants.**

"Behavior Support Plan" or "BSP" is a written plan for the team members who are supporting the person who is engaging in behaviors perceived as challenging. The BSP outlines:

1. Steps that will be taken by the members of the person's team to modify the physical environment;
2. What replacement skills should be taught to the participant as well as how to do so;
3. Ways in which team members should respond to challenging behaviors; and
4. Ways in which team members can decrease the likelihood of challenging behaviors.

The BSP is developed based on the results of a Functional Behavior Assessment (see definition below). As BSPs include Positive Behavior Support approaches (see definition below), a BSP may also be referred to as Positive Behavior Support Plan or PBS Plan.

"Functional Behavior Assessment" or "FBA" means the process of determining the functions, or reasons why a person is engaging in challenging behaviors, and to understand the conditions in which challenging behaviors occur. The FBA involves collecting data to identify patterns or trends and to develop a hypothesis of conditions that trigger and/or maintain these behaviors prior to developing a behavior support plan.

"Overcorrection" is a behavioral intervention used to decrease an undesired behavior by having the individual either restore the environment to an improved state vastly better than it was prior to the undesired behavior (e.g., cleaning or fixing the environment) and/or repeatedly performing the appropriate way to do a behavior as a result of engaging in the undesirable behavior (e.g., repeatedly closing the door in an appropriate manner as opposed to slamming it closed or repeatedly requesting someone's attention by saying their name in an appropriate manner as opposed to throwing an item at them). **Overcorrection is prohibited and shall not be utilized with participants.**

"Positive Behavior Supports" or "PBS" is a process for addressing challenging behaviors by understanding the relationships between a person's behavior, communication, and aspects of his or her environment. It offers strategies to modify the environment and interactions in order to prevent the occurrence of these behaviors; teaches skills to replace challenging behaviors; outlines responses to challenging behaviors to reduce the likelihood that these behaviors will reoccur in the future; and offers proactive and functional strategies to promote a positive lifestyle change. Positive Behavior Supports strategies are included in Behavior Support Plans (BSPs).

"Provider" means any individual or agency delivering a service authorized through DDD inclusive of consumer directed services.

"Restraint" means a physical, chemical or mechanical intervention used as a last resort on an emergency basis to protect the participants from imminent harm to themselves and/or others using the least restrictive intervention possible and for the shortest duration necessary.

THE FOLLOWING ARE NOT CONSIDERED RESTRAINTS:

- Interventions used for the purpose of conducting routine physical or dental examination or diagnostic tests or completing a medical or dental treatment procedure;
- A device used to protect the participant's safety as indicated in the Individualized Service Plan (ISP) per a physician's recommendation and reviewed by the Behavior Support Review Committee (BSRC); or
- Vehicular passenger restraint systems required by state law (HRS §291-11.6).

1. **"Chemical Restraint"** means a psychotropic medication prescribed by a licensed health care professional with prescriptive authority:
   a. On a routine basis without an appropriate Diagnostic and Statistical Manual (DSM) diagnosis for the purpose of behavioral control; or
   b. Incidental use of medications, sometimes called PRN or as needed medication, to restrict the freedom of movement or temporarily sedate the individual.

THE FOLLOWING ARE NOT CONSIDERED CHEMICAL RESTRAINTS:

- Medications prescribed for the treatment of a diagnosed disorder found in the current version of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM);
- Adjusting the dose of a prescribed medication or prescribing a new medication to achieve better symptom control for the diagnostic disorder per the current DSM;
- Medications prescribed to control seizures; and
- Medications for medical or dental procedures.

2. **"Mechanical Restraint"** means an intervention involving a device, material or equipment that is involuntarily applied to the participant's body or immediate environment (i.e., wheelchair, chair, bed, toilet, vehicle, etc.) that immobilizes, restricts, limits, or reduces any bodily movement in emergency situations to prevent the participant from harming themselves or others. See definition of "Restraints" for interventions that are not considered a Mechanical Restraint.

3. **"Physical Restraint"** means an intervention in which physical force is applied to the participant and involuntarily restricts their freedom of movement or normal access to a

portion or portions of their body. See definition of "Restraints" for interventions that are not considered a Physical Restraint.

"Restrictive Intervention" or "Restrictive Procedure" means a practice that limits a participant's freedom of movement, access to other locations, property, individuals, or rights. This includes, but is not limited to, Chemical, Mechanical, and Physical Restraints.

"Seclusion" means a restrictive intervention in which a person is involuntarily confined in a room or area from which they are prevented from having contact with others or leaving by closing a door or using another barrier. **Seclusion is prohibited and shall not be utilized with participants.**

POLICY:

This policy dictates that restrictive interventions are only to be used when a participant's behavior(s) pose an imminent risk of harm to themselves and/or others and less restrictive interventions have been attempted with limited effectiveness at reducing and/or replacing the challenging behavior. The restrictive interventions utilized must be the least restrictive method to address the challenging behavior and shall be terminated when there is no longer an imminent risk of harm and/or a less restrictive intervention would achieve the same purpose. This policy also describes which restrictive interventions are allowed and which are prohibited when providing services to participants, the circumstances under which allowed restrictive interventions may be used, and the requirements that must be met. The fundamental features of this policy specifies that restrictive interventions are:

- Only meant to address situations of imminent risk of harm.
- Not to be used as threats or punishment to change behavior as participants have the right to be free from any restrictive intervention imposed for the purpose of discipline, retaliation and/or staff convenience.
- Not therapeutic in nature nor designed to alter behavior in a long-term manner so should not be utilized with this intent.

When behavioral data and the Individualized Service Plan (ISP) team confirms an imminent risk of harm to the participant and/or others, and it is documented that less restrictive interventions have been attempted and deemed ineffective at decreasing the risk of harm, a BSP with restrictive intervention(s) may be developed that contains the following features:

- PBS methods as the primary interventions to safely address challenging behaviors and increase a participant's independence and integration into community activities.
- Restrictive interventions that are only used to protect the participant and/or others from imminent risk of harm after less restrictive interventions have been applied and deemed ineffective at addressing the challenging behavior, with appropriate documentation demonstrating their ineffectiveness.
- The specific conditions that warrant the use and removal of the restrictive intervention as well as procedures to restore the restricted right(s) of the participant following the use of a restrictive intervention.

- Strategies to prevent or minimize the challenging behaviors from occurring as well as identification of replacement skills that will be taught to the participant that serve the same function as the challenging behavior. Goals should also be identified in the BSP that enhance the participant's overall quality of life so that treatment objectives are not limited to addressing challenging behaviors only.
- Specific instructions on how documentation and/or data collection should be completed following the use of a restrictive intervention. The staff involved in the application of the restrictive intervention shall debrief the incident with the service supervisor overseeing the BSP within 24 hours of the initial application of the restrictive intervention *(refer to page 8 of this policy for specific provider requirements following the use of a restrictive intervention)*. Adjustments to the BSP may be made by the author of the BSP or his/her designee if needed.
- A detailed plan for the eventual elimination of the restrictive intervention.

The procedures that are prohibited and shall not be used with participants include but are not limited to:

- Seclusions
- Aversive procedures involving:
  - Electric shock (excluding electroconvulsive therapy);
  - The non-accidental infliction of physical or bodily injury, pain, or impairment, including but not limited to hitting, slapping, causing burns or bruises, poisoning, or improper physical restraint;
  - Unpleasant tasting food or stimuli; and
  - Contingent application of any noxious substances which include but are not limited to noise, bad smells, or squirting a participant with any substance that is administered for the purpose of reducing the frequency or intensity of a behavior.
- The following types of restraints:
  - Restraints that cause pain or harm to participants. This includes restraint procedures such as arm twisting, finger bending, joint extensions or head locks;
  - Prone Restraints;
  - Supine Restraints;
  - Restraints that have the potential to inhibit or restrict a participant's ability to breathe; excessive pressure on the chest, lungs, sternum, and/or diaphragm of the participant; or any maneuver that puts weight or pressure on any artery, or otherwise obstructs or restricts circulation;
  - Restraint Chairs;
  - Restraint Boards;
  - Any maneuver that involves punching, hitting, poking, or shoving the participant;
  - Straddling or sitting on the torso;
  - Any technique that restrains a participant vertically, face first against a wall or post; and
  - Any maneuver where the head is used as a lever to control movement of other body parts.

- Interventions involving:
  - Verbal or demonstrative harm caused by oral, written language, or gestures with disparaging or derogatory implications;
  - Psychological, mental, or emotional harm caused by unreasonable confinement, intimidation, humiliation, harassment, threats of punishment, or deprivation;
  - Denial of food, beverage, shelter, bedding, sleep, physical comfort or access to a restroom as a consequence of behavior;
  - The restriction or disablement of a communication device;
  - Placing a participant in a room with no light;
  - Overcorrection; and
  - Removing, withholding or taking away money, incentives or activities previously earned.

PROCEDURES:

A. A BSP must define the target behaviors being addressed by the plan and be developed by a licensed professional in accordance with Hawaii state law following the completion of a Functional Behavioral Assessment (FBA). For specific details regarding the developmental criteria of a BSP, refer to *Policy 2.01, Positive Behavioral Supports*.

B. All staff who implement the BSP must comply with Hawaii state law. A licensed professional in accordance with Hawaii state law shall train on the implementation of the BSP and provide periodic monitoring of BSP implementation *(refer to Policy 2.01, Positive Behavioral Supports)*. All provider staff who supervise the implementation of a BSP must demonstrate a level of competency on the BSP following training from the licensed professional who developed the plan in accordance with Hawaii state law.

C. If a restrictive intervention is included in a BSP to address a challenging behavior, such interventions are permitted only when PBS strategies and less restrictive interventions have been applied and documentation demonstrates that these interventions were ineffective. Refer to *Policy 2.03, Behavior Support Review*, for the DDD's requirement specifications for BSPs that include restrictive interventions as well as when review by the Behavior Support Review Committee is required.

D. The author of the BSP shall include a proposed training plan that should include: (1) when training of each individual in the participant's circle will occur (i.e., the projected date and timeframe), (2) what topics individuals will be trained on during a training session, (3) the individual's response to the training as well as any recommendations for follow-up trainings, and (4) how documentation of the training(s) will occur in the aforementioned areas. Documentation of the trainings received by the individual's circle, including how they responded to the training and any follow-up training recommendations, shall be maintained by the author of the BSP and available for review by the DDD. The initial review of and training on the BSP with all individuals in the participant's circle of support must be initiated by the author of the BSP within 7 calendar days of the completion date indicated on the BSP. If a review by the BSRC is required, a referral shall be made by the Case Manager to the

BSRC within 30 calendar days of the date of completion indicated on the BSP report *(refer to Policy 2.03, Behavior Support Review)*.

E. A BSP will be developed and implemented for all participants receiving more than a 1:1 staff ratio with services in place to address health and safety goals, with regards to reducing challenging behaviors. The BSP must include recommendations and specific measurable and objective criteria that indicates when a transition to a 1:1 staff ratio should commence and identify goals that are not only limited to address challenging behaviors but also goals that enhance the participant's overall quality of life.

When a restrictive intervention is proposed for use in a BSP by a licensed professional in accordance with Hawaii state law to address a challenging behavior, the BSP shall be written in accordance with the *Medicaid Waiver Standards Manual* which details the specific requirements for *each* restrictive intervention proposed for use.

F. Providers shall have:
1. Internal policies and procedures concerning restrictive interventions that are in accordance with state policies, and promote the use of positive behavior support approaches with the goal of eliminating the use of restrictive interventions;
2. A plan for recording and maintaining data on the use of restrictive interventions;
3. A plan for monitoring the outcomes of a restrictive intervention, its efficacy, and the continued need for its use in the BSP;
4. All staff who implement the BSP comply with Hawaii state law;
5. A licensed professional in accordance with Hawaii state law develop the BSP, train on the implementation of the BSP, and provide periodic monitoring of the implementation of the BSP *(refer to Policy 2.01, Positive Behavior Support)*;
6. The staff administering the restrictive intervention be trained on the participant's BSP by the licensed professional who developed the plan. The initial training of all interventions proposed for use in the BSP shall occur in person with the author of the BSP and the individuals who will be implementing the BSP. Training should be received both prior to providing services to the participant and on an ongoing basis throughout the duration of services provided to the participant. Only specific restrictive interventions proposed for use in the BSP to address a specific behavior can be utilized. Documentation of the training received by the staff administering the restrictive intervention, including their response to the training(s) and recommendations for follow-up trainings, shall be maintained by the author of the BSP. Documentation of the supervision received by staff should be maintained in the provider agency's files. Both shall be available for review by the DDD;
7. Staff who provide services to participants whose treatment plans include restrictive intervention(s) trained in a nationally-recognized curricula approved by DDD. A component of these curricula includes de-escalation and re-direction techniques to be used prior to a restraint as well as crisis management and intervention techniques. In addition, staff must be trained on the participant's individualized BSP which focuses on utilizing non-aversive methods as a primary intervention;

8. A copy of the BSP at the site where services for the participants are provided; and
9. Written consent for the BSP from the participant, guardian and/or care team.

G. During the use of a restrictive intervention, providers shall ensure that:
   1. The participant is monitored for health and safety throughout the duration of the restrictive intervention with staff being continuously present and observing the participant's condition. This includes, but is not limited to, monitoring the participant's breathing, consciousness and pain;
   2. Mechanical and/or Physical Restraints are terminated immediately after the imminent risk of harm to self or others is no longer present;
   3. The start time and end time of the application and removal of a Mechanical and/or Physical Restraint are documented;
   4. Participants who are administered a chemical restraint must also be monitored for side effects or adverse effects of medication until effects of medications have ended; and
   5. For Chemical Restraints used to address imminent risk of harm as outlined in a BSP, the time the medication was administered must be documented and staff must monitor the health and safety of the participant. Chemical Restraints shall not be used as a preventative intervention and shall be used in accordance with the prescribing physician's orders.

H. After a restrictive intervention is implemented, providers shall complete:
   1. Documentation of:
      a. The type of restrictive intervention used;
      b. The location of the intervention;
      c. The people involved in the intervention;
      d. The time that the restrictive intervention was initiated and terminated; and
      e. The events proceeding and following the restrictive intervention. This shall include but not be limited to:
         1) Antecedent(s) to the challenging behavior, including environmental and other contributing factors;
         2) Less restrictive interventions that were attempted and deemed ineffective at reducing the risk of harm, including the results of those interventions;
         3) Consequences of the restrictive intervention; and
         4) How the restricted rights of participant were restored.
   2. An Adverse Event Report (AER) and submit to DDD. Any use of restraints are considered an adverse event and submission of an AER is required in accordance with *Policy 3.07, Adverse Event Report for People Receiving Developmental Disabilities Division Services.* Seclusion is prohibited by the DDD. If Seclusion is utilized to address a challenging behavior, it is considered an adverse event and submission of an AER is required.

I. Debriefing with all staff involved in the application of the restrictive intervention shall occur with the Service Supervisor overseeing the BSP within 24 hours of the initial application of the restrictive intervention. This purpose of this debriefing is to:

1. Provide specific instructions on how documentation and/or data collection will be completed following the use of a restrictive intervention;
2. Assess what was effective and ineffective with regards to the interventions used throughout the escalation of the behavior;
3. Determine what could have been done before, during, and/or after the restrictive intervention to minimize the likelihood of the challenging behavior and/or prevent the risk of harm;
4. Assess how the safety and well-being of the participant was monitored throughout the application of the restrictive intervention;
5. Determine antecedent-based interventions that should be utilized in the future to minimize the likelihood of the challenging behavior from occurring; and

Adjustments to the BSP may be made by the author of the BSP or his/her designee, if needed, based on the findings of this debriefing.

AUTHORITATIVE & OTHER REFERENCES:

1. Chapter 465D, HRS "Behavior Analysts": http://www.capitol.hawaii.gov/hrscurrent/Vol10_Ch0436-0474/HRS0465D/HRS_0465D-.htm.[1]
2. Cooper, J.O., Heron, T.E., & Heward, W.L. (2007). *Applied Behavior Analysis, 2nd Edition*. Saddle River, NJ: Pearson Publishing.
3. DD Policy 2.01, Positive Behavioral Supports
4. DD Policy 2.03, Behavior Support Review
5. DD Policy 3.07, Adverse Event Report for People Receiving Developmental Disabilities Division Services

Approved: Mary Brog **Date:** FEB 17 2017

Administrator
Developmental Disabilities Division

[1] This hyperlink connects to the most recent version of HRS through the Hawaii State Legislature website. Hyperlinks to HRS chapters show the first page of the chapter only, to see the rest of the contents of the chapter, click "Next" on the lower right hand side of the page on your screen.

APPENDIX 4C: P&P #2.03 BEHAVIOR SUPPORT REVIEW

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

DEVELOPMENTAL DISABILITIES DIVISION

TITLE: Behavior Support Review — Policy #: 2.03

BACKGROUND:
The purpose of therapeutic interventions when working with individuals with Intellectual and Developmental Disabilities (I/DD) is to provide individuals with support strategies and therapeutic approaches that are tailored to their specific needs. This allows individuals to strengthen their ability to live productive and satisfying lives in the community and ensures that the rights of individuals with I/DD are not violated. When participants of the Developmental Disabilities Division (DDD) present behaviors that put them at imminent risk of hurting themselves or others, steps must be taken to prevent harm. Positive behavior supports (PBS) (*refer to Policy 2.01, Positive Behavioral Supports*) shall be used, whenever possible, to decrease behaviors that pose a risk of harm to self or others, and prevent the need for restrictive practices.

The DDD policy on PBS ensures that behavioral interventions are implemented by trained and supervised staff and documented appropriately to assist and support participants receiving services, and those providing support to them. When PBS techniques have been attempted and are not effective at reducing risks of harm, restrictive interventions that involve safe and temporary restrictions may be necessary (*refer to Policy 2.02, Restrictive Interventions*). Restrictive interventions should only be used in the context of a comprehensive, functional approach to behavior support that is designed to teach, nurture, and encourage positive behaviors. Safeguards for restrictive interventions are required to ensure that a participant's rights are protected, and that interventions do not violate these rights. To minimize the use of interventions that are intrusive, focused exclusively on punitive consequences, and/or are ineffective in producing meaningful outcomes, Behavioral Support Plans (BSPs) containing restrictive interventions are the least desirable approach to supporting participants and such interventions shall be reviewed by the Behavior Support Review Committee (BSRC) to ensure the safety of participants and others.

PURPOSE:
The purpose of Behavior Support Review is to ensure that PBS methods are used when working with participants and that appropriate safeguards are in place when restrictive interventions are proposed for use in a Behavior Support Plan (BSP). The BSRC may review BSPs for which there is a restrictive intervention that meets specific DDD thresholds to address a challenging

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https://health.hawaii.gov/ddd/files/2018/06/DD-Policy-2.03-Behavior-Support-Review.pdf

behavior (see *Procedures* section, item A) and may provide recommendations to ensure appropriate, effective, and safe application of an intervention by service providers.

DEFINITIONS:

"Aversive Procedures" means procedures intended to inflict pain, discomfort and/or social humiliation in order to modify behavior. These include, but are not limited to, electric skin shock, liquid spray to one's face, and strong, non-preferred tastes applied in the mouth. **Aversive Procedures are prohibited and shall not be used with participants.**

"Behavior Support Plan" or "BSP" is a written plan for the team members who are supporting the person who is engaging in behaviors perceived as challenging. The BSP outlines:

1. Steps that will be taken by the members of the person's team to modify the physical environment;
2. What replacement skills should be taught to the participant as well as how to do so;
3. Ways in which team members should respond to challenging behaviors; and
4. Ways in which team members can decrease the likelihood of challenging behaviors.

The BSP is developed based on the results of a Functional Behavior Assessment (see definition below). As BSPs include Positive Behavior Support approaches (see definition below), a BSP may also be referred to as Positive Behavior Support Plan or PBS Plan.

"Functional Behavior Assessment" or "FBA" means the process of determining the functions, or reasons why a person is engaging in challenging behaviors, and to understand the conditions in which challenging behaviors occur. The FBA involves collecting data to identify patterns or trends and to develop a hypothesis of conditions that trigger and/or maintain these behaviors prior to developing a behavior support plan.

"Licensed Behavior Analyst" or "LBA" is an individual licensed under HRS Chapter 465D.

"Positive Behavior Supports" or "PBS" is a process for addressing challenging behaviors by understanding the relationships between a person's behavior, communication, and aspects of his or her environment. It offers strategies to modify the environment and interactions in order to prevent the occurrence of these behaviors; teaches skills to replace challenging behaviors; outlines responses to challenging behaviors to reduce the likelihood that these behaviors will reoccur in the future; and offers proactive and functional strategies to promote a positive lifestyle change. Positive Behavior Supports strategies are included in Behavior Support Plans (BSPs).

"Provider" means any individual or agency delivering a service authorized through DDD inclusive of consumer directed services.

"Restraint" means a physical, chemical or mechanical intervention used as a last resort on an emergency basis to protect the participants from imminent harm to themselves and/or others using the least restrictive intervention possible and for the shortest duration necessary.

THE FOLLOWING ARE NOT CONSIDERED RESTRAINTS:

- Interventions used for the purpose of conducting routine physical or dental examination or diagnostic tests or completing a medical or dental treatment procedure;
- A device used to protect the participant's safety as indicated in the Individualized Service Plan (ISP) per a physician's recommendation and reviewed by the Behavior Support Review Committee (BSRC); or
- Vehicular passenger restraint systems required by state law (HRS §291-11.6).

1. **"Chemical Restraint"** means a psychotropic medication prescribed by a licensed health care professional with prescriptive authority:
   a. On a routine basis without an appropriate Diagnostic and Statistical Manual (DSM) diagnosis for the purpose of behavioral control; or
   b. Incidental use of medications, sometimes called PRN or as needed medication, to restrict the freedom of movement or temporarily sedate the individual.

THE FOLLOWING ARE NOT CONSIDERED CHEMICAL RESTRAINTS:

- Medications prescribed for the treatment of a diagnosed disorder found in the current version of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM);
- Adjusting the dose of a prescribed medication or prescribing a new medication to achieve better symptom control for the diagnostic disorder per the current DSM;
- Medications prescribed to control seizures; and
- Medications for medical or dental procedures.

2. **"Mechanical Restraint"** means an intervention involving a device, material or equipment that is involuntarily applied to the participant's body or immediate environment (i.e., wheelchair, chair, bed, toilet, vehicle, etc.) that immobilizes, restricts, limits, or reduces any bodily movement in emergency situations to prevent the participant from harming themselves or others. See definition of "Restraints" for interventions that are not considered a Mechanical Restraint.

3. **"Physical Restraint"** means an intervention in which physical force is applied to the participant and involuntarily restricts their freedom of movement or normal access to a portion or portions of their body. See definition of "Restraints" for interventions that are not considered a Physical Restraint.

"Restrictive Intervention" or "Restrictive Procedure" means a practice that limits a participant's freedom of movement, access to other locations, property, individuals, or rights. This includes, but is not limited to, Chemical, Mechanical, and Physical Restraints.

"Authorized Restricted Intervention" means a restricted intervention proposed for use in a BSP by a licensed professional in accordance with Hawaii state law following the completion of a Functional Behavior Assessment.

"Seclusion" means a restrictive intervention in which a person is involuntarily confined in a room or area from which they are prevented from having contact with others or leaving by closing a door or using another barrier. **Seclusion is prohibited and shall not be utilized with participants.**

POLICY:

This policy describes how the Behavior Support Review Committee (BSRC) will review BSPs that propose the use of restrictive interventions to address challenging behaviors that pose an imminent risk of harm to the participant or others. This policy establishes that the BSRC will:

- Review specific interventions proposed in a BSP to ensure that PBS methods which promote the growth, development, and independence of participants, individual choice in daily decision-making, and self-management are the primary interventions used;
- Review and monitor BSPs that include restrictive interventions to ensure that appropriate safeguards and oversight of restricted interventions (planned or in time of crisis) are used, with planning for the eventual elimination of the restrictive intervention(s);
- Ensure that restrictive interventions are the least restrictive method available to address a challenging behavior and are utilized in combination with positive procedures designed to teach appropriate replacement behaviors that serve the same function (as opposed to suppression or elimination of undesirable behaviors); and
- Ensure that appropriate preventative strategies are in place to prevent or minimize the challenging behaviors from occurring.

When a restrictive intervention - including Chemical, Mechanical, and/or Physical Restraint - is used as a last resort intervention to prevent imminent risk of harm to self or others, a BSP must be written for *each* challenging behavior in which a restrictive intervention is proposed for use. The BSP shall be developed by a licensed professional in accordance with Hawaii state law and be in accordance with the *Medicaid Waiver Standards Manual* which details the specific requirements for *each* restrictive intervention proposed for use in a BSP. Prior to the application of a restrictive intervention, other less intrusive interventions must be attempted with appropriate documentation demonstrating their ineffectiveness at reducing and/or replacing a challenging behavior. Baseline data of the challenging behavior shall also be documented.

The Behavior Support Review Committee (BSRC) will review BSPs and supporting documents as described in the procedures below to ensure that appropriate safeguards are in place when restrictive interventions are used. This involves a systematic review to:

- Establish that a restrictive intervention will be utilized as a last resort intervention to maintain the safety of the participant and/or others at imminent risk of harm only after less restrictive

interventions have been attempted, appropriately documented, and deemed unsuccessful at addressing the unsafe behavior;

- Ensure that a pattern of behavior escalation has been identified and the BSP includes corresponding, less restrictive interventions to prevent or minimize the escalation of the challenging behavior at each phase;
- Ensure that suggested interventions in the BSP are applied by trained and supervised providers who are overseen by a qualified DDD Service Supervisor, not a Consumer Directed Personal Assistant or family member; and
- Ensure that the rights of participants are not violated. Procedures that will restore the restricted right(s) of the participant following the use of a restrictive intervention will be reviewed by the BSRC as well as interventions that will provide the participant with functional skills allowing for the eventual elimination of the Restricted Intervention.

PROCEDURES:

A. Referrals to BSRC

1. A referral by the DDD Case Manager (CM), Outcomes and Compliance Branch (OCB) staff monitoring adverse events, or Community Resources Branch (CRB) staff monitoring providers shall be made to the BSRC in the following situations:
   a. PRN medication(s) is used to manage unsafe or challenging behavior without an appropriate DSM diagnosis;
   b. Any restrictive intervention is proposed for use or currently being utilized with a participant less than 18 years of age;
   c. An injury has occurred to the participant and/or others as a result of the application of a restrictive intervention;
   d. The use of a restrictive intervention on three (3) or more instances during a one (1) month period, including but not limited to PRN medication for challenging behavior, Mechanical, and/or Physical Restraint. This includes both authorized restrictive interventions that are proposed for use in a BSP by a licensed professional in accordance with Hawaii state law as well as interventions that are not included in a BSP. This threshold may be adjusted following the BSRC's review of appropriate documentation and data;
   e. A participant is receiving more than a 1:1 staff ratio to manage challenging behavior(s);
   f. Challenging behavior results in psychiatric or medical hospitalization or results in the need for medical care;
   g. An intervention prohibited by DDD was utilized including but not limited to Seclusion or any Aversive Procedure intended to inflict pain, discomfort and/or social humiliation in order to modify behavior *(refer to Policy 2.02, Restrictive Interventions)*; and/or
   h. More than two (2) restrictive interventions are proposed for use in a BSP to address challenging behavior(s).
2. The BSRC may receive referrals from other reporting sources, including but not limited to the Clinical Interdisciplinary Team (CIT) or the LBA who developed the BSP. The

CM and/or their Unit Supervisor will be contacted by the BSRC or designee to request the necessary documents for review by the BSRC.

3. The BSRC may select a participant and review all CMB and service provider records as well as interview the participant's circle of support to provide recommendations to ensure that appropriate safeguards are in place.

B. Required Documentation for Referral to the BSRC

1. All referrals to the BSRC shall be made utilizing the BSRC Referral Form.
2. When making a referral to the BSRC, the CM shall provide the following information within five (5) working days of the scheduled BSRC review for each challenging behavior for which a restrictive intervention is being utilized or proposed for implementation:
   a. Proposed Behavior Support Plan (BSP) or current BSP if restrictive interventions have been employed prior to the approval of this Policy. The BSP shall include strategies on how to effectively address the challenging behavior and decrease the likelihood of its occurrence as well as identify alternative, functional behaviors that can be taught to the participant that serve the same purpose (see item 4 below for detailed description);
   b. Current Functional Behavioral Assessment (FBA). The FBA shall include baseline data of the challenging behavior and a functional analysis of the purpose of the behavior as well as what may be maintaining it based on objective data collected (*refer to Policy 2.01, Positive Behavior Support*, for the required components of a FBA);
   c. Current Individualized Service Plan (ISP) with current list of ALL medications, including diagnoses, dosage, strength, and purpose;
   d. As documentation is required each time a restrictive intervention is utilized *(refer to Policy 3.07, Adverse Event Report for People Receiving Developmental Disabilities Division Services)* applicable Quarterly Reports should be submitted for review as well as Adverse Event Reports (AERs) from the last 12 months, at minimum;
   e. Information about any hospitalizations including the reason for the hospitalization and the duration of the stay from the last 12 months, at minimum;
   f. Documentation of alternative, less restrictive interventions that were attempted as a primary intervention to address a challenging behavior, including data demonstrating their limited effectiveness at reducing and/or replacing the challenging behavior (see item 3 below);
   g. Physician Orders for PRN medications;
   h. Physician Orders for restrictive intervention(s) used to protect the participant or others from imminent harm; and
   i. Other information that may be applicable to the BSRC such as the Authorization for the use or Disclosure of Protected Health Information (PHI).
3. Individuals providing behavioral intervention services to the participant will be contacted by the BSRC support staff to provide the following documentation; such documentation shall be provided to the BSRC at least five (5) working days prior to the scheduled review by the BSRC:

a. Data or information indicating the proposed antecedents and consequences to the challenging behavior;
b. Data or information detailing the alternative, less restrictive behavioral interventions that were attempted as a primary intervention throughout the escalation phases of the behavior and the results of those interventions;
c. Data or information regarding the frequency, intensity, and duration of the challenging behavior;
d. Data or information regarding the replacement skills that have been identified and will be taught to the participant that serve the same function as the challenging behavior; and
e. Information on how the participant's health and safety was monitored during the application of the restrictive intervention as well as how the restricted rights of the participant were restored following the removal of the restrictive intervention.

4. The individual referring the case to the BSRC, the CM, the LBA who developed the BSP, the provider(s) currently providing behavioral intervention services to the participant, and the provider's Service Supervisor shall be available to the BSRC, as scheduled, to address questions, provide explanation and data, clarify the participant's situation, and/or discuss alternative behavioral strategies attempted and the success/failure of those strategies.

C. Recommendations and Decisions of the BSRC

1. The BSRC shall review all available documentation and provide recommendations to (1) ensure that the rights of participants are not violated, (2) establish that PBS methods are the primary interventions used, and (3) establish that appropriate safeguards are in place when working with participants.
2. The BSRC may provide recommendations to address the following areas:
   a. The appropriateness of the BSP and/or proposed interventions to address challenging behavior and teach appropriate replacement skills. If multiple restrictive interventions are proposed to address a challenging behavior, the BSRC will review the appropriateness of *each* restrictive intervention and may provide recommendations;
   b. The need for medical and/or dental exams to minimize the occurrence and/or exacerbation of a challenging behavior;
   c. The appropriateness of the participant's current list of medications as well as the method and/or schedule of administration;
   d. Mental Health or psychiatric issues that may be impacting the challenging behavior;
   e. Environmental and other situational factors that may be impacting the challenging behavior; and/or
   f. Support systems and other interpersonal factors that may be impacting the challenging behavior.
3. All requests for additional information must be supported by the majority of the BSRC. The date of the next BSRC review will be established and the required documentation

must be submitted within 5 working days of the scheduled review by the appropriate source.

4. All requests for changes to the participant's BSP, ISP, Individual Plan (IP), data collection methods, and/or other documentation, methods, or, interventions - whether involving behavioral, medical, psychiatric, or other supports - must be supported by the majority of the committee for each challenging behavior. Such recommendations may include but are not limited to:
   a. Modifications to the BSP. Any recommendations made by the BSRC shall be made by the author of the BSP and addressed *prior to* implementation of the restrictive intervention(s). The modified BSP must be submitted to the BSRC within 7 calendar days of the CM's receipt of the revised BSP from the LBA;
   b. Additional training and/or supports needed by the participant's circle, in addition to those required by the BSP or ISP, to assist in maximizing the participant's growth and skill development as well as maintain their safety and meet their specific needs. Recommended trainings and/or supports will address the specific training needs of individuals supporting the participant so that the use of restrictive intervention(s) can be reduced or eliminated;
   c. Additional medical, psychiatric, psychological, behavioral, and/or dental evaluation(s) to determine if challenging behaviors are caused and/or exacerbated by physical and/or medical conditions;
   d. Additional safeguards that may be required for the safe and effective use of a restrictive intervention;
   e. Obtaining authorization for a formal request of Training and Consultation services from the CIT (*refer to Policy 2.01, Positive Behavior Support*); and
   f. Visitation by members of the BSRC to observe the participant in any necessary setting(s), including but not limited to the home, community, workplace, or service provider setting.
5. Any revisions recommended by the BSRC must be supported by the majority of the BSRC. The date of the next BSRC review will be established and the required documentation must be submitted by the appropriate source within 5 working days of the scheduled review.
6. The BSP shall be reviewed annually by the BSRC as long as any criteria in Item 1 of the Procedure section, *Referrals to BSRC (p. 5),* are met. The date of annual review shall be determined by the initial review by the BSRC.
7. If there is preceding BSRC data BSRC shall analyze this data to identify trends and patterns on a quarterly basis, and develop recommendations for programmatic and/or systemic improvement through the Safety and Well-Being Committee. This shall include, but not be limited to:
   a. How the rights of participants were violated as a result of a restrictive intervention(s) and, how the participants' rights were restored, including practices to better maintain the rights of the participant;
   b. Restrictive interventions that require more individualized training and supervision to maintain the safety of the participant;

c. Any medical, dental, trauma, mental health or other conditions that require a more thorough assessment to identify confounding issues that may be maintaining and/or exacerbating these conditions; and
d. Conditions, diagnoses, and/or challenging behaviors that require additional, individualized training to safely support a participant and ensure that PBS methods are the primary interventions used.

8. For immediate situations where there is imminent danger to the person or others, the CIT can review the proposed restrictive intervention(s) and render a temporary recommendation until the next scheduled BSRC meeting. Between BSRC scheduled meetings, CMs may also consult with the CIT to receive temporary recommendations for behavior supports and/or if they are unclear on how to meet the requests of the BSRC.

D. Composition and Responsibilities of the BSRC

1. BSRC Membership:
   a. The Chairperson of the BSRC shall be from the DDD and appointed by the DDD Administrator;
   b. One member from the DDD who is a psychologist or behavior analyst;
   c. One Registered Nurse (RN) from DDD;
   d. One Case Management Unit Supervisor (or designee);
   e. OCB Chief (or designee);
   f. One CRB member;
   g. A volunteer of the BSRC, who may include:
      1) Family member or parent of a participant receiving services from the DDD;
      2) DDD provider agency representative;
      3) Community member with no direct involvement with a DDD provider agency; or
      4) Consumer receiving services from the DDD.
   h. A Vice-Chair shall be appointed by the Chair of BSRC to conduct business in the absence of the chair; and
   i. No professional whose prospective BSP is the subject of review may review and/or provide recommendations on a proposed BSP. No member may review and/or provide recommendations if there is professional, financial, or familial conflict(s) of interest.
2. Before participation in the BSRC, Non-State Government Employee Volunteers must:
   a. Complete requirements of the Department of Human Resources & Development's Intra-Departmental Directive 13.01 "Utilization of Volunteer Services;" and
   b. Complete HIPAA training
3. All BSRC Members are required to protect the confidentiality of all records and information disclosed in carrying out the duties and activities of the BSRC, and must sign a confidentiality agreement and receive training in HIPAA, unless they are State employees of a HIPAA covered entity.
4. BSRC Meetings
   a. The BSRC shall meet monthly. The Chair, or designee, shall be responsible for informing all members of meeting dates and times and cancellation of meetings.
   b. DDD support staff shall maintain a record that includes:

1) A summary of the BSRC recommendations for each BSP reviewed;
2) A record of attendance; and
3) The date of the meeting.

5. Notification of BSRC Decision
   a. The BSRC will consult with and send a written copy of the BSRC recommendations to the assigned CM, or person referring the case to the BSRC, including a subsequent review date.

AUTHORITATIVE & OTHER REFERENCES:

1. State of Hawaii, Department of Health, Developmental Disabilities Division, "Medicaid Waiver Provider Standards Manual."
2. §333F-8, HRS, "Rights of persons with developmental or intellectual disabilities."
3. Chapter 465D, HRS "Behavior Analysts": http://www.capitol.hawaii.gov/hrscurrent/Vol10_Ch0436-0474/HRS0465D/HRS_0465D-.htm.[1]
4. Department of Human Services & Development's Intra-Departmental Directive 13.01 "Utilization of Volunteer Services";
5. DD Policy 2.01, Positive Behavioral Supports
6. DD Policy 2.02, Restrictive Interventions
7. DD Policy 3.07, Adverse Event Report for People Receiving Developmental Disabilities Division Services

NOTE:
Forms related to this P&P are posted with the P&P on SharePoint for your reference & use.

Approved: Mary Brogan **Date:** FEB 17 2017
Administrator
Developmental Disabilities Division

[1] This hyperlink connects to the most recent version of HRS through the Hawaii State Legislature website. Hyperlinks to HRS chapters show the first page of the chapter only, to see the rest of the contents of the chapter, click "Next" on the lower right hand side of the page on your screen.

APPENDIX 4D: NURSE DELEGATION

JOINT STATEMENT ON DELEGATION. AMERICAN NURSES ASSOCIATION (ANA) AND THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN)

I. Introduction

There is more nursing to do than there are nurses to do it. Many nurses are stretched to the limit in the current chaotic healthcare environment. Increasing numbers of people needing healthcare combined with increasing complexity of therapies create a tremendous demand for nursing care. More than ever, nurses need to work effectively with assistive personnel. The abilities to delegate, assign, and supervise are critical competencies for the 21st century nurse.

In 2005, both the American Nurses Association and the National Council of State Boards of Nursing adopted papers on delegation.[1] Both papers presented the same message: delegation is an essential nursing skill. This joint statement was developed to support the practicing nurse in using delegation safely and effectively.

II. Terminology

Although there is considerable variation in the language used to talk about delegation, ANA and NCSBN both defined delegation as the process for a nurse to direct another person to perform nursing tasks and activities. NCSBN describes this as the nurse transferring authority while ANA calls this a transfer of responsibility. Both mean that a registered nurse (RN) can direct another individual to do something that that person would not normally be allowed to do. Both papers stress that the nurse retains accountability for the delegation.

Both papers define assignment as *the distribution of work that each staff member is responsible for during a given work period.* The NCSBN uses the verb "assign" to describe those situations when a nurse directs an individual to do something the individual is already authorized to do, e.g., when an RN directs another RN to assess a patient, the second RN is already authorized to assess patients in the RN scope of practice.
Both papers consider supervision[2] to be the provision of guidance and oversight of a delegated nursing task. ANA refers to on-site supervision and NCSBN refers to direct supervision, but both have to do with the physical presence and immediate availability of the supervising nurse. The ANA refers to off-site supervision, and NCSBN refers to indirect supervision. Both have to do with availability of the supervising nurse through various means of written and verbal communication.

III. Policy Considerations

- State nurse practice acts define the legal parameters for nursing practice. Most states authorize RNs to delegate.
- There is a need and a place for competent, appropriately supervised nursing assistive personnel in the delivery of affordable, quality health care.
- The RN assigns or delegates tasks based on the needs and condition of the patient, potential for harm, stability of the patient's condition, complexity of the task, predictability of the outcomes, abilities of the staff to whom the task is delegated, and the context of other patient needs.
- All decisions related to delegation and assignment are based on the fundamental principles of protection of the health, safety and welfare of the public.

IV. Principles of Delegation

- The RN takes responsibility and accountability for the provision of nursing practice.
- The RN directs care and determines the appropriate utilization of any assistant involved in providing direct patient care.
- The RN may delegate components of care but does not delegate the nursing process itself. The practice pervasive functions of assessment, planning, evaluation and nursing judgment cannot be delegated.
- The decision of whether or not to delegate or assign is based upon the RN's judgment concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated.
- The RN delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence, experience and facility/agency policies and procedures.
- The RN individualizes communication regarding the delegation to the nursing assistive personnel and client situation and the communication should be clear, concise, correct and complete. The RN verifies comprehension with the nursing assistive personnel and that the assistant accepts the delegation and the responsibility that accompanies it.
- Communication must be a two-way process. Nursing assistive personnel should have the opportunity to ask questions and/or for clarification of expectations.
- The RN uses critical thinking and professional judgment when following the Five Rights of Delegation, to be sure that the delegation or assignment is:
    1. The right task
    2. Under the right circumstances
    3. To the right person
    4. With the right directions and communication; and
    5. Under the right supervision and evaluation.
- Chief Nursing Officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation.

- There is both individual accountability and organizational accountability for delegation. Organizational accountability for delegation relates to providing sufficient resources, including:
    - Sufficient staffing with an appropriate staff mix
    - Documenting competencies for all staff providing direct patient care and for ensuring that the
- RN has access to competence information for the staff to whom the RN is delegating care of. Organizational policies on delegation are developed with the active participation of all nurses, and acknowledge that delegation is a professional right and responsibility.

V. Delegation Resources

Both the ANA and NCSBN have developed resources to support the nurse in making decisions related to delegation. Appendix A of this paper provides the ANA Principles of Delegation. Appendix B presents the NCSBN decision tree on delegation that reflects the four phases of the delegation process articulated by the NCSBN.

VI. Delegation in Nursing Education

Both the ANA and the NCSBN acknowledge that delegation is a skill that must be taught and practiced for nurses to be proficient in using it in the delivery of nursing care. Nursing schools should provide students with both didactic content and the opportunity to apply theory in a simulated and realistic context. Nursing curricula must include competencies related to delegation. RNs are educated and mentored on how to delegate and supervise others. The effective use of delegation requires a nurse to have a body of practice experience and the authority to implement the delegation.

- Delegation in NCLEX®
  The NCLEX-RN® Examination Test Plan includes competencies related to delegation. Delegation in the Provision of Nursing Care.

    A. The ANA paper outlines some basic elements for the nurse that is essential to form the foundation for delegation, including:

        1. Emphasis on professional nursing practice;
        2. Definition of delegation, based on the nurse practice act and rules/regulations;
        3. Review of specific sections of the law and regulations regarding delegation;
        4. Emphasis on tasks/functions that cannot be delegated or cannot be routinely delegated;
        5. Focus on RN judgment for task analysis and the decision whether or not to delegate.
        6. Determination of the degree of supervision required for delegation;

7. Identification of guidelines for lowering risk related to delegation;
8. Development of feedback mechanisms to ensure that a delegated task is completed and to receive updated data to evaluate the outcome.

B. The NCSBN paper discusses these elements as part of the preparation to delegate. The NCSBN paper also articulates the following steps of the delegation process:

1. Assess and plan the delegation, based on the patient needs and available resources.
2. Communicate directions to the delegate including any unique patient requirements and characteristics as well as clear expectations regarding what to do, what to report, and when to ask for assistance.
3. Surveillance and supervision of the delegation, including the level of supervision needed for the particular situation and the implementation of that supervision, including follow-up to problems or a changing situation.
4. Evaluation and feedback to consider the effectiveness of the delegation, including any need to adjust the plan of care.

Delegation skills are developed over time. Nursing employers need to recognize that a newly licensed nurse is a novice who is still acquiring foundational knowledge and skills. In addition, many nurses lack the knowledge, the skill and the confidence to delegate effectively, so ongoing opportunities to enforce the theory and apply the principles of delegation is an essential part of employment orientation and staff development.

Many nurses are reluctant to delegate. This is reflected in NCSBN research findings and a review of the literature as well as anecdotal accounts from nursing students and practicing nurses. There are many contributing factors, ranging from not having had educational opportunities to learn how to work with others effectively to not knowing the skill level and abilities of nursing assistive personnel to simply the work pace and turnover of patients. At the same time, NCSBN research shows an increase in the complexity of the nursing tasks performed by assistive personnel. With the demographic changes and resultant increase in the need for nursing services, plus the nursing shortage, nurses need the support of nursing assistive personnel.

VII. Conclusions

The topic of delegation has never been timelier. Delegation is a process that, used appropriately, can result in safe and effective nursing care. Delegation can free the nurse for attending more complex patient care needs, develop the skills of nursing assistive personnel and promote cost containment for the healthcare organization. The RN determines appropriate nursing practice by using nursing knowledge, professional judgment and the legal authority to practice nursing. RNs must know the context of their practice, including the state nurse practice act and professional standards as well as the facility/organization's

policies and procedures related to delegation. Facing a shortage of epic proportions, the nursing community needs to plan how we can continue to accomplish nursing care while assuring the public access to safe, competent nursing care. RNs are urged to seek guidance and appropriate direction from supervisors or mentors when considering decisions about delegation. Mastering the skill and art of delegation is a critical step on the pathway to nursing excellence.

Attachments:
Attachment A: ANA Principles of Delegation
Attachment B: NCSBN Decision Tree – Delegation to Nursing Assistive Personnel

ATTACHMENT A: AMERICAN NURSES ASSOCIATION PRINCIPLES FOR DELEGATION

The following principles have remained constant since the early 1950s.

Overarching Principles:

- The nursing profession determines the scope of nursing practice.
- The nursing profession defines and supervises the education, training and utilization for any assistant roles involved in providing direct patient care.
- The RN takes responsibility and accountability for the provision of nursing practice.
- The RN directs care and determines the appropriate utilization of any assistant involved in providing direct patient care.
- The RN accepts aid from nursing assistive personnel in providing direct patient care.

Nurse-related Principles:

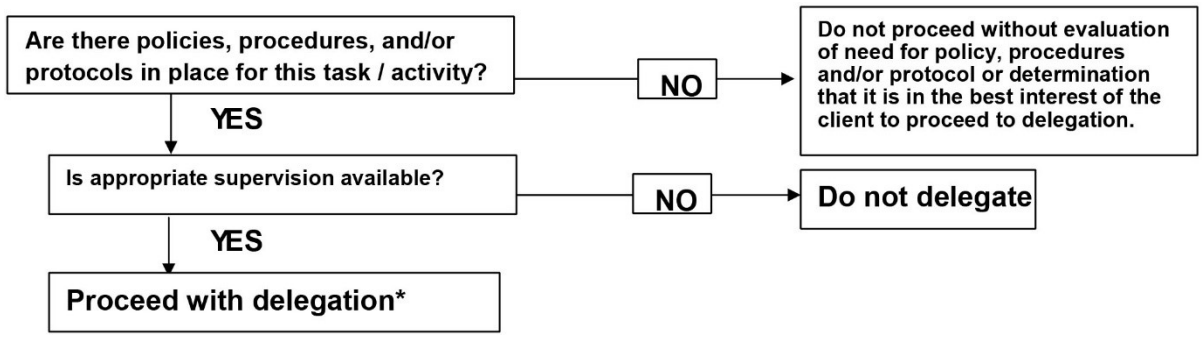
- The RN may delegate elements of care but does not delegate the nursing process itself.
- The RN has the duty to answer for personal actions relating to the nursing process.
- The RN takes into account the knowledge and skills of any individual to whom the RN may delegate elements of care.
- The decision of whether or not to delegate or assign is based upon the RN's judgment concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated.
- The RN delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence experience and facility/agency policies and procedures.
- The RN uses critical thinking and professional judgment when following *The Five Rights of Delegation:*
    1. Right task
    2. Right circumstances
    3. Right person
    4. Right directions and communication
    5. Right supervision and evaluation (NCSBN 1995)
- The RN acknowledges that there is a relational aspect to delegation and that communication is culturally appropriate and the person receiving the communication is treated respectfully.
- Chief nursing officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation, both for RNs and delegates.
- RNs monitor organizational policies, procedures and position descriptions to ensure there is no violation of the nurse practice act, working with the state board of nursing if necessary.

Organization-related Principles:

The organization is accountable for delegation through the allocation of resources to ensure sufficient staffing so that the RN can delegate appropriately.

- The organization is accountable for documenting competencies for all staff providing direct patient care and for ensuring that the RN has access to competency information for staff to whom the RN is delegating patient care.
- Organizational policies on delegation are developed with the active participation of all nurses (staff, managers and administrators).
- The organization ensures that the education needs of nursing assistive personnel are met through the implementation of a system that allows for nurse input.
- Organizations have policies in place that allow input from nurses indicating that delegation is a professional right and responsibility.

Step One – Assessment and Planning



Step Two – Communication

Communication must be a two-way process

The nurse:	The nursing assistive personnel:	Documentation:

• Assesses the assistant's understanding
  ○ How the task is to be accomplished
  ○ When and what information is to be reported, including
• Expected observations to report and record
• Specific client concerns that would require prompt reporting.
• Individualizes for the nursing assistive personnel and client situation
• Addresses any unique client requirements and characteristics, and clear expectations of:
• Assesses the assistant's understanding of expectations, providing clarification if needed.
• Communicates his or her willingness and availability to guide and support assistant.
• Assures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility
	• Ask questions regarding the delegation and seek clarification of expectations if needed
	• Inform the nurse if the assistant has not done a task/function/activity before, or has only done infrequently
	• Ask for additional training or supervision
	• Affirm understanding of expectations
	• Determine the communication method between the nurse and the assistive personnel
	• Determine the communication and plan of action in emergency situations.
		Timely, complete and accurate documentation of provided care
		
		• Facilitates communication with other members of the healthcare team
		• Records the nursing care provided.

Step Three – Surveillance and Supervision

The purpose of surveillance and monitoring is related to nurse's responsibility for client care within the context of a client population. The nurse supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of assistant.

The nurse considers the: • Client's health care status and stability of condition • Predictability of responses and risks • Setting where care occurs • Availability of resources and support infrastructure. • Complexity of the task being performed.	*The nurse determines the frequency of on-site supervision and assessment based on:* • Needs of the client • Complexity of the delegated • function/task/activity • Proximity of nurse's location	*The nurse is responsible for:* • Timely intervening and follow-up on problems and concerns. Examples of the need for intervening include: • Alertness to subtle signs and symptoms (which allows nurse and assistant to be proactive, before a client's condition deteriorates significantly). • Awareness of assistant's difficulties in completing delegated activities. • Providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation.

Step Four – Evaluation and Feedback

Evaluation is often the forgotten step in delegation.

- In considering the effectiveness of delegation, the nurse addresses the following questions:
- Was the delegation successful?
- Was the task/function/activity performed correctly?
- Was the client's desired and/or expected outcome achieved?
- Was the outcome optimal, satisfactory or unsatisfactory?
- Was communication timely and effective?
- What went well; what was challenging?
- Were there any problems or concerns; if so, how were they addressed?
- Is there a better way to meet the client need?
- Is there a need to adjust the overall plan of care, or should this approach be continued?
- Were there any "learning moments" for the assistant and/or the nurse?
- Was appropriate feedback provided to the assistant regarding the performance of the delegation?
- Was the assistant acknowledged for accomplishing the task/activity/function?

Reference:

American Nurses Association & National Council of State Boards of Nursing. (2010). Joint Statement on Delegation. https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf

ATTACHMENT B: NATIONAL GUIDELINES FOR NURSING DELEGATION

Purpose

Delegation is an essential nursing skill. Building on previous work of NCSBN and the American Nurses Association (ANA), this joint statement reflects an effort to standardize the nursing delegation process based on research findings and evidence in the literature and is applicable to all levels of nursing licensure (advanced practice registered nurse [APRN], registered nurse [RN]).

These guidelines can be applied to:

- APRNs when delegating to RNs, LPN/VNs and assistive personnel (AP)
- RNs when delegating to LPN/VNs and AP

Note: These guidelines do not apply to the transfer of responsibility for care of a patient between licensed health care providers (e.g., RN to another RN or LPN/VN to another LPN/VN), which is considered a handoff (Agency for Healthcare Research and Quality, 2015).

Introduction

Health care is continuously changing and necessitates adjustment for evolving roles and responsibilities of licensed health care providers and assistive personnel. The abilities to delegate, assign and supervise are critical competencies for every RN. It is important to note that states/jurisdictions have different laws and rules/regulations about delegation, and it is the responsibility of all licensed nurses to know what is permitted in their jurisdiction. When certain nursing care needs to be delegated, it is imperative that the delegation process and the jurisdiction NPA be clearly understood so that it is safely, ethically and effectively carried out.

The decision of whether or not to delegate or assign is based upon the RN's judgment concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated. The difference between delegation and assignment has been a source of debate for years.

Definitions

Accountability: "To be answerable to oneself and others for one's own choices, decisions and actions as measured against a standard…" (American Nurses Association, 2015, p. 41).

Delegated Responsibility: A nursing activity, skill or procedure that is transferred from a licensed nurse to a delegatee.

Delegatee: One who is delegated a nursing responsibility by either an APRN, RN or LPN/VN (where jurisdiction NPA allows), is competent to perform it and verbally accepts the responsibility. A delegate may be an RN, LPN/VN or AP.

Delegator: One who delegates a nursing responsibility. A delegator may be APRN, RN, or LPN/VN (where jurisdiction NPA allows).

Assignment: The routine care, activities and procedures that are within the authorized scope of practice of the RN or LPN/VN or part of the routine functions of the AP.

Licensed Nurse: A licensed nurse includes APRNs, RNs and LPN/VNs. In some states/jurisdictions, LPN/VNs may be allowed to delegate.

Assistive Personnel (AP): Any assistive personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated. This includes but is not limited to certified nursing assistants or aides (CNAs), patient care technicians, CMAs, certified medication aids, and home health aides (formerly referred to as ‘‘unlicensed” assistive personnel [UAP]).

When performing a fundamental skill on the job, the delegatee is considered to be carrying out an assignment. The routine care, activities and procedures assigned are those which would have been included in the delegatee’s basic educational program. A licensed nurse is still responsible for ensuring an assignment is carried out completely and correctly. Delegation is allowing a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee’s traditional role and not routinely performed. This applies to licensed nurses as well as AP. Regardless of the current role of the delegatee (RN, LPN/ VN or AP), delegation
can be summarized as follows:

- A delegatee is allowed to perform a specific nursing activity, skill or procedure that is outside the traditional role and basic responsibilities of the delegatee’s current job.
- The delegatee has obtained the additional education and training, and validated competence to perform the care/delegated responsibility. The context and processes associated with competency validation will be different for each activity, skill or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility as well as to the level of practitioner (i.e., RN, LPN/VN, AP) to whom the activity, skill or procedure has been delegated. The licensed nurse who delegates the “responsibility” maintains overall accountability for the patient. However, the delegatee bears the responsibility for the delegated activity, skill or procedure.
- The licensed nurse cannot delegate nursing judgment or any activity that will involve nursing judgment or critical decision making.
- Nursing responsibilities are delegated by someone who has the authority to delegate.

- The delegated responsibility is within the delegator's scope of practice.
- When delegating to a licensed nurse, the delegated responsibility must be within the parameters of the delegatee's authorized scope of practice under the NPA. Regardless of how the state/jurisdiction defines delegation, as compared to assignment, appropriate delegation allows for transition of a responsibility in a safe and consistent manner. Clinical reasoning, nursing judgment and critical decision making cannot be delegated.

The delegation process is multifaceted. It begins with the administrative level of the organization including: determining nursing responsibilities that can be delegated, to whom, and what circumstances; developing delegation policies and procedures; periodically evaluating delegation processes; and promoting positive culture/work environment. The licensed nurse must be responsible for determining patient needs and when to delegate, ensure availability to delegate, evaluate outcomes of and maintain accountability for delegated responsibility. Finally, the delegatee must accept activities based on their competency level, maintain competence for delegated responsibility and maintain accountability for delegated activity

Five Rights of Delegation

Right task: The activity falls within the delegatee's job description or is included as part of the established written policies and procedures of the nursing practice setting. The facility needs to ensure the policies and procedures describe the expectations and limits of the activity and provide any necessary competency training.

Right circumstance: The health condition of the patient must be stable. If the patient's condition changes, the delegatee must communicate this to the licensed nurse, and the licensed nurse must reassess the situation and the appropriateness of the delegation.

Right person: The licensed nurse along with the employer and the delegatee is responsible for ensuring that the delegatee possesses the appropriate skills and knowledge to perform the activity.

Right directions and communication: Each delegation situation should be specific to the patient, the licensed nurse and the delegatee. The licensed nurse is expected to communicate specific instructions for the delegated activity to the delegatee; the delegatee, as part of two-way communication, should ask any clarifying questions. This communication includes any data that need to be collected, the method for collecting the data, the time frame for reporting the results to the licensed nurse, and additional information pertinent to the situation. The delegatee must understand the terms of the delegation and must agree to accept the delegated activity. The licensed nurse should ensure that the delegate understands that she or he cannot make any decisions or modifications in carrying out the activity without first consulting the licensed nurse.

Right supervision and evaluation: The licensed nurse is responsible for monitoring the delegated activity, following up with the delegatee at the completion of the activity, and evaluating patient outcomes. The delegatee is responsible for communicating patient information to the licensed nurse during the delegation situation. The licensed nurse should be ready and available to intervene as necessary. The licensed nurse should ensure appropriate documentation of the activity is completed.
Source: NCSBN. (1995, 1996)

Guidelines for Delegation

Employer/Nurse Leader Responsibilities

1. The employer must identify a nurse leader responsible for oversight of delegated responsibilities for the facility. If there is only one licensed nurse within the practice setting, that licensed nurse must be responsible for oversight of delegated responsibilities for the facility

> Rationale: The nurse leader has the ability to assess the needs of the facility, understand the type of knowledge and skill needed to perform a specific nursing responsibility, and be accountable for maintaining a safe environment for patients. He or she is also aware of the knowledge, skill level and limitations of the licensed nurses and AP. Additionally, the nurse leader is positioned to develop appropriate staffing models that take into consideration the need for delegation. Therefore, the decision to delegate begins with a thorough assessment by a nurse leader designated by the institution to oversee the process.

2. The designated nurse leader responsible for delegation, ideally with a committee (consisting of other nurse leaders) formed for the purposes of addressing delegation, must determine which nursing responsibilities may be delegated, to whom and under what circumstances. The nurse leader must be aware of the state/jurisdiction's NPA and the laws/rules and regulations that affect the delegation process and ensure all institution policies are in accordance with the law.

> Rationale: A systematic approach to the delegation process fosters communication and consistency of the process throughout the facility

3. Policies and procedures for delegation must be developed. The employer/nurse leader must outline specific responsibilities that can be delegated and to whom these responsibilities can be delegated. The policies and procedures should also indicate what may not be delegated. The employer must periodically review the policies and procedures for delegation to ensure they remain consistent with current nursing practice trends and that they are consistent with the state/jurisdiction's NPA (institution/employer policies can be more restrictive, but not less restrictive).

> Rationale: Policies and procedures standardize the appropriate method of care and ensure safe practices. Having a policy and procedure specific to delegation and delegated responsibilities eliminates questions from licensed nurses and AP about what can be delegated and how they should be performed.

4. The employer/nurse leader must communicate information about delegation to the licensed nurses and AP and educate them about what responsibilities can be delegated. This information should include the competencies of delegatees who can safely perform a specific nursing responsibility.

Rationale: Licensed nurses must be aware of the competence level of staff and expectations for delegation (as described within the policies and procedures) in order to make informed decisions on whether or not delegation is appropriate for the given situation. Licensed nurses maintain accountability for the patient. However, the delegatee has responsibility for the delegated activity, skill or procedure.

5. All delegatees must demonstrate knowledge and competency on how to perform a delegated responsibility. Therefore, the employer/nurse leader is responsible for providing access to training and education specific to the delegated responsibilities. This applies to all RNs, LPN/VNs and AP who will be delegatees. Competency validation should follow education and competency testing should be kept on file. Competency must be periodically evaluated to ensure continued competency. The context and processes associated with competency validation will be different for each activity, skill or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility as well as to the level of practitioner (i.e., RN, LPN/VN, AP) to whom the activity, skill, or procedure has been delegated.

Rationale: This ensures that competency of the delegatee is determined not only at the beginning of the delegation process, but on an ongoing basis, as well.

6. The nurse leader responsible for delegation, along with other nurse leaders and administrators within the facility, must periodically evaluate the delegation process. The licensed nurse and/or his or her manager (if applicable) must report any incidences to the nurse leader responsible for delegation. A decision should be made about corrective action, including if further education and training are needed, or if that individual should not be allowed to perform a specific delegated responsibility.

Rationale: Patient safety should always be the priority for a health care setting. If any compromises in care are noted, immediate action must be taken. Gravlin and Bittner (2010) identified that evaluation of the effectiveness of the delegation process and resolution of any issues is critical to delegation.

7. The employer/nurse leader must promote a positive culture and work environment for delegation.

Rationale: A positive culture nurtures effective communication and collaboration in order to create an environment supportive of patient directed care.

Licensed Nurse Responsibilities

Any decision to delegate a nursing responsibility must be based on the needs of the patient or population, the stability and predictability of the patient's condition, the documented training and competence of the delegatee, and the ability of the licensed nurse to supervise the delegated responsibility and its outcome, with special consideration to the available staff mix and patient acuity. Additionally, the licensed nurse must consider the state/jurisdiction's provisions for delegation and the employer's policies and procedures prior to making a final decision to delegate. Licensed nurses must be aware that delegation is at the nurse's discretion, with consideration of the particular situation. The licensed nurse maintains accountability for the patient, while the delegatee is responsible for the delegated activity, skill or procedure. If, under the circumstances, a nurse does not feel it is appropriate to delegate a certain responsibility to a delegatee, the delegating nurse should perform the activity him/herself.

1. The licensed nurse must determine when and what to delegate based on the practice setting, the patients' needs and condition, the state/jurisdiction's provisions for delegation, and the employer policies and procedures regarding delegating a specific responsibility. The licensed nurse must determine the needs of the patient and whether those needs are matched by the knowledge, skills and abilities of the delegatee and can be performed safely by the delegatee. The licensed nurse cannot delegate any activity that requires clinical reasoning, nursing judgment or critical decision making. The licensed nurse must ultimately make the final decision whether an activity is appropriate to delegate to the delegatee based on the Five Rights of Delegation (NCSBN, 1995, 1996).

Rationale: The licensed nurse, who is present at the point of care, is in the best position to assess the needs of the patient and what can or cannot be delegated in specific situations.

2. The licensed nurse must communicate with the delegatee who will be assisting in providing patient care. This should include reviewing the delegatee's assignment and discussing delegated responsibilities, including information on the patient's condition/stability, any specific information pertaining to a certain patient (e.g., no blood draws in the right arm), and any specific information about the patient's condition that should be communicated back to the licensed nurse by the delegatee.

Rationale: Communication must be a two-way process involving both the licensed nurse delegating the activity and the delegatee being delegated the responsibility. Evidence shows that the better the communication between the nurse and the delegatee, the more optimal the outcome (Corazzini, Anderson, Mueller, Hunt-McKinney et al., 2013). The licensed nurse must provide information about the patient and care requirements. This includes any specific issues related to any delegated responsibilities. These instructions should include any unique patient requirements. The licensed nurse must instruct the delegatee to regularly communicate the status of the patient.

3. The licensed nurse must be available to the delegatee for guidance and questions, including assisting with the delegated responsibility, if necessary, or performing it him/herself if the patient's condition or other circumstances warrant doing so.

Rationale: Delegation calls for nursing judgment throughout the process. The final decision to delegate rests in the hands of the licensed nurse as he or she has overall accountability for the patient.

4. The licensed nurse must follow up with the delegatee and the patient after the delegated responsibility has been completed.

Rationale: The licensed nurse who delegates the "responsibility" maintains overall accountability for the patient, while the delegatee is responsible for the delegated activity, skill or procedure.

5. The licensed nurse must provide feedback information about the delegation process and any issues regarding delegatee competence level to the nurse leader. Licensed nurses in the facility need to communicate, to the nurse leader responsible for delegation, any issues arising related to delegation and any individual that they identify as not being competent in a specific responsibility or unable to use good judgment and decision making.

Rationale: This will allow the nurse leader responsible for delegation to develop a plan to address the situation.

Delegatee Responsibilities

Everyone is responsible for the well-being of patients. While the nurse is ultimately accountable for the overall care provided to a patient, the delegatee shares the responsibility for the patient and is fully responsible for the delegated activity, skill or procedure.

1. The delegatee must accept only the delegated responsibilities that he or she is appropriately trained and educated to perform and feels comfortable doing given the specific circumstances in the health care setting and patient's condition. The delegatee should

confirm acceptance of the responsibility to carry out the delegated activity. If the delegatee does not believe he or she has the appropriate competency to complete the delegated responsibility, then the delegatee should not accept the delegated responsibility. This includes informing the nursing leadership if he or she does not feel he or she has received adequate training to perform the delegated responsibility, is not performing the procedure frequently enough to do it safely, or his or her knowledge and skills need updating.

Rationale: The delegatee shares the responsibility to keep patients safe and this includes only performing activities, skills or procedures in which he or she is competent and comfortable doing.

2. The delegatee must maintain competency for the delegated responsibility.

Rationale: Competency is an ongoing process. Even if properly taught, the delegatee may become less competent if he or she does not frequently perform the procedure. Given that the delegatee shares the responsibility for the patient, the delegatee also has a responsibility to maintain competency.

3. The delegatee must communicate with the licensed nurse in charge of the patient. This includes any questions related to the delegated responsibility and follow-up on any unusual incidents that may have occurred while the delegatee was performing the delegated responsibility, any concerns about a patient's condition, and any other information important to the patient's care.

Rationale: The delegatee is a partner in providing patient care. He or she is interacting with the patient/family and caring for the patient. This information and two-way communication is important for successful delegation and optimal outcomes for the patient.

4. Once the delegatee verifies acceptance of the delegated responsibility, the delegatee is accountable for carrying out the delegated responsibility correctly and completing timely and accurate documentation per facility policy. The delegatee cannot delegate to another individual. If the delegatee is unable to complete the responsibility or feels as though he or she needs assistance, the delegatee should inform the licensed nurse immediately so the licensed nurse can assess the situation and provide support. Only the licensed nurse can determine if it is appropriate to delegate the activity to another individual. If at any time the licensed nurse determines he or she needs to perform the delegated responsibility, the delegatee must relinquish responsibility upon request of the licensed nurse.

Rationale: Only a licensed nurse can delegate. In addition, because they are responsible, they need to provide direction, determine who is going to carry out the delegated responsibility, and assist or perform the responsibility him/herself, if he or she deems that appropriate under the given circumstances.

Reference:

American Nurses Association & National Council of State Boards of Nursing. (2019, April 29.) National Guidelines for Nursing Delegation. https://www.ncsbn.org/NGND-PosPaper_06.pdf

APPENDIX 4E: SEIZURE ACTION PLANS

NOTE:

For a copy of the *Seizure Action Plan* form, please go to the weblink provided below:

https://www.epilepsy.com/sites/core/files/atoms/files/GENERAL%20Seizure%20Action%20Plan%202020-April7_FILLABLE.pdf

APPENDIX 4F: MEDICATION ADMINISTRATION RECORD

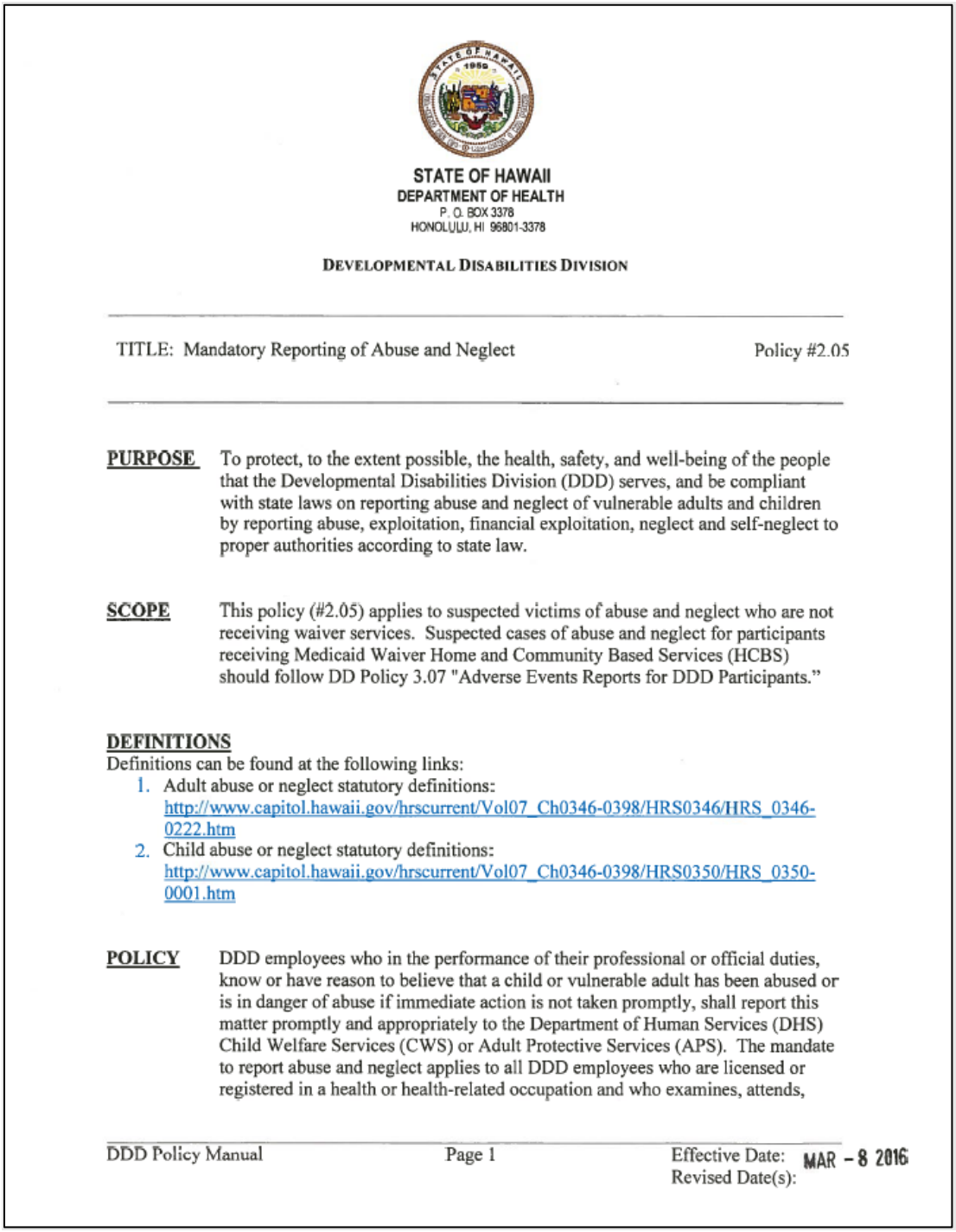
NOTE:

For a copy of the Medication Administration Record form, please go to the weblink provided below:

https://health.hawaii.gov/ddd/files/2018/06/4F-Medication-Administration-Record.pdf

APPENDIX 5:
ADVERSE EVENT REPORT

APPENDIX 5A: P&P 2.05 MANDATORY REPORTING OF ABUSE AND NEGLECT



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

DEVELOPMENTAL DISABILITIES DIVISION

TITLE: Mandatory Reporting of Abuse and Neglect — Policy #2.05

PURPOSE To protect, to the extent possible, the health, safety, and well-being of the people that the Developmental Disabilities Division (DDD) serves, and be compliant with state laws on reporting abuse and neglect of vulnerable adults and children by reporting abuse, exploitation, financial exploitation, neglect and self-neglect to proper authorities according to state law.

SCOPE This policy (#2.05) applies to suspected victims of abuse and neglect who are not receiving waiver services. Suspected cases of abuse and neglect for participants receiving Medicaid Waiver Home and Community Based Services (HCBS) should follow DD Policy 3.07 "Adverse Events Reports for DDD Participants."

DEFINITIONS
Definitions can be found at the following links:

1. Adult abuse or neglect statutory definitions: http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0222.htm
2. Child abuse or neglect statutory definitions: http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0350/HRS_0350-0001.htm

POLICY DDD employees who in the performance of their professional or official duties, know or have reason to believe that a child or vulnerable adult has been abused or is in danger of abuse if immediate action is not taken promptly, shall report this matter promptly and appropriately to the Department of Human Services (DHS) Child Welfare Services (CWS) or Adult Protective Services (APS). The mandate to report abuse and neglect applies to all DDD employees who are licensed or registered in a health or health-related occupation and who examines, attends,

DDD Policy Manual — Page 1 — Effective Date: MAR – 8 2016 — Revised Date(s):

https://health.hawaii.gov/ddd/files/2018/05/DD-Policy-2.05-Mandatory-Reporting-of-Abuse-and-Neglect.pdf

treats, or provides other professional or specialized services to a vulnerable adult. This includes social workers who are licensed by the State of Hawaii and non-licensed persons employed in social worker positions. State statutes does not prohibit any person from reporting an incident of abuse and neglect that is brought to a DDD employees' attention in a private or non-professional capacity.

PROCEDURES

A. Suspected abuse of a vulnerable adult. When a DDD employee, who in his/her professional or official capacity has reason to believe a vulnerable adult has been the victim of abuse or neglect or has a substantial risk of this occurring in the reasonably near future:

1. Shall inform employee's immediate supervisor or DDD designee to ensure DDD policies and procedures are followed;
2. Shall immediately orally report instances of suspected abuse, or at risk of abuse if immediate action is not taken, to the Department of Human Services (DHS), Adult Protective Services (APS) and/or the Honolulu Police Department, as appropriate. (APS contact information can be found on: http://humanservices.hawaii.gov/ssd/home/adult-services/).
3. Shall document his/her oral report of abuse to APS, in writing, by completing the attached APS "Report Form for Adult Abuse and Neglect" on the day of or at the latest the next business day of suspected abuse and neglect. Follow the directions on the APS report form to fax or mail the form to the appropriate APS office where the verbal report was made. A copy of the completed report form should then be submitted to his/her immediate supervisor for filing.
4. As a courtesy and upon the discretion of the DDD employee/supervisor, if the vulnerable adult was living in a residence licensed by the Office of Health Care Assurance (OHCA), the employee may report the matter to OHCA.

B. Suspected abuse of a child under age 18 years old. The DDD employee, who in the employee's professional or official capacity has reason to believe that child abuse or neglect has occurred or that there exists a substantial risk that child abuse or neglect may occur in the foreseeable future:

1. Shall inform the employee's immediate supervisor or DDD designee of disclosure and ensure DDD policies and procedures are followed;
2. Shall immediately orally report the case to DHS, Child Welfare Services (CWS) or the Honolulu Police Department. (CWS contact information can be found on: http://humanservices.hawaii.gov/ssd/home/child-welfare-services/);
3. Shall document his/her oral report of abuse to CWS, in writing, by completing the attached CWS "Mandated Reporter Checklist for Suspected Child Abuse & Neglect" on the day of or on the latest the next business day of suspected abuse and neglect. Follow directions on the CWS report form to fax or mail the report form to the appropriate CWS office. A copy of the completed report form should then be submitted to his/her immediate supervisor for filing.

C. **DDD employees shall refer to DOH Health Insurance Portability & Accountability Act (HIPAA) Policy 3.03 on "Uses and disclosures of Protected Health Information (PHI) about victims of abuse, neglect or domestic violence," and DDD Policies & Procedures 3.03 on "Uses and disclosures of PHI for Victims of Abuse, Neglect or Domestic Violence"** for guidance on disclosures of information on alleged incidences of abuse and neglect.

AUTHORITATIVE & OTHER REFERENCES:

1. §346-222, HRS (Definitions of Vulnerable Adult Abuse) http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0222.htm;
2. §346-224, HRS, (Mandatory reporting of vulnerable adult abuse and neglect) http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0224.htm;
3. §350-1, HRS, (Definitions of Child Abuse) http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0350/HRS_0350-0001.htm;
4. §350-1.1, HRS (Mandatory reporting of child abuse and neglect) http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0350/HRS_0350-0001_0001.htm;
5. Department of Human Services, CWS "A Guide for Mandated Reporters" http://humanservices.hawaii.gov/ssd/files/2013/01/MANDATED-REPORTER-HANDBOOK.pdf;
6. Department of Health & Human Services, APS and Executive Office on Aging "Guidelines for Mandated Reporters Vulnerable Adult Abuse & Neglect" http://humanservices.hawaii.gov/ssd/files/2013/01/APS-Guidelines.pdf;
7. Director of Health's "DDD Directive to Report Adult Abuse" dated 08-29-11;
8. HIPAA "Uses and disclosures of PHI about victims of abuse, neglect or domestic violence", "DOH Policy 03.03, March 17, 2008;
9. DDD Policies & Procedures 3.03 on "Uses and disclosures of PHI for Victims of Abuse, Neglect or Domestic Violence."

ATTACHMENTS:

1. APS "Report Form for Adult Abuse and Neglect;"
2. CWS "Mandated Reporter Checklist for Suspected Child Abuse and Neglect."

Approved: Mary Brog **Date:** March 8, 2016

Administrator,
Developmental Disabilities Division

APPENDIX 5B: REPORT FORM FOR SUSPECTED ABUSE AND NEGLECT OF VULNERABLE ADULTS

NOTE:

For a copy of the Report Form for *Suspected Abuse and Neglect of Vulnerable Adults*, please go to the weblink provided below:

http://humanservices.hawaii.gov/ssd/files/2015/04/DHS-1640-Rev.-3-15-Form-Fill.pdf

Indicators of Possible Adult Abuse

The following indicators do not always mean abuse or neglect has occurred, but they can be clues to the need for an abuse investigation. The physical assessment of abuse should be done by a physician or trained health practitioner.

Physical Indicators

- Bruises, welts, discoloration, swelling
- Cuts, lacerations, puncture wounds
- Pale appearance
- Sunken eyes, hollow cheeks
- Pain or tenderness on touching
- Detached retina
- Soiled clothing or bed
- Absence of hair/ bleeding scalp
- Dehydration/malnourishment
- Evidence of inadequate care (e.g., untended bed sores, poor skin hygiene
- Evidence of inadequate or inappropriate administration of medication
- Burns: may be caused by cigarettes, flames, acids, or friction from ropes
- Signs of confinement (tied to furniture, bathroom fixtures, locked in a room)
- Lack of bandages on injuries or stitches when indicated, or evidence of unset bones

Injuries are sometimes hidden under breasts or on other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment. Frequent use of the emergency room, and/or healthcare "shopping" may also indicate physical abuse. The lack of necessary appliances such as walkers, canes, bedside commodes; lack of necessities such as heat, food, water, and unsafe conditions in the home (e.g., no railing on stairs) may indicate abuse or neglect.

Behavioral Indicators from the Victim

These behaviors in themselves, of course, do not indicate abuse or neglect. However, they may be clues to ask more questions and look beyond the obvious.

- Fear
- Withdrawal
- Depression
- Helplessness
- Resignation
- Anger
- Implausible stories
- Confusion or disorientation
- Non-responsiveness
- Agitation, anxiety
- Hesitation to talk openly
- Ambivalence/contradictory statements not due to mental dysfunction
- Conflicting accounts of incidents by the family, supporters, victim

Indicators from the Family/Caregiver

- Elder or vulnerable adult not given the opportunity to speak for self or to see others without the presence of the caregiver (suspected abuser)
- Absence of assistance, indifference or anger toward the vulnerable person
- Family member or caregiver "blames" the elder or vulnerable adult (e.g., accusation that incontinence is a deliberate act)
- Aggression (threats, insults, harassment)
- Previous history of abuse to others
- Social isolation of family or isolation or restriction of activity of the elder or vulnerable adult within the family unit
- Reluctance to cooperate with service providers in planning for care

Indicators of Possible Financial Abuse

- Activity in bank accounts that is inappropriate to the person, e.g., withdrawals from automated banking machines when the person cannot walk or get to the bank
- Unusual interest about the amount of money being expended for the care of the person
- Refusal to spend money on the care of the person
- Numerous unpaid bills, overdue rent, when someone is supposed to be paying the bills
- Checks and other document signed when the persons cannot write
- Missing clothing, jewelry, or other items
- Recent will when the person is clearly incapable of making a will
- Recent change of title of house in favor of a "friend" when the person is incapable of understanding the nature of the transaction
- Power of attorney given when person is unable to comprehend the financial situation, and is incompetent to grant power of attorney
- Lack of personal grooming items, appropriate clothing, etc., when the person's income appears adequate to cover such need

Source: Elder and Dependent Adult Abuse Reporting, A Guide for the Mandated Reporter, Community and Senior Services of Los Angeles County, Rev. June 2001; adapted from "Protocols" Consortium for Elder Abuse Prevention, Institute on Aging 3330 Geary Boulevard, 2nd Floor, San Francisco, CA 94118.

APPENDIX 5C: MANDATED REPORTER CHECKLIST FOR SUSPECTED CHILD ABUSE AND NEGLECT

NOTE:

For a copy of the *Mandated Reporter Checklist for Suspected Abuse and Neglect* form, please go to the weblink provided below:

https://humanservices.hawaii.gov/ssd/files/2015/04/Mandated-Reported-Checklist-04-2015-4.pdf

APPENDIX 5D: GUIDE FOR MANDATED REPORTERS

NOTE:

For a copy of the *Guide for Mandated Reporters*, please go to the weblink provided below:

https://humanservices.hawaii.gov/wp-content/uploads/2018/07/GUIDE-FOR-MANDATED-REPORTERS-Rev.-6-28-18-1.pdf

APPENDIX 5E: P&P #3.07 ADVERSE EVENT REPORT FOR PEOPLE RECEIVING CASE MANAGEMENT SERVICES WITH THE DEVELOPMENTAL DISABILITIES DIVISION

[Update Effective March 1, 2018]

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

DEVELOPMENTAL DISABILITIES DIVISION

TITLE: Adverse Event Report for People Receiving Case Management Services with the Developmental Disabilities Division

Policy # 3.07

PURPOSE:
To provide a uniform process and procedures for documenting, reporting and follow-up of adverse events, involving participants of the Developmental Disabilities Division (DDD) receiving case management services.

DEFINITIONS & ACRONYMS:
"Suspected abuse and neglect" as defined in state statute for

- Adults - Section 346-222, Hawaii Revised Statutes (HRS), http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0222.htm; and
- Children - Section 350-1, HRS, http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0350/HRS_0350-0001.htm;

"Expected death" means:

- Death resulting from a documented medical diagnosis or terminal illness;
- Death resulting from an irreversible deterioration of health; or
- Death resulting from certain congenital conditions;

"Financial exploitation" as defined in State Statute Section 346-222, HRS (above);

"Medication errors" means medication administration involving one or more of the following and/or an unexpected reaction to the medication or treatment:

- Wrong medication – participant receives and takes medication which is intended for another person, discontinued, or inappropriately labeled;
- Wrong dose – participant receives the incorrect amount of medication;
- Wrong time – participant receives medication dose at an incorrect time interval;
- Missed dose – participant does not receive a prescribed dose of medication or when a participant refuses to take medication;

DDD Policy Manual Page 1 Effective Date: JUL 5, 2017
Revised: JAN 29 2018

https://health.hawaii.gov/ddd/files/2018/05/DD-Policy-3.07-AER-for-DDD-Participants.pdf

- Wrong route/method – participant does not receive the medication by the route prescribed (i.e., by mouth, injection, under the tongue (sublingually), rectally); or
- Failure to document or incorrect documentation – failure to initial the Medication Administration Record (MAR) by the person assisting with the medication (i.e., failure to initial the MAR each time a medication is given) or failure to transcribe the prescription onto the MAR correctly (i.e., failure to transfer information such as the drug name, dose, route, or frequency from an order or prescription to the MAR).

"Medical or dental treatment" means treatment rendered by ambulance or emergency medical personnel, urgent care or emergency room medical or dental staff, or results in hospitalization;

"Restraint" means a physical, chemical or mechanical intervention used as a last resort on an emergency basis to protect the participants from imminent harm to themselves and/or others using the least restrictive intervention possible and for the shortest duration necessary.

THE FOLLOWING ARE NOT CONSIDERED RESTRAINTS:

- Interventions used for the purpose of conducting routine physical or dental examination or diagnostic tests or completing a medical or dental treatment procedure;
- A device used to protect the participant's safety as indicated in the Individualized Service Plan (ISP) per a physician's recommendation and reviewed by the Behavior Support Review Committee (BSRC); or
- Vehicular passenger restraint systems required by state law (HRS §291-11.6).

1. **"Chemical Restraint"** means a psychotropic medication prescribed by a licensed health care professional with prescriptive authority:
   a. On a routine basis without an appropriate Diagnostic and Statistical Manual (DSM) diagnosis for the purpose of behavioral control; or
   b. Incidental use of medications, sometimes called PRN or as needed medication, to restrict the freedom of movement or temporarily sedate the individual.

THE FOLLOWING ARE NOT CONSIDERED CHEMICAL RESTRAINTS:

- Medications prescribed for the treatment of a diagnosed disorder found in the current version of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM);
- Adjusting the dose of a prescribed medication or prescribing a new medication to achieve better symptom control for the diagnostic disorder per the current DSM;
- Medications prescribed to control seizures; and
- Medications for medical or dental procedures.

2. **"Mechanical Restraint"** means an intervention involving a device, material or equipment that is involuntarily applied to the participant's body or immediate environment (i.e., wheelchair, chair, bed, toilet, vehicle, etc.) that immobilizes, restricts, limits, or reduces any bodily movement in emergency situations to prevent the participant from harming themselves or others. See definition of "Restraints" for interventions that are not considered a Mechanical Restraint.

3. **"Physical Restraint"** means an intervention in which physical force is applied to the participant and involuntarily restricts their freedom of movement or normal access to a portion or portions of their body. See definition of "Restraints" for interventions that are not considered a Physical Restraint.

"Seclusion" means a restrictive intervention in which a person is involuntarily confined in a room or area from which they are prevented from having contact with others or leaving by closing a door or using another barrier. **Seclusion is prohibited and shall not be utilized with participants.**

"Restrictive Intervention" or "Restrictive Procedure" means a practice that limits a participant's freedom of movement, access to other locations, property, individuals, or rights. This includes, but is not limited to, Chemical, Mechanical, and Physical Restraints.

"Unexpected death" means:

- Death that was not expected or anticipated according to any previously known terminal medical diagnosis;
- The result of an accident (car, fall, choking, etc.), even if the person had a known terminal condition;
- Due to suspected/alleged homicide or suicide; or
- Due to suspected/alleged abuse or neglect.

Adult Foster Home (AFH)
Adult Protective Services (APS)
Adverse Event Report (AER)
Behavior Support Review Committee (BSRC)
Case Manager (CM)
Case Management Branch (CMB)
Child Protective Services (CPS)
Child Welfare Services (CWS)
Clinical Interdisciplinary Team (CIT)
Community Resources Branch (CRB)
Consumer Complaints Resolution Unit (CCRU)
Consumer-directed (CD)

Consumer Directed Personal Assistant (CDPA)
Department of Human Services (DHS)
Developmental Disabilities Division (DDD)
Diagnostic and Statistical Manual (DSM)
Hawaii Revised Statutes (HRS)
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Hospital and Community Dental Services Branch (HCDSB)
Individualized Service Plan (ISP)
Long Term Adult Supports and Resources (LASR)
Medication Administration Record (MAR)
Office of Healthcare Assurance (OHCA)
Outcomes and Compliance Branch (OCB)
Outcomes Section (OS)
Program Services Evaluation Unit (PSEU)
Registered Nurse (RN)

POLICY:

Adverse events include incidents listed below and shall be reported:

- Suspected abuse and neglect;
- Financial exploitation;
- Injuries of a known or unknown cause sustained by the participant requiring medical or dental treatment or hospitalization;
- Medication errors;
- Changes in the DDD participant's behavior, including but not limited to aggression, self-injurious behaviors, property destruction, or sexualized behaviors that may require a new or updated behavior support plan as a result of the intensity and/or severity of the behavior;
- Changes in the DDD participant's health condition requiring medical or dental treatment or hospitalization;
- Expected death of a DDD participant;
- Unexpected death of a DDD participant;
- Whereabouts unknown regardless of the amount of time the participant is missing or unaccounted for;
- Any use of restraints, which includes chemical, mechanical and physical restraints;
- Any use of seclusion is prohibited and shall not be utilized with participants; and
- Any use of prohibited restrictive intervention or restrictive procedure.

Waiver providers, LASR providers, DDD CMs, HCDSB staff, CD Employers, AFH Certified Caregivers, individuals involved with the participant (e.g. families, guardians, if applicable), and workers shall report occurrences of adverse events on the AER form and in accordance with timelines specified in this policy.

TITLE: Adverse Events Reports for DDD Participants

Policy # 3.07

For disclosures for reporting of abuse of adults, refer to *DDD Policy 03.03, Health Insurance Portability and Accountability Act of 1996 (HIPAA)*. For statutory mandatory requirements for reporting of non-waiver adult and child abuse and neglect, refer to *DD policy 2.05 entitled "Mandatory Reporting of Abuse and Neglect."*

Participants may self-report abuse to their CMs or to the CCRU in DDD's OCB. The CM or CCRU staff shall then submit an adverse event report.

PROCEDURES:

A. DUTIES AND RESPONSIBILITIES OF THE REPORTER

1. Verbally notify the DDD Case Manager (CM) within 24 hours or the next business day of an adverse event or when notified that an adverse event occurred.
2. Complete and submit the Adverse Event Report (AER) Form to the DDD CM within 72 hours of an event or when notified that an adverse event occurred.
3. Submit the AER form directly to the Outcomes and Compliance Branch, Outcomes Section within 72 hours for the following adverse events:
   a. Suspected abuse, neglect, financial exploitation;
   b. Death;
   c. Participant's whereabouts are unknown and efforts to locate the participant have been unsuccessful;
   d. Any use of restraint;
   e. Any use of seclusion; and
   f. Any use of prohibited restrictive intervention or procedure.
4. Notify OCB when there is media involvement including, but not limited to press inquiries, broadcast, and media coverage related to any adverse event.
5. Fax AER to the Outcomes Section at (808) 453-6585.

B. DUTIES AND RESPONSIBILITIES OF THE DDD CASE MANAGER

1. Receive verbal notification of an adverse event **within 24 hours or the next business day** by a waiver provider, LASR provider, HCDSB staff, CD employer, or AFH certified caregiver. A verbal report can also be made by a DDD participant, family member, guardian, DDD employee, and other persons who witness or become aware of a reportable event. The CM shall:
   a. Verify that immediate action was taken to safeguard the participant;
   b. Assess if there is potential for further injury or harm to the participant and/or others in the home or program setting, and notify supervisor immediately;
   c. Determine if additional supports or actions are necessary to safeguard the participant; and
   d. Coordinate services as necessary.
2. For events involving suspected abuse, neglect, or exploitation, the CM shall:
   a. Gather the following information **within 24 hours** of receiving the verbal report or the next working day for events involving suspected abuse, neglect, or exploitation:

1) Date, time, and location of the event;
2) Person(s) present and/or involved when the event occurred;
3) Alleged perpetrator, if applicable, and the relationship to the participant;
4) Extent of injury or harm;
5) Actions taken for the participant's immediate safety; and
6) Confirm if a report was made to CWS or APS. If a report was not made, verbally report incident immediately to CWS or APS as referenced in the *DD Policy 2.05 on Mandatory Reporting of Abuse and Neglect;*

b. Complete the written report to CWS or APS following the initial verbal report.
   1) For APS, fax or mail Form DHS 1640 entitled "Report Form for Adult Abuse and Neglect" to the APS office where the verbal report was made.
   2) For CPS, fax or mail Form DHS 1516 entitled "Mandated Reporter Checklist for Suspected Child Abuse and Neglect" to the CWS office where the verbal report was made.
c. Inform supervisor immediately to determine follow-up actions.
d. Conduct a face-to-face interview with the participant **within 24 hours** of receipt of the verbal report for events involving suspected abuse, neglect, or exploitation.
e. If applicable, inform the participant's legal guardian of the situation (if the legal guardian is not involved in the situation) and discuss the recommended course of action;
f. Work in collaboration with the CWS or APS representative;
g. Verbally inform the respective licensing and certifying agency if the person resides in a licensed or certified home.

3. Receive and review the written AER form **within 72 hours** of the adverse event by a waiver provider, LASR provider, HCDSB staff, CD employer, or AFH certified caregiver.
   a. Review page 1 "18. What Was Done?" to ensure immediate appropriate actions were taken to safeguard the participant's health and safety;
   b. Review description of the event in Section B: Discovery, including potential causes and/or factors contributing to the adverse event;
   c. Verify that the type of adverse event checked in Section C: Nature/Type of Adverse Event Being Reported is consistent with the description in Section B;
   d. Determine if the appropriate persons/agencies were notified based on the type of adverse event, residential setting, and guardianship status of the participant. If the appropriate persons/agencies were not notified, the CM shall notify the respective persons/agencies; and
   e. Request an updated/revised AER form from the reporter/supervisor if the form contains incomplete and/or incorrect information. The CM shall retain the original form. The updated/revised form shall be returned to the CM within 24 hours of the request.

4. Complete the following sections of the AER form **within two (2) working days** from receipt of the AER (if the form required updates/revisions, it would be two (2) working days from the date the revised form was received):
   a. Summary of Action Taken by the CM;
   b. CM Assessment;
   c. CM Plan of Action:
      1) Complete if additional actions are warranted. Describe actions taken or to be taken with timelines, including referrals to CIT or BSRC; and
      2) Update the ISP with risk factors that need to be addressed, including supports to minimize the assessed risks; and any change in needs/condition, requiring an ISP update.
   d. Consult with the unit RN or RN designee at a minimum, for all AERs involving medication errors, change in health condition, and when an adverse event results in hospitalization. The RN shall review and assist the CM in identifying appropriate follow-up actions, including, but not limited to updating the ISP when there is a change in condition/diagnoses, medication, risk factors, and when a referral to the CIT may be warranted;
   e. Document in the participant's contact notes follow-up actions taken including face-to-face contacts, home visits, etc.; and
   f. Submit AER to immediate supervisor.
5. Complete the AER form if no AER was generated or when a report is made by a participant, family member, guardian, DDD employee, or any person who witnesses or becomes aware of an event that requires reporting.
   a. For events involving suspected abuse, neglect, or exploitation, a written report shall be completed **within 24 hours** of verbal notification; or
   b. For events other than suspected abuse, neglect, or exploitation, a written report shall be completed **within 72 hours** of verbal notification.
6. The CM shall assess the effectiveness of the remediation plan of action and activities in preventing future recurrences. If the remediation actions and activities are not effective in preventing the recurrences of the adverse event(s), the CM shall make recommendations, including additional actions to be taken by the waiver provider, LASR provider, CD employer, and/or caregivers of licensed or certified homes.

C. DUTIES AND RESPONSIBILITIES OF THE CM SUPERVISOR
1. Determine if there is potential for further harm or injury to the participant and/or others based on the CM's report of the adverse event.
2. Consult with immediate supervisor who will then notify the CMB Chief, DDD Administrator, and Medical Director, as appropriate who will determine if an initial onsite assessment is warranted and identify the DDD staff who will be conducting the assessment.
3. Ensure mandatory reporting requirements are met for events involving suspected abuse, neglect, or exploitation of a participant.

4. Evaluate to determine the appropriateness of the CM's assessment and actions and complete the Supervisor Review and Comments Section **within two (2) working days** from receipt of the AER from the CM.
   a. Review the CM's summary of action taken and determine if actions were appropriate given the nature of the event. Determine if CM met timelines for review.
   b. Determine if the CM's assessment was appropriate in Section 1.
   c. Determine if the CM's plan of action was appropriate in Section 2.
   d. Determine if additional follow-up is required by the CM beyond what was documented in the CM's plan of action.
   e. Verify that the ISP was updated if the 'ISP Updated' box is checked.
5. Notify immediate supervisor of adverse events that may warrant follow-up by the CRB, OCB, or HCDSB. Given the critical nature of the adverse event, CMB Chief may consult with the respective branch chief(s) and the DDD Administrator to determine appropriate follow-up actions.
6. Distribute copies of the completed AER form **within five (5) working days** from receipt of the written report to the:
   a. Agency, CD employer, or AFH certified caregiver who reported the event;
   b. OCB - PSEU; and
   c. OCB - Certification Unit or OHCA if the event involves a caregiver of a licensed or certified home.
7. Ensure a tracking system in the Unit is continuously implemented and monitored to meet deadlines, including documentation of dates that AERs are received, reviewed, and distributed.
8. Ensure ongoing monitoring of services by the CM.

D. DUTIES AND RESPONSIBILITIES OF OCB

1. Receive, log, and evaluate all AERs to determine whether appropriate actions were taken to prevent the recurrence of the event and to ensure the participant's immediate safety.
2. Notify the DDD Administrator, CMB Chief, and CRB Chief immediately of events that may require an investigation, pose a present or imminent risk to the safety and well-being of the participant and/or others in the home or program setting due to the severity and seriousness of the event, and result or have the potential for media coverage due to the circumstances surrounding the event.
3. Notify the CM supervisor when the adverse event has been reported to the DDD Administrator and Branch Chiefs.
4. Ensure mandatory reporting requirements are met for events involving suspected abuse, neglect, or exploitation of a participant.
5. Review all available information and assess the appropriateness of reporter's remediation actions, CM's follow-up actions, and CM's plan of action, if applicable, to prevent the recurrence of the event.
   a. If PSEU determines based on PSEU's assessment that additional information is needed from the CM (i.e., form is incomplete, information is inconsistent, or critical

information is missing), PSEU supervisor will request through the CM supervisor the additional information with specified deadline to submit.

b. If PSEU determines based on PSEU's assessment that no additional follow-up is required, the AER is closed.
c. If the adverse event involves an AFH and PSEU determines that additional follow-up with the Certification Unit is warranted:
    1) PSEU supervisor will provide the OS supervisor with a written description of the certification issues; and
    2) OS supervisor will submit the request to the Compliance Section Supervisor if the request is appropriate.
d. If the adverse event involves a waiver provider or LASR provider and PSEU determines that additional follow-up is warranted, the OCB Chief will provide the CRB Chief with a written description of the issues.
e. If the adverse event involves a CD Employer and PSEU determines that additional follow-up is warranted, the OCB Chief will provide the CMB Chief with a written description of the issues.
f. If the adverse event involves HCDSB staff and PSEU determines that additional follow-up is warranted, the OCB Chief will provide the HCDSB Chief with a written description of the issues.

6. Conduct an investigation if the adverse event falls within any of the following circumstances:
    a. Any death as a result of:
        i. serious injury that required treatment in the emergency room or urgent care or resulted in a hospitalization;
        ii. medication error;
        iii. elopement;
        iv. unknown circumstances; or
        v. the use of restraints, seclusion, or prohibited restrictive intervention.
    b. Any report of serious issues, including serious violations of standards; and
    c. Any and all other situations identified by the DDD Administrator or OCB Chief as requiring an investigation.

        Note: Any adverse events involving suspected abuse/neglect will be investigated by the respective protective services agency.
7. Conduct investigation **within 72 hours** of receiving the written AER form and in accordance with internal guidelines and report findings and recommendations to the DDD Administrator, CRB Chief, CMB Chief, and OCB Chief. For death investigations, findings and recommendations will be forwarded to the Mortality Review Committee.
8. Track and analyze the AER data to identify trends/patterns and make recommendations for quality improvement through the Safety and Well-Being Subcommittee of the Quality Assurance and Improvement Program.
9. Complete and submit quarterly reports to the BSRC, CIT and DHS.

E. DUTIES AND RESPONSIBILITES OF THE DDD ADMINISTRATOR AND BRANCH CHIEFS

1. Determine if an initial onsite assessment is warranted and identify the DDD staff who will be conducting the assessment.
2. Determine what immediate actions should be taken, including timelines.
3. Determine when to implement investigations based on reports of serious issues or serious violations of standards.
4. Coordinate follow-up actions with respective branch chiefs, as necessary.
5. Ensure branch staff responds to requests for information in a timely manner.

AUTHORITATIVE & OTHER REFERENCES:

1. Adult Protective Services (APS) Definitions: Section 346-222, HRS, http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0222.htm;
2. Mandatory Reporting of Abuse/Neglect: Section 346-224, HRS, http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0224.htm;
3. Child Abuse: Section 350-1, HRS, Section 350-1, HRS, http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0350/HRS_0350-0001.htm;
4. Medicaid Waiver Provider Standards http://health.hawaii.gov/ddd/provider/pm/;
5. Application for a §1915(c) Home and Community Based Services Waiver, Appendix G: Participant Safeguards, approved by Center for Medicaid and Medicare Services (CMS) 7-1-2011;
6. Chapter 323B, HRS, Health Care Privacy Harmonization Act[1] http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0323B/HRS_0323B-.htm;
7. Chapter 587A, HRS, Child Protective Act[2] http://www.capitol.hawaii.gov/hrscurrent/Vol12_Ch0501-0588/HRS0587A/HRS_0587A-.htm.
8. DD Policy 2.03, Behavior Support Review
9. DD Policy 2.05, Mandatory Reporting of Abuse and Neglect
10. DDD Policy 03.03, Health Insurance Portability and Accountability Act of 1996 (HIPAA)

[1, 2] These hyperlinks connect to the most recent version of HRS through the Hawaii State Legislature website. Hyperlinks to HRS chapters show the first page of the chapter only, to see the rest of the contents of the chapter, click "Next" on the lower right-hand side of the page on your screen.

TITLE: Adverse Events Reports for DDD Participants

Policy # 3.07

NOTE:
The form related to this P&P is posted with the P&P on SharePoint for your reference and use.

Approved: _____ **Date:** JAN 2 9 2018

Administrator,
Developmental Disabilities Division

APPENDIX 5F: ADVERSE EVENT REPORT (AER FORM)

NOTE:

For a copy of the *Adverse Event Report (AER)* form, please go to the weblink provided below:

https://health.hawaii.gov/ddd/files/2018/03/aer-form.docx

APPENDIX 5G: AER INSTRUCTIONS

Department of Health
Developmental Disabilities Division

Adverse Event Report
Instructions for Completing Form 28-3 (Rev. 01/18)

This form must be completed within 72 hours of the adverse event. Please type or write legibly.

Top of Form: DDD USE ONLY

Verbal Date: DOH-DDD Case Manager (CM) or designee to write the date the verbal report was received from the reporter. Write "NA" if the person completing the form is the case manager.

Verbal Time: The CM or designee to write the time the verbal report was received from the reporter. Write "NA" if the person reporting the event is the case manager.

Verbal Met: The CM or designee to write "Yes" if the waiver provider, LASR provider, CD provider, or caregiver of a licensed or certified home notified the CM within 24 hours or the next business day of the event occurrence or of being informed of the event. If not, enter "No". Write "NA" if the person reporting the event is the case manager.

Written Date: The CM or designee to write the date the written report was received from the reporter. Write "NA" if the person reporting the event is the case manager.

Written Time: The CM or designee to write the time the written report was received from the reporter. Write "NA" if the person reporting the event is the case manager.

Written Met: The CM or designee to write "Yes" if the waiver provider, LASR provider, CD provider, or caregiver of a licensed or certified home submitted the written report to the CM within 72 hours or the next business day of the event occurrence or of being informed of the event. If not, enter "No". Write "NA" if the person reporting the event is the case manager.

Waiver Participant: Select "waiver participant" if the participant is currently in the I/DD Waiver Program.

Non-Waiver Participant: Select "non-waiver participant" if the participant is not currently in the I/DD Waiver Program (i.e. receiving only state funded services such as LASR).

Event Occurred During Billable Services: Select "Yes" if the event occurred during a billable service (i.e. waiver provider service delivery hours, LASR program hours, CD service time). Select "No" if the event occurred when services were not being provided.

1. **Event Date**: Write or enter the date the adverse event occurred in MM/DD/YYYY. For example, September 1, 2017 shall be entered as 09/01/2017.

[Update Effective March 1, 2018]

2. **Event Time**: Write or enter the time the adverse event occurred. The time shall be entered as the time followed by a.m. or p.m. Do not use military time or 24-hour clock format. For example, four o'clock in the afternoon shall be written as 4:00 p.m.

3. **Participant Name**: Write or enter the participant's name – Last name, First name, M.I. Be sure to use given name and not nicknames.

4. **Birthdate**: Write or enter the birthdate of the participant in MM/DD/YYYY. For example, August 30, 2006 shall be entered as 08/30/2006.

5. **Sex**: Write or enter the sex of the participant – male or female.

6. **Medicaid ID** #: Write or enter the participant's 10-digit Medicaid ID #. If participant is not in the I/DD Waiver Program, write or enter "NA".

7. **CM Unit No.**: Write or enter the case management unit to which the participant is assigned.

8. **Reporter's Name**: Write or enter the name of the person completing the form.

9. **Relationship**: Write or enter the reporter's relationship to the participant (e.g. direct support worker, foster parent, mother).

10. **Island:** Write or enter the name of the island where the participant receives services.

11. **Telephone No.:** Write or enter the phone number of the reporter.

12. **Fax No.:** Write or enter the fax number of the reporter.

13. **Name of the Reporter's Agency (if applicable)**: Write or enter the name of the agency. If the reporter is a consumer-directed provider, write or enter "CD Services".

SECTION A: GENERAL INFORMATION

14. **Event location**: Check the location where the adverse event occurred. Community includes places such as grocery store, park, or workplace. Program site includes such places as an Adult Day Health, or other center-based settings where the participant attends or meets for activities. If the adverse event occurred in the participant's residence, indicate the type of residence. If the residence is a licensed or certified home, include the name of the home as documented on the home's license or certificate. If "Other" is checked, specify the location.

15. **Person(s) Present**: Check to indicate who was present when the event occurred. If the event was not observed and the participant cannot identify who was present, check "unknown". If "other" is checked, specify the person(s). Examples include, but are not limited to, friend, bus driver, restaurant employee, sister, or father.

16. **Who Was Notified?** (Check all that apply): Check to indicate the persons or agencies notified in response to the type of event that occurred. Write or enter the name of the person notified, date, and time of the notification. If "other" is selected, specify the person contacted. For any notification to the Police Department, Adult Protective Services, and/or Child Welfare Services, enter the report number assigned by the corresponding agency.

17. **What Was Done?** Check to indicate what was done (immediate action taken) to safeguard the participant following the adverse event. Include date and time of treatment and where the treatment occurred, including name of facility, if applicable (e.g. Queen's Emergency Room, Straub Hospital).

SECTION B: DISCOVERY

18. Provide a full description of the adverse event, including potential causes and/or contributory factors. The description shall address WHO was involved, HOW, WHERE, AND WHEN the event occurred, and WHAT actions were taken in response to the event.

For events that occurred outside of billable services:
- Indicate date/time that the reporter was informed of the event
- Describe the circumstances under which the information was received

For events involving medication error(s) related to wrong medication:
- Indicate the medication that **was** given and the medication that **was not** given.

For events involving a death, this section must also include:
- Description of the circumstances surrounding the death
- Any medical resources involved at the time of death (i.e. hospice care)

For events involving any use of restraint, seclusion, or prohibited restrictive intervention or procedure, this section must also include:
- Description of the restrictive intervention or procedure
- Description of what happened before the behavior that caused the use of the restrictive intervention or procedure, including environmental and other contributing factors
- Other interventions that were attempted and the results of those interventions
- Consequences of the use of the restrictive intervention or procedure
- Description of any injuries the participant sustained
- How the rights of the participant were restored
- Note: For chemical restraints, documentation must also include description of behaviors after medication was given, including any side effects.

The reporter may attach diagrams, charts, and/or additional pages of description. If additional pages are attached, number pages B-1, B-2, etc.

SECTION C: NATURE/TYPE OF ADVERSE EVENT BEING REPORTED

19. Check the box **(select only one)** that best describes the adverse event and complete the information in that section.

When multiple events are involved, the reporter should use their best judgment to select the most appropriate category based on significance of the event (i.e. which event caused the most harm or most negatively impacted the participant).

Suspected Abuse/Neglect/Financial Exploitation

Chapter 346, Part X, Hawaii Revised Statutes, Adult Protective Services, mandates reporting when there is reason to believe abuse has occurred or the vulnerable adult is in danger of abuse if immediate action is not taken.

Chapter 350, Hawaii Revised Statutes mandates reporting to Child Welfare Services or the Police Department when there is reason to believe that child abuse or neglect will occur in the reasonably foreseeable future.

Mandated reporters include professionals and personnel in health care, social services, law enforcement, employees or officers of any public or private agency providing social, medical, hospital, or mental health services, including financial assistance, employees or officers of adult residential care homes, adult day care centers, foster care, or similar institutions, employees or officers of any public or private school.

Persons who are not mandated reporters are also encouraged to report suspected abuse or neglect to Adult Protective Services, Child Welfare Services, and the Police Department.

Check all that apply for type of suspected abuse, neglect, or financial exploitation. List person(s) and their relationship to the participant who were present when suspected abuse/neglect occurred.

- **Physical**: Non-accidental injury, pain, or impairment such as from hitting, slapping, improper physical restraint or poisoning.
- **Psychological/Verbal**: Threats, insults, harassment, humiliation, intimidation, or other means that profoundly confuse or frighten the participant.
- **Sexual**: Sexual contact or conduct including pornographic photographing without consent.
- **Neglect**: 1) Caregiver: failure to provide adequate food, shelter, clothing, timely health care, personal hygiene, supervision, protection from abandonment or failure to care out responsibilities that a reasonable person would exercise as an assumed legal, or contractual caregiver; and 2) Self: failure to care for one's self thereby exposing one's self to a condition that poses an immediate risk or death or serious physical harm.
- **Financial Exploitation**: Wrongful taking, withholding, appropriation or use of the participant's money, real property, or personal property.

Injury from a Known or Unknown Cause Requiring Medical or Dental Treatment

All bodily injuries sustained by the participant for which medical treatment (i.e. treatment rendered by ambulance or emergency medical personnel, urgent care or emergency room medical or dental staff, or results in hospitalization).

Check all that apply for type of injury, location of injury, and cause of injury. Using the diagram in this section, circle the body parts that describe the location of the injury.

Medication Errors and/or Unexpected Reaction to Medication or Treatment

Medication Errors means medication administration involving one or more of the following: wrong medication, wrong dose, wrong time, missed dose, wrong route/method, or failure to document or incorrect documentation.

Check all that apply for medication error. For medication errors involving wrong medication, Section B: Discovery must include the medication that **was** given and the medication that **was not** given.

Check the type of medication involved: Over the Counter or Prescription and Drug Name

Unexpected Reaction to Medication or Treatment means any unexpected reaction to medication or treatment that may or may not require medical treatment.

Check the box that describes if the event was an unexpected reaction to medication or treatment.

Change in the Participant's Behavior that may Require a New or Updated Behavior Support Plan

Check the box to indicate if the event involves a new behavior or a change in behavior.

- **New Behavior**: No history of the behavior(s) exhibited in this event and a positive behavior support plan may be necessary to address the challenging behavior(s).
- **Change in Behavior**: There is a current positive behavior support plan, but the behavior(s) exhibited in this adverse event is/are not addressed in the plan OR behavior(s) is/are addressed in the plan, but have increased in severity, intensity, and/or duration.

Check all behaviors exhibited in this event.

Check the appropriate box to indicate whether the participant has a current behavior support plan.

Change in the Participant's Health Condition Requiring Medical or Dental Treatment

Check all that apply for change in health condition. These are significant changes or deterioration in the participant's health status for which medical or dental treatment was necessary.

Death

All deaths, regardless of the cause must be reported. Section B: Discovery must include a description of the circumstances surrounding the death and documentation of any medical resources involved at the time of death (i.e. hospice care).

Participant's Whereabouts Unknown

Check to indicate if the participant's whereabouts are still unknown or if the participant was found. If the participant was found, indicate the length of time the participant was missing and if any injuries were noted.

Any Use of Restraints

Check type of restraint used. Indicate if the participant sustained any injuries as a result of being restrained.

Use the definitions below to determine if the intervention applied meets the definition of a restraint. If the intervention is **not** considered a restraint, an AER is **not** required.

*The following are **not** considered restraints:*

- Interventions used for the purpose of conducting routine physical or dental examination or diagnostic tests or completing a medical or dental treatment procedure;
- A device used to protect the participant's safety as indicated in the Individualized Service Plan (ISP) per a physician's recommendation and reviewed by the Behavior Support Review Committee; or
- Vehicular passenger restraint systems required by state law (HRS §291-11.6)

*The following are **not** considered chemical restraints:*

- Medications prescribed for the treatment of a diagnosed disorder found in the current version of the DSM;
- Adjusting the dose of a prescribed medication or prescribing a new medication to achieve better symptom control for the diagnostic disorder per the current DSM;
- Medications prescribed to control seizures; and
- Medications for medical or dental procedures.

The following are considered restraints:

- **Chemical restraint** means a psychotropic medication prescribed by a licensed health care professional with prescriptive authority:
  - On a routine basis **without** an appropriate diagnosis found in the current version of the Diagnostic and Statistical Manual (DSM) for the purpose of behavioral control; or
  - Incidental use of medications, sometimes called PRN or as needed medication, to restrict the freedom of movement or temporarily sedate the participant.
- **Mechanical restraint** means an intervention involving a device, material, or equipment involuntarily applied to the participant's body or immediate environment (i.e. wheelchair, chair, bed, toilet, vehicle) that immobilizes, restricts or reduces any bodily movement in emergency situations to protect the participant from harming themselves or others.
- **Physical restraint** means an intervention in which physical force is applied to the participant and involuntarily restricts the participant's freedom of movement or normal access to a portion or portions of the participant's body.

Any Use of Seclusion

Seclusion is prohibited and shall not be utilized with participants.

This box shall be checked for any incident involving the involuntarily confinement of a participant in a room or area from which the participant was prevented from having contact with others or leaving by closing the door or using another barrier. Indicate if the participant sustained any injuries as a result of the use of seclusion. Refer to Policy #3.07.

Any Use of Prohibited Restrictive Intervention or Procedure (Other than Restraints and Seclusion)

This box shall be checked for any use of prohibited restrictive intervention or procedure that restricts the participant's freedom of movement, access to other locations, property, individuals, or rights. Refer to Policy #3.07.

Section D: Remediation Plan of Action to Prevent Recurrence of the Event

20. Provide a description of what was done or what will be done to prevent the recurrence of the adverse event. This section should identify actions that will be implemented to prevent the event from recurring. Include timelines for completion and implementation. If additional pages are attached, number the additional pages as D-1, D-2, etc.

Agency/Representative Signature: The person attesting to the information on the form shall sign and print full name and date.

responsibilities that a reasonable person would exercise as an assumed legal, or

FOR DDD USE ONLY

21. **Summary of Action Taken by Case Manager**: The CM must document follow-up actions taken in response to the adverse event. Follow-up actions must include dates of face-to-face contacts, home and site visits, and telephone calls

22. **Case Manager Assessment:**
    - **Re: immediate action taken**: The CM must check whether appropriate or inappropriate immediate action was taken by the waiver provider/CD employer/caregiver of licensed or certified home to safeguard the participant as indicated in Section A – "What Was Done". If immediate action was inappropriate, the case manager must complete the next section (Case Manager Plan of Action). Leave this section blank if the person reporting the event is the case manager.
    - **Re: plan of action**: The CM must check whether the plan of action to prevent the recurrence of the adverse event is appropriate or inappropriate. If the plan of action is inappropriate, the case manager must complete the next section (Case Manager Plan of Action). Leave this section blank if the person reporting the event is the case manager.

23. **Case Manager's Plan of Action**: The CM must describe additional actions taken or to be taken to minimize the risk and prevent the recurrence of this event. Examples include, but are not limited to, revising the service plan to authorize additional services, reassessment of needs, or obtaining alternative residential placement.

    If the ISP requires updates as a result of the adverse event, the CM must check the box to confirm whether the ISP has been updated.

24. **Case Manager Signature**: The CM signs and prints his/her name and date.

25. **Supervisor's Review and Comments**: The supervisor must determine whether the CM's action(s) and assessment were completed within the required timeframe. If so, the supervisor checks the box for timeline met. If not, write comment on reason and corrective action for the future.

    The supervisor will check the appropriate box for CM assessment in Section 1. The supervisor will check the appropriate box for CM Plan of Action in Section 2, if applicable. If the CM updates the ISP with health and safety concerns and interventions, the supervisor must verify that this has been completed.

    If the supervisor does not concur with the assessment and/or plan of action, the supervisor writes his/her comments, returns the form to the case manager and discusses the required changes. The CM changes the assessment or plan of action as appropriate. If the changes meet the supervisor's satisfaction, the supervisor signs and dates the form.

    If the supervisor determines that additional follow-up date is required, the supervisor will indicate a follow-up date.

26. **Supervisor Signature**: Supervisor shall sign and print his/her name and date.

27. **Distribution**: Check the appropriate box and the date it was sent. CM Unit to retain original.
    - **Provider/CD Employer/Caregiver**: The CM Follow-Up Report must be sent to the reporting Waiver Provider/CD Employer/Caregiver within five (5) working days of receiving the written report with the final report, if applicable submitted within 2 weeks.

- **DDD-OCB Outcomes Section**: All adverse event reports must be sent to DDD-OCB Outcomes Section.
- **DDD-OCB Certification Unit**: Send for appropriate follow-up by the DDD-OCB Certification Unit if the adverse event involves an adult foster parent.
- **Office of Health Care Assurance (OHCA)**: Send for appropriate follow-up by OHCA if adverse event involves an adult residential care home operator or DD Domiciliary home caregiver.
- **Other**: Specify persons or agencies adverse event report was sent to.

APPENDIX 6:
PARTICIPATION AS A MEDICAID PROVIDER

Important Reminder

Link to DHS 1139:
https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/hoku/REVISED_DHS1139_07-20_INTERIM.pdf

Link to the HOKU Provider Enrollment System:
https://medquest.hawaii.gov/en/plans-providers/become-a-medicaid-provider.html

More enrollment information including FAQs, training, and resources:
https://medquest.hawaii.gov/en/plans-providers/Provider-Management-System-Upgrade.html

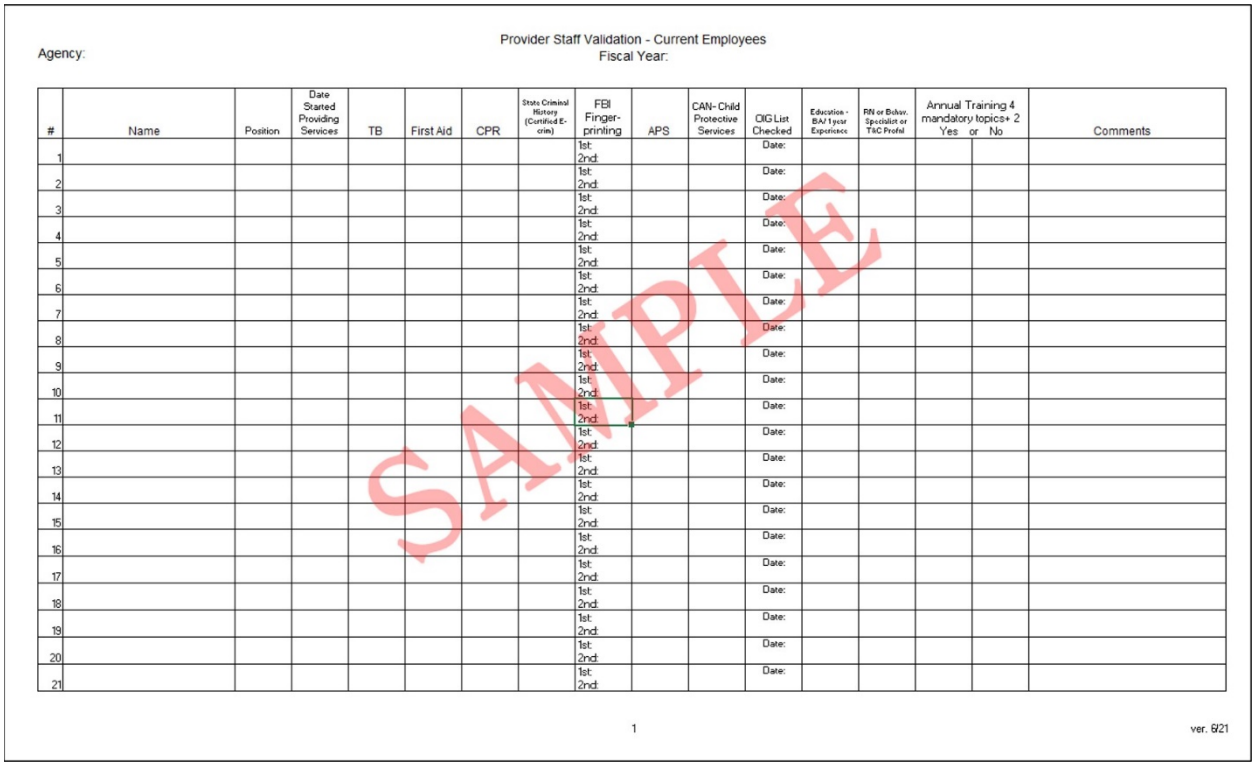
Providers requesting changes to current information, must also notify DOH-DDD by email to doh.dddcrb@doh.hawaii.gov and update information on the Provider Portal.

APPENDIX 7:
GENERAL STAFF QUALIFICATION REQUIREMENTS

APPENDIX 7A: SPREADSHEET FOR VALIDATION OF NEW AND CURRENT PROVIDER STAFF

Appendix 7A includes two spreadsheets for new employees and current employees. These spreadsheets are tools for the providers to use in preparation for the annual staff validation that is required in the Medicaid I/DD Waiver. It is recommended that the providers always use the spreadsheets for tracking and monitoring all required validation documents and to keep the documents current in order to meet the Medicaid I/DD Waiver Standards.

Current Employees:



Agency:

Provider Staff Validation - Current Employees
Fiscal Year:

#	Name	Position	Date Started Providing Services	TB	First Aid	CPR	State Criminal History (Certified E-crim)	FBI Finger-printing	APS	CAN- Child Protective Services	OIG List Checked	Education - BA/ 1 year Experience	RN or Behav. Specialist or T&C Profnl	Annual Training 4 mandatory topics+ 2 Yes	or No	Comments
1								1st: 2nd:			Date:					
2								1st: 2nd:			Date:					
3								1st: 2nd:			Date:					
4								1st: 2nd:			Date:					
5								1st: 2nd:			Date:					
6								1st: 2nd:			Date:					
7								1st: 2nd:			Date:					
8								1st: 2nd:			Date:					
9								1st: 2nd:			Date:					
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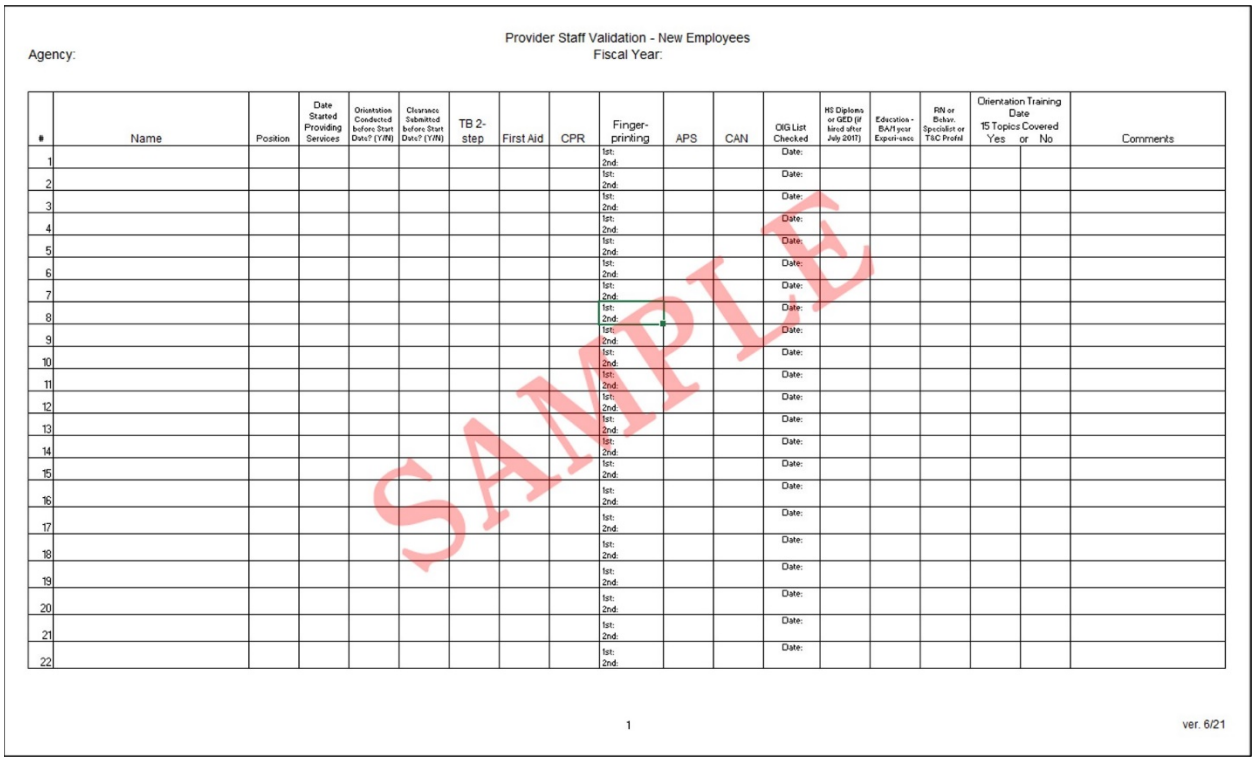
17								1st: 2nd:			Date:					
18								1st: 2nd:			Date:					
19								1st: 2nd:			Date:					
20								1st: 2nd:			Date:					
21								1st: 2nd:			Date:					

SAMPLE

1

ver. 8/21

New Employees



Provider Staff Validation - New Employees

Agency: Fiscal Year:

#	Name	Position	Date Started Providing Services	Orientation Conducted before Start Date? (Y/N)	Clearance Submitted before Start Date? (Y/N)	TB 2-step	First Aid	CPR	Finger-printing	APS	CAN	OIG List Checked	HS Diploma or GED (if hired after July 2017)	Education - BA/I year Experi-ence	RN or Behav. Specialist or TBC Profnl	Orientation Training Date 15 Topics Covered Yes	or No	Comments
1									1st: 2nd:			Date:						
2									1st: 2nd:			Date:						
3									1st: 2nd:			Date:						
4									1st: 2nd:			Date:						
5									1st: 2nd:			Date:						
6									1st: 2nd:			Date:						
7									1st: 2nd:			Date:						
8									1st: 2nd:			Date:						
9									1st: 2nd:			Date:						
10									1st: 2nd:			Date:						
11									1st: 2nd:			Date:						
12									1st: 2nd:			Date:						
13									1st: 2nd:			Date:						
14									1st: 2nd:			Date:						
15									1st: 2nd:			Date:						
16									1st: 2nd:			Date:						
17									1st: 2nd:			Date:						
18									1st: 2nd:			Date:						
19									1st: 2nd:			Date:						
20									1st: 2nd:			Date:						
21									1st: 2nd:			Date:						
22									1st: 2nd:			Date:						

SAMPLE

1 ver. 6/21

APPENDIX 7B: HYPERLINKS TO RESOURCES FOR REQUIRED CLEARANCES [effective 7/1/2021]

Clearance	Forms, Instructions, Administrative Rules, Standards	Hyperlink Reference
Tuberculosis (TB)	Hawaii Administrative Rules (HAR), Title 11, Department of Health, Chapter 164, Tuberculosis	http://health.hawaii.gov/opppd/files/2015/06/11-164.pdf
Criminal History Record and Background Checks	Department of Human Services Med-QUEST Division, Criminal History Record and Background Check Standards	https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/criminal-history-record/Criminal-History-Record-Check-Standards.pdf
Criminal History Record and Background Checks	MQD	https://medquest.hawaii.gov/en/plans-providers/criminal-history-background-check.html
Criminal History Record and Background Checks	Request for Exemption from Criminal History Record and Background Check Standards (DHS Form 1200)	https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/criminal-history-record/DHS1200_Exemption_Request_form-Rev1015.pdf
Criminal History Record and Background Checks	Request for Exemption from Criminal History Record and Background Check Standards Instructions (DHS Form 1200A)	https://medquest.hawaii.gov/content/dam/formsanddocuments/client-forms/1200-request-for-exemption/DHS1200-Instr-Rev0616.pdf

Clearance	Forms, Instructions, Administrative Rules, Standards	Hyperlink Reference
Criminal History Record and Background Checks	Department of Human Services Med-QUEST Division Procedures for Processing Exemption Requests from the Criminal History Record and Background Check Standards	https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/criminal-history-record/Exemption-Procedures-1012.pdf
Criminal History Record and Background Checks	Statement of Authenticity	https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/criminal-history-record/StatementOfAuthenticity.pdf
Adult Protective Services (APS)	APS	Protective Services Central Registry Check Standards
Child Abuse and Neglect Registry (CAN)	CAN	Protective Services Central Registry Check Standards
Federal Office of Inspector General List of Excluded Entities and Individuals (LEIE)	https://oig.hhs.gov/exclusions/index.asp	https://oig.hhs.gov/exclusions/exclusions_list.asp

Clearance	Forms, Instructions, Administrative Rules, Standards	Hyperlink Reference
DHS-MQD Excluded Individuals List	https://medquest.hawaii.gov/en/plans-providers/provider-exclusion-reinstatement-list.html	https://medquest.hawaii.gov/en/plans-providers/provider-exclusion-reinstatement-list.html

APPENDIX 8:
MONITORING PROVIDER AGENCIES

APPENDIX 8A: QA/I PROVIDER MONITORING TOOL

State of Hawaii
Department of Health
Developmental Disabilities Division

QUALITY ASSURANCE/IMPROVEMENT REVIEW OF HAWAII'S DD/ID WAIVER PROVIDERS

Provider/Agency: **Date of Review:**

Reviewers: **Review Period:**

Participant Information

		% of Participant Record that Met Waiver Standards
Participant #1:	CMU:	
Participant #2:	CMU:	
Participant #3:	CMU:	
Participant #4:	CMU:	
Participant #5:	CMU:	

Technical Assistance Provided to Agency (Y or N):
If yes, Technical Assistance was provided on the topics listed below:

QA/I Provider Monitoring Tool (Revised 6/2021)

1

MAJOR REQUIREMENTS FOCUS AREA: IP (See Section 3.5, Subsection A., Individual Plan Development and Updates, of the Waiver Standards Manual, Current Version.)						
Provider Agency Name:						
Indicator	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
1a. The IP is developed based on the participant's Individualized Service Plan (ISP) and aligned with the participant's needs, preferences, personal goals and abilities. (Section 3.5.A) Required elements to review: (i) Consists of priority goals, objectives and outcomes for each waiver service identified in the ISP.				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 1a.		
	P1					
	P2					
	P3					
	P4					
	P5					
1b. The IP includes detailed strategies to support the achievement of the outcomes identified in the ISP. (Section 3.5.A) Required elements to review: (i) Strategies support the achievement of the outcomes for				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 1b.		
	P1					
	P2					
	P3					
	P4					
	P5					
1c. The IP is signed by the participant and/or legal guardian to indicate that the plan is approved. (Section 3.5.A)				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 1c.		
	P1					
	P2					
	P3					
	P4					
	P5					

MAJOR REQUIREMENTS FOCUS AREA: IP (See Section 3.5, Subsection A., Individual Plan Development and Updates, of the Waiver Standards Manual, Current Version.) Provider Agency Name:						
Indicator	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
1d. The participant or the participant's legal or designated representative and the DOH-DDD-CM receive copies of the IP within seven (7) business days of the completion of the IP. (Section 3.5.A) Required elements to review: (i) Distribution is documented.				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 1d.		
	P1					
	P2					
	P3					
	P4					
	P5					
1e. Staff required to implement the IP are trained prior to the implementation of the IP. (Section 3.5.A) Required elements to review: (i) Training is documented.				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 1e.		
	P1					
	P2					
	P3					
	P4					
	P5					

Total Possible: 5	Y	N	N/A
P1	5	0	0
P2	5	0	0
P3	5	0	0

MAJOR REQUIREMENTS FOCUS AREA: Reports to Case Manager (See Section 3.5, Subsection B., Reports to Case Manager, of the Waiver Standards Manual, Current Version.)						
Provider Agency Name:						
Indicator	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
2a. There is a quarterly or more frequent report(s) for each waiver service identified in the ISP. (Section 3.5.B)				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 2a.		
	P1					
	P2					
	P3					
	P4					
	P5					
2b. The report summarizes the status of progress toward each outcome for each waiver service (Section 3.5.B) Required elements to review: (i) The reports include a description of the strategies that were implemented during the reporting period; (ii) The reports include assessment of the effectiveness of the strategies implemented; (iii) The reports include evaluation of the participant's progress or lack of progress in the achievement of desired outcomes, including behavioral challenges and any significant events that may have had an impact; (iv) The reports include recommendations and plans for				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 2b.		
	P1					
	P2					
	P3					
	P4					
	P5					

MAJOR REQUIREMENTS FOCUS AREA: Reports to Case Manager (See Section 3.5, Subsection B., Reports to Case Manager, of the Waiver Standards Manual, Current Version.) Provider Agency Name:						
Indicator	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
recommendations and plans for revisions or improvements, if necessary; and (v) The reports include participant satisfaction of services.						
2c. The reports are completed and distributed to the DOH-DDD CM (and participant/legal guardian as requested) wihthin thirty (30) calendar days after the end of the quarter or at the frequency identified in the ISP. (Section 3.5.B) Required elements to review: (i) Documentation of distribution includes the date, mode of distribution and recipient(s).	P1 P2 P3 P4 P5			**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 2c.		

Total Possible: 3	Y	N	N/A
P1	3	0	0
P2	3	0	0
P3	3	0	0
P4	3	0	0
P5	3	0	0

MAJOR REQUIREMENTS						
FOCUS AREA: Oversight and Monitoring (See Section 3.5, Subsection C., Oversight and Monitoring Responsibilities, of the Waiver Standards Manual, Current Version)						
Provider Agency Name:						
Indicator	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
3a. There is documentation that the Service Supervisor conducted face-to-face observations/reviews of services being delivered to participants at the frequency specified in the ISP; or if not specified, at least monthly. (Section 3.5.C) Required elements to be reviewed: (i) Documentation includes the service, date, duration, persons present, Service Supervisor notes and location of each face-to-face visit. (ii) There is documentation of a face-to-face observation/review for each waiver service being delivered each month (or every other month for "group" services; or at the frequency specified in the ISP).				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 3a.		
	P1					
	P2					
	P3					
	P4					
	P5					
3b. Face-to-face observation/review visits assess the quality of service implementation and activities as specified in the IP. (Section 3.5.C) Required elements to be reviewed: (i) Documentation includes Service Supervisor's assessment of the				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 3b.		
	P1					
	P2					
	P3					
	P4					
	P5					

MAJOR REQUIREMENTS						
FOCUS AREA: Oversight and Monitoring (See Section 3.5, Subsection C., Oversight and Monitoring Responsibilities, of the Waiver Standards Manual, Current Version)						
Provider Agency Name:						
Indicator	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
quality of service implementation, with focus on how the staff or licensed/certified caregiver implements the strategies and activities to reach outcomes; (ii) Documentation includes Service Supervisor's evaluation of the participant's response and progress toward achieving outcomes; (iii) Documentation includes coaching, modeling, teaching, and demonstrating for the staff, if applicable;						

Total Possible: 2	Y	N	N/A
P1	2	0	0
P2	2	0	0
P3	2	0	0
P4	2	0	0
P5	2	0	0

MAJOR REQUIREMENTS FOCUS AREA: Health and Welfare (See Section 3.3, Subsection A., Adverse Event Reporting, of the Waiver Standards Manual, Current Version.)						
Provider Agency Name:						
Indicator	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
4a. There is a completed AER form for adverse events that occurred during the review period. (Section 3.3.A)				**General Comment:** Of the 5 records reviewed, xx contained a reported adverse event.		
	P1					
	P2					
	P3					
	P4					
	P5					
4b1. Adverse events were reported within the required verbal timeline (within next business day). (Section 3.3.A)				**General Comment:** Of the 5 records with reported adverse events, xx were in compliance with 4b1.		
	P1					
	P2					
	P3					
	P4					
	P5					
4b2. Adverse events were reported within the required written timeline (within 3 days or next business day). (Section 3.3.A)				**General Comment:** Of the 5 records with reported adverse events, xx were in compliance with 4b2.		
	P1					
	P2					
	P3					
	P4					
	P5					
4c. There is evidence that the plan of action is implemented and monitored; including additional actions recommended by the DOH-DDD CM, to ensure participant's health and safety. (Section 3.3.A) Evidence may include:				**General Comment:** Of the 5 records with reported adverse events, xx were in compliance with 4c.		
	P1					
	P2					
	P3					
	P4					
	P5					

MAJOR REQUIREMENTS						
FOCUS AREA: Health and Welfare (See Section 3.3, Subsection A., Adverse Event Reporting, of the Waiver Standards Manual, Current Version.)						
Provider Agency Name:						
Indicator	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
Progress notes, contact logs, documentation of trainings, documentation of face-to-face observations/reviews, or reports.						
4d. There is evidence that an adverse event occurred that was not reported on the AER form. (Section 3.3.A) Evidence may include: Progress notes, contact logs, documentation of face-to-face observations/reviews, or reports.				**General Comment:** Of the 5 records reviewed, xx contained a reportable adverse event.		
	P1					
	P2					
	P3					
	P4					
	P5					

Total Possible: 4	Y	N	N/A
P1	3	1	0
P2	3	1	0
P3	3	1	0
P4	3	1	0
P5	3	1	0

MAJOR REQUIREMENTS						
FOCUS AREA: Participant Safeguards - Behavior Supports (Refer to Section 1.7, Positive Behavior Supports, of the Waiver Standards Manual, Current Standards.)						
Provider Agency Name:						
Indicator	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
5a. The Participant's record includes a Behavior Support Plan (BSP) plan based on needs identified in the ISP. (Section 1.7) Required elements to review: (i) A copy of the current BSP is on				**General Comment:** Of the 5 records reviewed, xx contained a Behavioral Support Plan (BSP) plan.		
	P1					
	P2					
	P3					
	P4					
	P5					
5b. Strategies in the IP align with methods in the BSP (as appropriate) (Section 1.7.B.1)				**General Comment:** Of the 5 records reviewed, xxx were in compliance with indicator 5b.		
	P1					
	P2					
	P3					
	P4					
	P5					
5c. There is evidence to indicate the participant may engage in challenging behaviors that may need further assessment. (Section 1.7) Evidence may include:				**General Comment:** Of the 5 records reviewed, xx contained a need for further assessment		
	P1					
	P2					
	P3					
	P4					
	P5					

Total Possible: 2	Y	N	N/A
P1	1	1	0
P2	1	1	0
P3	1	1	0
P4	1	1	0
P5	1	1	0

MAJOR REQUIREMENTS FOCUS AREA: Training and Consultation - Registered Nurse (T&C RN) (Refer to Section 4.18, Training and Consultation, of the Waiver Standards Manual, Current Standards.)						
Provider Agency Name:						
Indicator	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
6a. A Nursing Assessment is completed, based on needs identified in the ISP (Section 1.7.D). Required elements to review (Section 4.18): (i) The Nursing Assessment is completed by an RN. (ii) The Nursing Assessment includes identification of tasks that may be delegated. (iii) The Nursing Assessment includes assessment of the participant's circumstance.				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 1a.		
	P1					
	P2					
	P3					
	P4					
	P5					
There is a Nurse Delegation plan(s) for each nursing task, as identified on the ISP, and each delegatee. Required elements to review: (i) Nurse Delegation plan(s) is signed by the delegating RN and each delegatee.				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 1b.		
	P1					
	P2					
	P3					
	P4					
	P5					
6c. Training and skills verification are performed prior to the start and at least annually thereafter for each delegatee performing nurse delegated tasks.				**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 1c.		
	P1					
	P2					
	P3					

MAJOR REQUIREMENTS						
FOCUS AREA: Training and Consultation - Registered Nurse (T&C RN) (Refer to Section 4.18, Training and Consultation, of the Waiver Standards Manual, Current Standards.)						
Provider Agency Name:						
Indicator	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
Required elements to review: (i) Documentation of training and skills verification includes the delegatee's name(s), date(s) training and skills verification was completed, and the nurse delegated task(s) to be performed.	P4 P5					
6d. A copy of the signed and completed Nurse Delegation Plan(s) must be sent to the CM within fifteen (15) calendar days of completion of the training and skills verification.	P1 P2 P3 P4 P5			**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 1d.		
6e. The delegating RN conducts a quarterly, or more frequent, face-to-face visit with the participant and delegatee(s). Required elements to review: (i) Documentation of the visit(s) includes the date, start and end time, who was present and specific nurse delegated tasks observed.	P1 P2 P3 P4 P5			**General Comment:** Of the 5 records reviewed, xx were in compliance with Indicator 1e.		

Total Possible: 5	Y	N	N/A
P1	5	0	0
P2	5	0	0
P3	5	0	0

Participant Experience Survey						
The Participant Experience Survey is to solicit feedback directly from waiver participants about the services and supports they receive under the Medicaid Home and Community-Based Services (HCBS) waiver program.						
Provider Agency Name: Thrive for Life						
HCBS Requirement(s)	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
7a. Setting was selected by the participant from among setting options, including non-disability specific settings.				**General Comment:** Of the xx participants interviewed, xx were in compliance with the Participant Experience Survey.		
			P1			
			P2			
			P3			
			P4			
			P5			
7b. Setting is integrated in and supports access to the greater community.				**General Comment:** Of the xx participants interviewed, xx were in compliance with the Participant Experience Survey.		
			P1			
			P2			
			P3			
			P4			
			P5			
7c. The setting is physically accessible to participants.				**General Comment:** Of the xx participants interviewed, xx were in compliance with the Participant Experience Survey.		
			P1			
			P2			
			P3			
			P4			
			P5			
7d. Participants have visitors and access to family and friends.				**General Comment:** Of the xx participants interviewed, xx were in compliance with the Participant Experience Survey.		
			P1			
			P2			
			P3			
			P4			
			P5			

Participant Experience Survey						
The Participant Experience Survey is to solicit feedback directly from waiver participants about the services and supports they receive under the Medicaid Home and Community-Based Services (HCBS) waiver program.						
Provider Agency Name: Thrive for Life						
HCBS Requirement(s)	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
7e. Setting ensures the participants' rights of privacy, dignity, respect and freedom from coercion and restraint.				**General Comment:** Of the xx participants interviewed, xx were in compliance with the Participant Experience Survey.		
			P1			
			P2			
			P3			
			P4			
			P5			
7f. 1) Participants have information on their rights and program choices.				**General Comment:** Of the xx participants interviewed, xx were in compliance with the Participant Experience Survey.		
			P1			
2) Setting facilitates participants' choices regarding services and supports and who provides them.			P2			
			P3			
			P4			
			P5			
7g. 1) Participants have the freedom and support to control their program activities and have access to (their) food in the program.				**General Comment:** Of the xx participants interviewed, xx were in compliance with the Participant Experience Survey.		
			P1			
			P2			
			P3			
2) Setting optimizes the participants' initiatives, autonomy, and independence in making life choices.			P4			
			P5			
7h. Participants have access to their resources				**General Comment:** Of the xx participants interviewed, xx were in compliance with the Participant Experience Survey.		
			P1			
			P2			
			P3			
			P4			

Participant Experience Survey						
The Participant Experience Survey is to solicit feedback directly from waiver participants about the services and supports they receive under the Medicaid Home and Community-Based Services (HCBS) waiver program.						
Provider Agency Name: Thrive for Life						
HCBS Requirement(s)	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
			P5			
7i. For ADH participants ONLY: The Interest Inventory is completed prior to the ISP meeting. Information in the Interest Inventory is shared with the participant and circle of support and used for planning and identifying goals and outcomes.				**General Comment:** Of the xx participants interviewed, xx were in compliance with the Participant Experience Survey.		
			P1			
			P2			
			P3			
			P4			
			P5			
7j. For ADH participants ONLY: There is documentation for each participant's Interest Inventory that includes: 1) How the interests were identified; 2) The social valued role(s) chosen by the participant; 3) How the identified social valued role(s) promote positive recognition; 4) Frequency of community engagement with individual who do not have disabilities and who are not paid staff; and 5) How the activity relates to the participant's interests.				**General Comment:** Of the xx participants interviewed, xx were in compliance with the Participant Experience Survey.		
			P1			
			P2			
			P3			
			P4			
			P5			
7k. 1) Setting is located in a building that is also a publically or privately operated setting that provides inpatient institutional treatment.				**General Comment:** Of the xx participants interviewed, xx were in compliance with the Participant Experience Survey.		
			P1			
			P2			
			P3			

Participant Experience Survey						
The Participant Experience Survey is to solicit feedback directly from waiver participants about the services and supports they receive under the Medicaid Home and Community-Based Services (HCBS) waiver program.						
Provider Agency Name: Thrive for Life						
HCBS Requirement(s)	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
2) Setting is located in a building on the grounds of, or immediately adjacent to, a public institution.			P4 P5			
3) Participants in the setting have limited, if any, interaction with broader community						
4) Setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral, and therapeutic services, and/or social and recreation al activities.						
5) Multiple settings co-located and operationally related (i.e., operated and controlled by the same provider): These settings congregate a large number of people with disabilities together and provide for significant shared programming and staff, such that people's ability to interact with the broader community is limited. Depending on the program design, this could include, for example, group homes on the grounds of a private ICF or numerous group homes co-located on a single site or close proximity (multiple units on the same street or a court, for example). This does not include						

Participant Experience Survey						
The Participant Experience Survey is to solicit feedback directly from waiver participants about the services and supports they receive under the Medicaid Home and Community-Based Services (HCBS) waiver program.						
Provider Agency Name: Thrive for Life						
HCBS Requirement(s)	**Y**	**N**	**N/A**	**Findings/Comments**	**Quality Improvement Action**	**Provider Response**
Continuing Care Retirement Community (CCRC) that has independent apartments on site						
Total Possible: 11	Y	N	N/A			
P1	0	0	11			
P2	0	0	11			
P3	0	0	11			
P4	0	0	11			
P5	0	0	11			

Participant Experience Survey						
The Participant Experience Survey is to solicit feedback directly from waiver participants about the services and supports they receive under the Medicaid Home and Community-Based Services (HCBS) waiver program.						
Provider Agency Name:						
	Y	**N**	**N/A**			
Total Possible	**31**	**31**	**31**			
Worksheet Totals						
P1	#REF!	#REF!	#REF!			
P2	#REF!	#REF!	#REF!			
P3	#REF!	#REF!	#REF!			
P4	#REF!	#REF!	#REF!			
P5	#REF!	#REF!	#REF!			
Total Percentages (Total "Y" / (Total Possible - Total N/A))						
P1	#REF!					
P2	#REF!					
P3	#REF!					
P4	#REF!					
P5	#REF!					

Participant Number Key - [Provider's Name]

Name	DDD Identifier	Provider Participant Code
		P1
		P2
		P3
		P4
		P5

APPENDIX 8B: CAP STATUS LETTER FOR SATISFACTORY CAP

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

Telephone: 808-733-2135
Fax: 808-733-9841

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
COMMUNITY RESOURCES BRANCH
3627 KILAUEA AVENUE, ROOM 411
HONOLULU, HAWAII 96816

In reply, please refer to:
File:

[Date]

[Title. First Name Last Name, Position Title]
[Agency Name]
[Address]
[City], Hawaii [Zip]

Dear [Title. Last Name]:

This letter is to inform you of the status of your Corrective Action Plan (CAP) in response to the Department of Health, Developmental Disabilities Division's (DOH/DDD), Quality Assurance Review report dated [date of report sent] for the review period [Month/Year – Month/Year].

We have received and reviewed your Corrective Action Plan on [date of CAP received]. Your CAP for Fiscal Year [Year] is now satisfactory.

Should you have any questions, please the Community Resources Management Section at (808) 733-2133. Thank you very much for your assistance in this process.

Sincerely,

[Name], Supervisor
Community Resources Management Section

c: Jon Fujii, DHS, MQD, HCBS

CAP Status Letter (Satisfactory CAP) rev. 10/2017

APPENDIX 8C: CAP STATUS LETTER FOR UNSATISFACTORY CAP

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
COMMUNITY RESOURCES BRANCH
3627 KILAUEA AVENUE, ROOM 411
HONOLULU, HAWAII 96816

Telephone: 808-733-2135
Fax: 808-733-9841

In reply, please refer to:
File:

[Date]

[Title. First Name Last Name, Position Title]
[Agency Name]
[Address]
[City], Hawaii [Zip]

Dear [Title. Last Name]:

This letter is to inform you of the status of your Corrective Action Plan (CAP) in response to the Department of Health, Developmental Disabilities Division's (DOH/DDD), Quality Assurance Review report dated [date of report sent] for the review period [Month/Year – Month/Year].

We received your Corrective Action Plan on [date CAP received] and need further information/clarification. Please respond in writing to the issues/concerns below by [2 weeks from the date of this letter].

Issues/Concerns:

Please fax your response to (808) 733-9841 or you may mail your response (documents must be de-identified of participant information) to:
Community Resource Management Section
Attn: Revised CAP
3627 Kilauea Avenue, #411
Honolulu, Hawaii 96816

Should you have any questions, please the Community Resources Management Section at (808) 733-2133. Thank you very much for your assistance in this process.

Sincerely,

[Name], Supervisor
Community Resources Management Section

c: Jon Fujii, DHS, MQD, HCBS

CAP Status Letter (Unsatisfactory CAP) rev. 10/2017

APPENDIX 8D: CAP STATUS LETTER WHEN NO CAP RECEIVED

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

Telephone: 808-733-2135
Fax: 808-733-9841

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
COMMUNITY RESOURCES BRANCH
3627 KILAUEA AVENUE, ROOM 411
HONOLULU, HAWAII 96816

In reply, please refer to:
File:

[Date]

[Title. First Name Last Name, Position Title]
[Agency Name]
[Address]
[City], Hawaii [Zip]

Dear [Title. Last Name]:

Re: Second Notice of Corrective Action Plan

This letter is to inform you of the status of your Corrective Action Plan (CAP) in response to the Department of Health, Developmental Disabilities Division's (DOH/DDD), Quality Assurance Review report dated [date of report sent] for the review period [Month/Year – Month/Year].

Your Corrective Action Plan was due on [due date of CAP]. A reminder email was sent to you on [date of reminder email] by CRMS regarding the submission of your CAP. As of today, we have not received your CAP. Another copy of the Quality Assurance Review report is attached. Please complete the "Provider Response" column and submit it by [two weeks from the date of this letter]. Failure to submit your CAP in response to this Second Notice may result in an Accountability Plan (*see Medicaid Waiver Standards Manual B-3, Section 2.10 Accountability and Sanctions*).

Should you have any questions, please the Community Resources Management Section at (808) 733-2133. Thank you very much for your assistance in this process.

Sincerely,

[Name], Supervisor
Community Resources Management Section

c: Jon Fujii, DHS, MQD, HCBS

CAP Status Letter (No CAP Received) rev. 10/2017

APPENDIX 8E: CAP STATUS LETTER FOR SATISFACTORY REVISED CAP

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
COMMUNITY RESOURCES BRANCH
3627 KILAUEA AVENUE, ROOM 411
HONOLULU, HAWAII 96816

Telephone: 808-733-2135
Fax: 808-733-9841

In reply, please refer to:
File:

[Date]

[Title. First Name Last Name, Position Title]
[Agency Name]
[Address]
[City], Hawaii [Zip]

Dear [Title. Last Name]:

This letter is to inform you of the status of your Corrective Action Plan (CAP) in response to the Department of Health, Developmental Disabilities Division's (DOH/DDD), Quality Assurance Review report dated [date of report sent] for the review period [Month/Year – Month/Year].

We received your Corrective Action Plan on [date of CAP received] and reviewed the additional information/clarification you submitted to address our issues/concerns with your CAP. Your CAP for Fiscal Year 2020 is now satisfactory.

Should you have any questions, please the Community Resources Management Section at (808) 733-2133. Thank you very much for your assistance in this process.

Sincerely,

[Name], Supervisor
Community Resources Management Section

c: Jon Fujii, DHS, MQD, HCBS

CAP Status Letter (Satisfactory Revised CAP) rev. 10/2017

APPENDIX 8F: SANCTION NOTICE 1 WHEN NO CAP RECEIVED

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

Telephone: 808-733-2135
Fax: 808-733-9841

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
COMMUNITY RESOURCES BRANCH
3627 KILAUEA AVENUE, ROOM 411
HONOLULU, HAWAII 96816

In reply, please refer to:
File:

[Date]

[Title. First Name Last Name, Position Title]
[Agency Name]
[Address]
[City], ~~Hawaii~~ [Zip]

Dear [Title. Last Name]:

FIRST NOTICE: of Non-Compliance with the Medicaid Waiver Provider Standards Manual

The Department of Health (DOH), Developmental Disabilities Division (DDD), is issuing this notice of non-compliance to your agency due to the following outstanding issues/concerns:

Subject: [FY __ CAP]
Date of Correspondence: [date of original Results Letter]
Days Overdue: [# of days]
Date Notified: [date of letter]
Final Due Date: [2 weeks from this letter]

Please find attached documents regarding these issues. Your agency must come into compliance by the final due date listed above. If you cannot come into compliance by the final due date listed above, please contact the Community Resource Management Section by [1 week from this letter].

Please review the Medicaid Waiver Provider Standards Manual, which states:

2.10 Accountability and Sanctions

B. Sanctions

The Provider may be subject to sanctions based on a determination by DOH-DDD in consultation with DHS-MQD. DOH_DDD will assess the safety and well-being of the participants and the Provider's ability to provide services per the ISP and IP. Sanctions may include, but not limited to:

1. DOH-DDD will initiate action to ensure the health, safety and well-being of the participants.

2. *Heightened monitoring by DOH-DDD including a larger sample and/or more frequent scheduled or unannounced monitoring visits.*

3. *Suspension to admit new participants for services.*

4. *Termination of the Medicaid Provider Agreement. This sanction must be approved in advance by DHS-MQD and the letter of termination will be issued by DHS-MQD.*

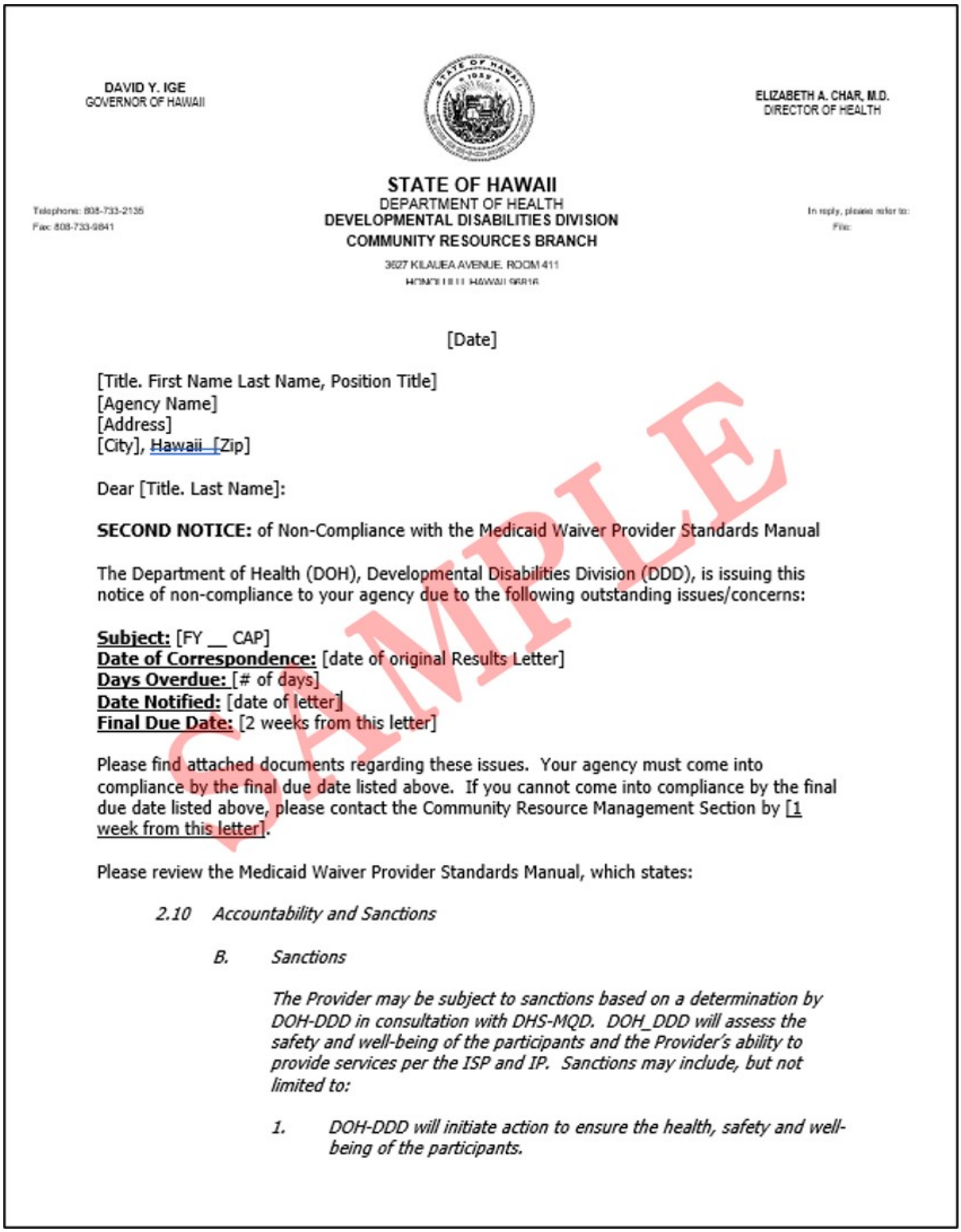
Should you have any questions, please call the Community Resource Management Section at (808) 733-2133. Thank you for your immediate attention to this notice.

Sincerely,

Eden Watabayashi *for Jennifer La'a, Branch Chief*
Community Resources Management Section

EW:pk
c: Mary Brogan, DDD Administrator
Jon Fujii, DHS, MQD, HCBS

APPENDIX 8G: SANCTION NOTICE 2 WHEN NO CAP RECEIVED



DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

Telephone: 808-733-2135
Fax: 808-733-9841

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
COMMUNITY RESOURCES BRANCH
3627 KILAUEA AVENUE, ROOM 411
HONOLULU, HAWAII 96816

In reply, please refer to:
File:

[Date]

[Title. First Name Last Name, Position Title]
[Agency Name]
[Address]
[City], Hawaii [Zip]

Dear [Title. Last Name]:

SECOND NOTICE: of Non-Compliance with the Medicaid Waiver Provider Standards Manual

The Department of Health (DOH), Developmental Disabilities Division (DDD), is issuing this notice of non-compliance to your agency due to the following outstanding issues/concerns:

Subject: [FY __ CAP]
Date of Correspondence: [date of original Results Letter]
Days Overdue: [# of days]
Date Notified: [date of letter]
Final Due Date: [2 weeks from this letter]

Please find attached documents regarding these issues. Your agency must come into compliance by the final due date listed above. If you cannot come into compliance by the final due date listed above, please contact the Community Resource Management Section by [1 week from this letter].

Please review the Medicaid Waiver Provider Standards Manual, which states:

2.10 Accountability and Sanctions

B. Sanctions

The Provider may be subject to sanctions based on a determination by DOH-DDD in consultation with DHS-MQD. DOH_DDD will assess the safety and well-being of the participants and the Provider's ability to provide services per the ISP and IP. Sanctions may include, but not limited to:

1. DOH-DDD will initiate action to ensure the health, safety and well-being of the participants.

[Title. First Name Last Name, Position Title]
[Agency Name]
[Date]
Page 2

2. *Heightened monitoring by DOH-DDD including a larger sample and/or more frequent scheduled or unannounced monitoring visits.*

3. *Suspension to admit new participants for services.*

4. *Termination of the Medicaid Provider Agreement. This sanction must be approved in advance by DHS-MQD and the letter of termination will be issued by DHS-MQD.*

Should you have any questions, please call the Community Resource Management Section at (808) 733-2133. Thank you for your immediate attention to this notice.

Sincerely,

Eden Watabayashi *for Jennifer La'a, Branch Chief*
Community Resources Management Section

EW:nk
c: Mary Brogan, DDD Administrator
Jon Fujii, DHS, MQD, HCBS

APPENDIX 8H: ON-SITE AUDIT NOTIFICATION LETTER

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

In reply, please refer to:
File:

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
P. O. BOX 3378
HONOLULU, HI 96801-3378
TELEPHONE: (808) 586-5840
FAX NUMBER: (808) 733-9182

[Date of Letter]

[Title. First Name Last Name], [Position Title]
[Company Name]
[Street Address]
[City, State Zip Code]

Dear [Title. Last Name]:

This letter is to inform you that the Developmental Disabilities Division (DDD) will be conducting a fiscal audit of your agency in accordance with the DDD Waiver Provider Standards Manual. The DDD Fiscal Staff will be at your agency on [Date] by 10:00 am.

For this fiscal audit, we will be evaluating Fiscal Records for the following dates:

- **[Month/Year – Month/Year]**

Specifically, DDD will be reviewing the following documents:

- Individualized Service Plan (ISP) – The Provider must have an approved ISP which covers the entire fiscal audit period. More than one ISP may be needed.

- Participant Attendance Log – The Provider must have a participant's attendance log to substantiate the billed claims. Each participant's attendance log must contain the following:
  1. Participant name
  2. Date(s) of service provided
  3. Time of service provided (Start time and End time)
  4. Type and level of service (ex: ADH Tier 1)
  5. Staff to participant ratio
  6. Name and signature of direct support worker delivering the service
  7. Name and signature of service supervisor verifying the service and information above

1a. On-Site Audit Notification Letter rev. 06/2021

[Title. First Name Last Name]
[Company Name]
[Date of Letter]
Page 2

Please refer to the Waiver Standards Manual 3.7 A for more information on the required documentation. The fiscal audit checklist included may be utilized to prepare the required documentation.

Please provide the name and telephone number of a contact person for the audit, as well as a secured email address to DOH.DDDFiscalAudit@doh.hawaii.gov prior to the audit date.

The DDD Fiscal Section will contact your agency on the morning of the scheduled audit date via telephone to confirm the contact person is ready to receive the audit list of participants. The DDD Fiscal Section will then send an encrypted email with the names of the participants whose records are being audited to your agency's designated contact person.

Your agency will have until 3:00 pm to produce copies of the required documentation to the Fiscal Auditor at your agency's site on the day of the fiscal audit.

Should you have any questions, please email DOH.DDDFiscalAudit@doh.hawaii.gov. Thank you very much for your assistance in this process.

Sincerely,

Mary Brogan, Administrator
Developmental Disabilities Division

Attachment: Fiscal Audit Checklist

c: Jon Fujii, DHS, MQD, HCBS

1a. On-Site Audit Notification Letter rev. 06/2021

APPENDIX 8I: DESK AUDIT NOTIFICATION LETTER

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

In reply, please refer to:
File:

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
P. O. BOX 3378
HONOLULU, HI 96801-3378
TELEPHONE: (808) 586-5840
FAX NUMBER: (808) 733-9182

[Date of Letter]

[Title. First Name Last Name], [Position Title]
[Company Name]
[Street Address]
[City, State Zip Code]

Dear [Title. Last Name]:

This letter is to inform you that the Developmental Disabilities Division (DDD) will be conducting a fiscal audit of your agency in accordance with the DDD Waiver Provider Standards Manual. This will be a mail in fiscal audit.

Please have all documents photocopied and delivered (via USPS, drop off or pick up), faxed or sent through encrypted electronic file to our office by [Date].

Hawaii State Department of Health
Developmental Disabilities Division – Fiscal Section
3627 Kilauea Avenue, Room 104
Honolulu, HI 96816
Fax: (808) 733-9182
Email: DOH.DDDFiscalAudit@doh.hawaii.gov

For this fiscal audit, we will be evaluating Fiscal Records for the following dates:

- [Month/Year – Month/Year]

Specifically, DDD will be reviewing the following documents:

- Individualized Service Plan (ISP) – The Provider must have an approved ISP which covers the entire fiscal audit period. More than one ISP may be needed.

- Participant Attendance Log – The Provider must have a participant's attendance log to substantiate the billed claims. Each participant's attendance log must contain the following:
  1. Participant name
  2. Date(s) of service provided
  3. Time of service provided (Start time and End time)

1b. Desk Audit Notification Letter rev 06/2021

4. Type and level of service (ex: ADH Tier 1)
5. Staff to participant ratio
6. Name and signature of direct support worker delivering the service
7. Name and signature of service supervisor verifying the service and information above

Please refer to the Waiver Standards Manual 3.7 A for more information on the required documentation. The fiscal audit checklist included may be utilized to prepare the required documentation.

Please provide the name and telephone number of a contact person for the audit, as well as a secured email address to DOH.DDDFiscalAudit@doh.hawaii.gov prior to the audit date.

The DDD Fiscal Section will contact your agency on the morning of the audit date via telephone to confirm the contact person is ready to receive the audit list of participants. The DDD Fiscal Section will then send an encrypted email with the names of the participants whose records are being audited to your agency's designated contact person.

A copy of the required documents must be submitted to the DDD Fiscal Section by 3:00 pm via encrypted email (DOH.DDDFiscalAudit@doh.hawaii.gov), or fax. If a copy of the required documents is mailed, it must be postmarked on or before the audit date.

Should you have any questions, please email DOH.DDDFiscalAudit@doh.hawaii.gov. Thank you very much for your assistance in this process.

Sincerely,

Mary Brogan, Administrator
Developmental Disabilities Division

Attachment: Fiscal Audit Checklist

c: Jon Fujii, DHS, MQD, HCBS

APPENDIX 8J: FISCAL AUDIT CHECKLIST

Department of Health
Developmental Disabilities Division
Fiscal Audit Checklist

Provider Name: _____ Participant Name:_____

Fiscal Audit Date:_____ Fiscal Audit Period:_____

Waiver Service:_____ Direct Support Worker: _____

Please utilize the following checklist to ensure sufficient documentation is presented and ready for inspection by the DDD Fiscal Section. (Please refer to the Waiver Standards Manual - 3.7 Fiscal Accountability for documentation requirements.) Copies of all supporting documents must be submitted to the DDD Fiscal Section by 3:00 pm on the day of the fiscal audit.

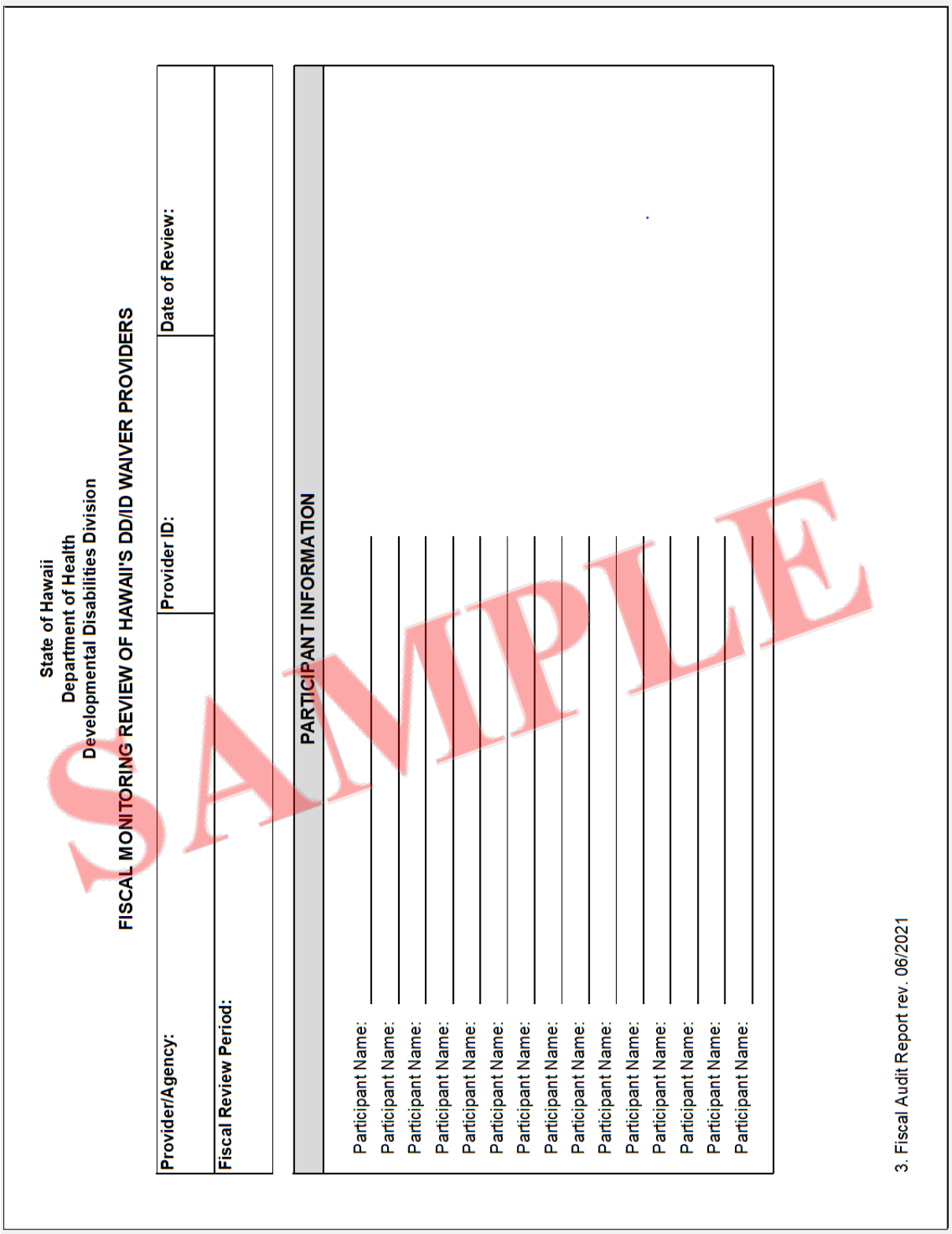
1.0	**Individualized Service Plan (ISP) (ISP must cover the fiscal audit period. More than one ISP may be needed.)**	
1.1	❑	Participant Name
1.2	❑	Authorized Service(s), Level, Ratio, and Units
1.3	❑	Authorized Start and End Date of Waiver Service(s)
2.0	**Participant Attendance Log (Service documentation must contain seven (7) data elements.)**	
2.1	❑	Participant Name
2.2	❑	Date(s) of Service Provided
2.3	❑	Time of Service Provided (Start time and End time)
2.4	❑	Type and Level of Service
2.5	❑	Staff to Participant Ratio
2.5	❑	Name and Signature of Direct Support Worker
2.7	❑	Name and Signature of Service Supervisor

I certify the information provided is accurate and correct to the best of my knowledge.

Provider Staff Signature Print Name Title Date

2. Fiscal Audit Checklist rev. 06/2021

APPENDIX 8K: FISCAL AUDIT REPORT



State of Hawaii
Department of Health
Developmental Disabilities Division

FISCAL MONITORING REVIEW OF HAWAII'S DD/ID WAIVER PROVIDERS

Provider/Agency:	Provider ID:	Date of Review:
Fiscal Review Period:		

PARTICIPANT INFORMATION

Participant Name:
Participant Name:
Participant Name:
Participant Name:
Participant Name:
Participant Name:
Participant Name:
Participant Name:
Participant Name:
Participant Name:
Participant Name:
Participant Name:
Participant Name:
Participant Name:
Participant Name:

3. Fiscal Audit Report rev. 06/2021

State of Hawaii
Department of Health
Developmental Disabilities Division

FISCAL MONITORING REVIEW OF HAWAII'S DD/ID WAIVER PROVIDERS

SERVICE VERIFICATION OF UNITS BILLED											
Client Initials	Service Code	Service Description	Review Period	Service Rate	Service Authorized	Units Billed	Units Verified after Audit	Variance	Overpayment		Service Score %
								0	$ -		#DIV/0!
								0	$ -		#DIV/0!
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								0	$ -		#DIV/0!
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3. Fiscal Audit Results rev. 06/2021

APPENDIX 8L: INITIAL AUDIT RESULTS LETTER

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

In reply, please refer to:
File:

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
P. O. BOX 3378
HONOLULU, HI 96801-3378
TELEPHONE: (808) 586-5840
FAX NUMBER: (808) 733-9182

[Date of Letter]

[Title. First Name Last Name], [Position Title]
[Company Name]
[Street Address]
[City, State Zip Code]

RE: Notice of Fiscal Audit Results

☐ Initial Audit ☐ Follow-Up Audit

Dear [Title. Last Name]:

Attached are the findings of the Department of Health, Developmental Disabilities Division (DDD) fiscal audit for the §1915(c) Home and Community-Based Services (HCBS) Waiver for Individuals with Intellectual and Developmental Disabilities (I/DD). The audit was conducted on [Date of Audit].

Fiscal Audit Results:

Audit Score	Compliance Rating		Recoupment	
[Enter score here]	☐	Fully Compliant	☐	No
	☐	Substantially Compliant	☐	Yes. Please see attached Recoupment Letter.
	☐	Not Compliant		

Providers scoring below 86% are required to review the "DDD Fiscal Audit – Provider Training" posted on the DOH/DDD website and must submit a Corrective Action Plan (CAP) within fourteen (14) calendar days from the date of this letter to DDD Fiscal Section. There will be one (1) follow-up audit to be conducted approximately six (6) months after the initial audit date to ensure that a CAP is implemented, and issues identified in the CAP are corrected.

4a. Initial Audit Results Letter rev. 06/2021

Please send CAP by mail, fax, or email to:

Department of Health
Development Disabilities Division
Fiscal Section
3627 Kilauea Avenue, Room104
Honolulu, HI 96816
Fax: (808) 733-9182
Email: DOH.DDDFiscalAudit@doh.hawaii.gov

Thank you for your cooperation and assistance in complying with the §1915(c) HCBS Waiver for I/DD financial accountability requirements. Please feel free to contact Mr. Nigel Yung, Fiscal Section Supervisor at phone (808) 733-9194 or email DOH.DDDFiscalAudit@doh.hawaii.gov, should you have any questions.

Sincerely,

Sayuri Sugimoto
Administrative Officer

SS:NY:ke
Enclosures

c: Mary Brogan, Administrator, DDD
Sandra Kakugawa, Branch Chief, Case Management Branch, DDD
Jennifer La'a, Branch Chief, Community Resources Branch, DDD
Nigel Yung, Fiscal Section Supervisor, DDD
Jon Fujii, DHS, Med Quest Division
Linda D. Barut, Provider Field Representative, Conduent

APPENDIX 8M: REVIEW OF INFORMAL APPEAL LETTER

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

In reply, please refer to:
File:

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
P. O. BOX 3378
HONOLULU, HI 96801-3378
TELEPHONE: (808) 586-5840
FAX NUMBER: (808) 733-9182

[Date of Letter]

[Title. First Name Last Name], [Position Title]
[Company Name]
[Street Address]
[City, State Zip Code]

RE: Review of Informal Appeal Request

Dear [Title. Last Name]:

This letter is to inform you that we received and reviewed the documents you submitted with your informal appeal request in response to the Department of Health, Developmental Disabilities Division (DDD) Fiscal Audit results letter dated [letter dated] for the review period [review period].

☐ The additional supporting documents submitted **met** the service documentation requirements. Recoupment amount has been adjusted.

☐ The additional supporting documents submitted **did not meet** the service documentation requirements. Recoupment amount remains the same.

Thank you for your cooperation and assistance in complying with the §1915(c) HCBS Waiver for I/DD financial accountability requirements. Please feel free to contact Mr. Nigel Yung, Fiscal Section Supervisor at phone (808) 733-9194 or email DOH.DDDFiscalAudit@doh.hawaii.gov, should you have any questions.

Sincerely,

Sayuri Sugimoto
Administrative Officer

SS:NY:ke
Enclosures

4b. Review of Informal Appeal Letter rev. 06/2021

c: Mary Brogan, Administrator, DDD
Sandra Kakugawa, Branch Chief, Case Management Branch, DDD
Jennifer La'a, Branch Chief, Community Resources Branch, DDD
Nigel Yung, Fiscal Section Supervisor, DDD
Jon Fujii, DHS, Med Quest Division
Linda D. Barut, Provider Field Representative, Conduent

APPENDIX 8N: RECOUPMENT LETTER

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

In reply, please refer to:
File:

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
P. O. BOX 3378
HONOLULU, HI 96801-3378
TELEPHONE: (808) 586-5840
FAX NUMBER: (808) 733-9182

[Date of Letter]

Certified/Return Receipt
[Tracking Number]

[Title. First Name Last Name], [Position Title]
[Company Name]
[Street Address]
[City, State Zip Code]

RE: Notice of Recoupment Regarding Initial Fiscal Audit

Dear [Title. Last Name]:

The results of the Department of Health, Developmental Disabilities Division (DDD) fiscal audit for the §1915(c) Home and Community-Based Services (HCBS) Waiver for Individuals with Intellectual and Developmental Disabilities (I/DD), originally conducted on [Date of Audit] for the fiscal audit period [review period], identified the following overpayment for your agency:

Name	Provider PIN	Medicaid ID	Dates	HCPC/CPT Code and Modifiers	Rate	Units approved by DOH	Units Billed by Provider	Units Approved after Audit	Overpayment
Total									

The overpayment will be recovered through Conduent, the Fiscal Agent for Hawaii's Medicaid Program from your future claim(s) payment.

5. Recoupment Letter rev. 06/2021

If you believe the overpayment findings are in error, you may appeal the decision. Please refer to the Waiver Standards Manual 3.7 B. 5 and 6 for instructions to file an appeal.

Thank you for your cooperation and assistance in complying with the §1915(c) HCBS Waiver for I/DD financial accountability requirements. Please feel free to contact Mr. Nigel Yung, Fiscal Section Supervisor at phone (808) 733-9194 or email DOH.DDDFiscalAudit@doh.hawaii.gov, should you have any questions.

Sincerely,

Sayuri Sugimoto
Administrative Officer

SS:NY:ke

Enclosures

c: Mary Brogan, Administrator, DDD
Sandra Kakugawa, Branch Chief, Case Management Branch, DDD
Jennifer La'a, Branch Chief, Community Resources Branch, DDD
Nigel Yung, Fiscal Section Supervisor, DDD
Jon Fujii, DHS, Med Quest Division
Linda D. Barut, Provider Field Representative, Conduent

APPENDIX 9:
ADULT DAY HEALTH RESOURCES

APPENDIX 9A: INTEREST INVENTORY

NOTE:

For a copy of the *Interest Inventory* form, please go to the weblink provided below:

http://health.hawaii.gov/ddd/files/2017/11/Interest-Checklist.pdf

APPENDIX 9B: LEVELS OF COMMUNITY INTERACTION

Levels of Community Interaction

Intentionally Building Relationships

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Too many of our participants spend their lives like this.	Shopping at the same stores, getting hair cut at the same shop, going to the same bank, eating at a restaurant on the same day every week. These people are service providers and are PAID to be nice to you.	Regular Passive Contact can create an opportunity to become Cooperative Interactions if two things occur. 1) the person is viewed in a positive light, for example has a social valued role and 2) Has help facilitating the "ASK" through pre-teaching, modeling, scripting.	Cooperative Interactions create an opportunity to become Extended Relationships. When two people who **frequently** makes plans to spend time together it creates an Extended Relationship.	These are the people that hug us and we hug back.
No contact with non-disabled peers People who live in agency-owned housing grouped with others with disabilities and go to segregated day programs or sheltered workshops specifically for people with disabilities.	**Passive Contact** People you may greet in passing, or who wait on you in stores, or who you see on a regular basis. You recognize their face and not even know their name. We all have many of these people in our lives.	**Incidental Interaction** People who you know and see in certain places and usually **only in those places**. It's the people you exercise at the gym with or see in church, or at volunteer jobs. You know their names, you see them regularly, but only if you happen to show up at the same place at the same time.	**Cooperative Interaction** This level of interaction describes our friends. These are freely given relationships and include people with whom you "make plans". You usually share more than one interest with them and you are familiar with personal details of their lives including where they live, their families, and their work /hobbies.	**Extended Relationships** People who love you and whom you love. It also may include your very close friends.

https://health.hawaii.gov/ddd/files/2018/06/9B-Levels-of-Community-Interaction.pdf

APPENDIX 10:
DISCOVERY & CAREER PLANNING RESOURCES

APPENDIX 10A: DISCOVERY & CAREER PLANNING PATHWAY

Operational Guidelines: Any newly approved DCP providers must be in full compliance with the CMS HCBS Settings Final Rule and be able to demonstrate the provision of services in fully integrated community settings. For settings that were operating prior to July 1, 2016, the setting must be in compliance or working toward compliance as part of the **My Choice My Way** state transition plan.

All waiver employment services are designed to result in competitive integrated employment; therefore, these services must not include employment under a 14(c) sub-minimum wage certificate program.

Step 1 – *Initial Meeting*: ISP meeting with CM to write a Discovery and Career Planning goals.

- ***Provide Social Security Information***: Provide the Benefits Planning Query information to the job seeker and support if applicable, and encourage them to contact Social Security and request their BPQY as soon as possible.

https://www.ssa.gov/disabilityresearch/documents/BPQY_Handbook_Version%205.2_7.19.2012.pdf

- **Select a Provider and make an Appointment**: Provide the job seeker with a list of Benefits Counseling Providers and ask who they would like to complete their Benefits and Work Incentives Counseling Session with.
- **Provide an outline of Discovery Process and Career Planning:** Explain Discovery and Career Planning and how it will be delivered by your agency. (Include any additional Agency Specific information at this time.)
- **Schedule Next Steps:** Schedule initial home and neighborhood visit.

Step 2 – Begin Documentation: Complete identification information on the Profile I Interview/Intake General Information form before home visit.

Step 3 - *Confirm Correct Information*: During the home visit confirm that the information on the *Profile I Interview/Intake General Information form* is accurate.

- **Home Visit:** The goal of the home visit is to learn as much about the job seeker as possible in the place he/she is most comfortable. Spending time with the job seeker is the best way to get the information you need to assist the job seeker with creating a career plan that encompasses a pathway to successful employment.
- **Home Interview:** In addition to observing the job seeker in his/her home, begin interviewing family members and natural supports to complete Profile I and begin working on Profile II

- **Who**: Ask the job seeker and supports to Identify three to five people who know the job seeker well that would agree to being interviewed. (Coaches, past teachers, neighbors, club members)

Note: This meeting is not to judge how someone lives, but to discover clues about the strengths and preferences of the job seeker. This meeting may last up to 2 hours.

Step 4 - ***Get to know the job seeker:*** to create a complete picture of the job seeker, interview people who know the job seeker well to help gather information on the following categories.

- Background, Routines, Home life, Education, Employment history, Daily skills/chores,
- Transportation, Leisure activities at home and community, Acquired skills, Social Collateral
- Hobbies, Barriers, Self-Assessment

Step 5 - *Neighborhood Observation:* Complete a neighborhood observation documenting local businesses and resources.

Step 6 - *Mobility Training*: Begin Mobility Training to use a fixed route and/or paratransit public transportation as independently as possible.(Incorporate personal safety using transportation)

Step 7 - *Financial Information*: Review the results of the job seeker's benefits counseling report and have him/her identify how many hours per week they would like to work and how much money per hour they would like to earn.

Step 8 - *Community Observation:* Observe the job seeker in community activities and identify community members he/she interacts with. For example, Special Olympics, Religious Activities, or volunteering.

Step 9 - *Identify Conditions for Success*: Based on the job seekers **interest,** identify a few unfamiliar activity which they haven't tried before or visit places they haven't gone before and participate in this activity with them. Observe the job seeker to obtain more information about support needs, reactions, attention to natural cues etc.

Step 10 – *Task Analysis:* Identify and complete assessments that will define the job seekers skill level in the interests that this process has identified. For example, if the previous interviews and observations identify that the job seeker is interested in clerical work, assist him/her by conducting assessments in that area. Can he/she type, answer multi-line phone system, use computer programs, file information correctly, do they pay attention to detail? *Document all assessment outcomes in Profile III*

Step 11 – *Home Visit*: Return to the job seeker's home for additional information, unstructured conversations, observations and further interviews if needed.

Step 12 – *Complete Profile III:* Share the completed Profile II and III with the job seeker and family and ask for any corrections or clarifications.

Step 13 – *Vocational Themes:* After reviewing the three profiles from the discovery and career planning process identify three emerging themes that meld the tasks, interests, talents and skills of the individual.(These are not job descriptions or business ideas.)

For example: 1) Music 2) Sports 3) Crafts

Step 14 – Discovery Community/Family Meeting

- Ask the job seeker to invite family members, neighbors and friends that know him/her well to their meeting at the venue of their choice.
- Explain to the attendees what has been "Discovered" while the job seeker has been going through this process. Be sure to include, "Activities that have been completed (where you went and what you learned, Tasks preferred, Interests, Skills, Personal Attributes and desired Conditions and Work Culture.)
- Ask members of the audience to help fill in the boxes with information they know from their personal experience knowing the job seeker. Keep the poster up to refer back to from time to time.

Step 15 – ***Vocational Theme Application:*** While at the meeting ask the members to help identify twenty (20) places for each theme where people with similar themes work in their desired commute area.

Example:

Theme 1: Music
1. Easy Music Center
2. The Republik
3. The Blaisdell Center

Theme 2: Sports
1. Bike Factory Sports Shop
2. Hustle Basketball Club
3. Kidz Art Hawaii

Theme 3: Crafts
4. Ben Franklin Crafts
5. Clay Café Hawaii
6. Kidz Art Hawaii

For example, someone who has a vocational theme of Sports will have a mixture of the following: local sporting goods stores, sports education facilities, bowling alley, sports performance locations, local gym, place where sports equipment is manufactured etc. *NOTE: It is best if the list doesn't contain the same kind of businesses, for example 20 retail shops that sell sportswear.*

Step 16 – Community Connections

Document the names of the attendees, their contact information and where they work. This is the beginning of a network that may be beneficial throughout this process.

APPENDIX 10B: BENEFIT COUNSELING PROFILE

NOTE:

For a copy of *Benefit Counseling Profile*, please go to the weblink provided below:

https://health.hawaii.gov/ddd/files/2018/06/10B-Benefit-Counseling-Profile.pdf

APPENDIX 11:
RESPONSIBILITIES

APPENDIX 11A: STATE MEDICAID AGENCY RESPONSIBILITIES

1. Submit the Medicaid I/DD Waiver applications and amendments to the Centers for Medicare and Medicaid Services (CMS); serve as the liaison between the DOH-DDD and CMS.
2. Certify initial intermediate care facility for individuals with intellectual disabilities (ICF/IID) level of care for applicants applying for the Medicaid I/DD Waiver prior to their admission.
3. Verify or determine Medicaid eligibility of applicants applying for services from the Medicaid I/DD Waiver prior to admission.
4. Maintain a participant and fiscal information system capturing waiver service expenditures and related participant data for the Medicaid I/DD Waiver according to federal requirements.
5. Submit an annual 372 report to CMS; monitor the number of participants served by the Medicaid I/DD Waiver as well as the average per capita costs and total cost-neutrality expenditure ceilings approved by CMS.
6. Oversee DOH-DDD's quality assurance program including the compliance reviews of all Medicaid I/DD Waiver providers. Report to CMS the summary of results on a regular basis.
7. Cooperate with CMS during reviews of the Medicaid I/DD Waiver; compile fiscal records and other Medicaid I/DD Waiver data and provide these records to CMS upon request.
8. Support DOH-DDD billing efforts by:
    a. Processing and maintaining Medicaid I/DD Waiver provider agreements with each provider deemed qualified by DOH-DDD to serve participants in the Medicaid I/DD Waiver;
    b. Maintaining the DHS Hawaii Prepaid Medicaid Management Information System (HPMMIS) information on providers, authorized services, and rates, and providing information to DOH-DDD on a timely basis.
9. Conduct fair hearings to ensure due process to Medicaid I/DD Waiver participants and providers.
10. Develop and oversee the state transition plan for the Home and Community Based Services Community Integration final rule. Hawaii's state transition plan is titled My Choice My Way.

APPENDIX 11B: STATE OPERATING AGENCY RESPONSIBILITIES

1. Certify annually the ICF/IID level of care for Medicaid I/DD Waiver participants.
2. Provide targeted case management services to Medicaid I/DD Waiver participants, including assessment, ISP development, needs identification, service authorization, ongoing monitoring and service coordination.
3. Promote freedom of choice for Medicaid I/DD Waiver participants by informing them of feasible alternatives for choice of providers and waiver services, as well as the choice of institutional versus Medicaid I/DD Waiver services.
4. Provide the State match funds from general fund budget appropriations for the Medicaid I/DD Waiver as is available within the DOH-DDD budget in accordance with Chapter 333F, Hawaii Revised Statutes (HRS).
5. Serve as the lead in developing and drafting of the Medicaid I/DD Waiver application renewal and amendments, including service definitions, service standards, program's P&P, guidelines, and criteria for rate setting; collaborate with DHS-MQD and stakeholder groups (i.e., persons with developmental and intellectual disabilities, self-advocates, families, providers and other interested individuals or groups).
6. Determine eligibility for applicants seeking services under the Medicaid I/DD Waiver that is consistent with Chapter 333F, HRS.
7. Provide consultation to DHS-MQD on services, programs, and best practices for services and supports for persons with I/DD and provide consultation to DHS-MQD on related costs as needed.
8. Provide orientation to prospective providers of Medicaid I/DD Waiver services, review new provider applications, proposals from approved providers to expand its service array, and recommend providers to DHS-MQD for authorization to provide services under a Medicaid Provider Agreement.
9. Provide technical assistance to Medicaid I/DD Waiver providers to ensure these providers render services in accordance with the Medicaid Waiver Standards Manual (as provided in Section 3: Service-Specific Performance Standards) as well as best practices that are recognized at the federal and state levels for HCBS and community integration.
10. Communicate and coordinate with DHS-MQD, QUEST Integration health plans, and others to ensure participants have access to needed services and if necessary, to transition seamlessly from one service system to another.
11. Cooperate and support activities to recover any overpayments or inappropriate payments from Medicaid I/DD Waiver providers:
    a. Cooperate and assist the DHS-MQD Fraud Unit by providing requested information;
    b. Monitor Medicaid I/DD Waiver providers for potential fraud or abuse and report any suspected fraudulent activity to DHS-MQD and the Department of Attorney General, Medicaid Fraud Control Unit within thirty (30) calendar days of discovery.
12. Review all complaints and Adverse Event Reports (AER) and maintain a database of all reports; respond to complaints and reports as needed; refer problems that require review and/or possible action to the Department of Attorney General.

13. Conduct quality assurance reviews of Medicaid I/DD Waiver participants and providers to ensure compliance with the CMS performance measures; submit reports to DHS-MQD as scheduled.
14. Cooperate with DHS-MQD in the performance of investigations, audits, quality assurance reviews of providers and CMS requests.
15. Collaborate with DHS-MQD, the My Choice My Way Advisory Group, providers and stakeholders to achieve and maintain compliance with the Home and Community Based Services Community Integration final rule. This includes completion of validation of all Medicaid I/DD Waiver settings that are identified by DHS-MQD as needing remediation to come into compliance; providing training and technical assistance to providers to develop their corrective action plans and remediation milestones; and monitoring provider progress toward achieving and maintaining compliance.

APPENDIX 11C: WAIVER PROVIDER RESPONSIBILITIES

1. Adhere to all Provider Agreement and attachments, Medicaid I/DD Waiver Standards, applicable federal, state and local laws, rules, and regulations.
2. Deliver services in accordance with the Medicaid I/DD Waiver Standards.
3. Complete Corrective Action Plans or other remediation requirements within the specified timeframes, including ***My Choice My Way*** state transition plan requirements.
4. Promote freedom of choice of providers by Medicaid I/DD Waiver participants
5. Assist with transition if participant chooses a different provider upon request of the Case Manager, with releases of information.
6. Perform training and other activities that develop a highly skilled workforce.
7. Stay current on national best practices for services and supports for persons with I/DD.
8. Maintain financial and service delivery records in accordance with Waiver Standards and state and federal laws and regulations.
9. Cooperate with activities to recover any overpayments or inappropriate payments as determined by DOH-DDD or DHS-MQD
10. Respond to inquiries by DOH-DDD or DHS-MQD within two (2) business days.
11. Cooperate with DOH-DDD or DHS-MQD for investigations, audits, and quality assurance reviews, including providing all documentation or records requested.

APPENDIX 12:
I/DD WAIVER SERVICES AND SCHEDULE OF RATES
PENDING

APPENDIX 13:
HYPERLINKS TO HAWAII ADMINISTRATIVE RULES (HAR)

HYPERLINKS TO HAWAII ADMINISTRATIVE RULES (HAR)

HAR Title 11 Department of Health Chapter 148
"Certification of Adult Foster Homes"
http://health.hawaii.gov/opppd/files/2015/06/11-148.pdf

HAR Title 11 Department of Health Chapter 100.1
"Adult Residential Care Homes"
http://health.hawaii.gov/opppd/files/2015/06/11-100.1.pdf

HAR Title 11 Department of Health Chapter 89
"Developmental Disabilities Domiciliary Homes"
http://health.hawaii.gov/opppd/files/2015/06/11-89.pdf

HAR Title 11 Department of Health Chapter 98
"Special Treatment Facility"
http://health.hawaii.gov/opppd/files/2015/06/11-98.pdf