

Waiver Amendment #1 Video Transcript

[Abigail George, DDD Training Unit]

Mary Brogan. Mary, take it away.

[Mary Brogan, State of Hawaii, DOH-DDD Administrator]

Good afternoon everybody and thank you so much for joining us. It feels like it's been a while since we've talked with everybody in person like this, well kind of in person, but via Zoom and today's presentation really represents one of the more, simple, Waiver Amendments that we've done over the years and really focuses on three areas--and two of which are more substantive than the last one and so to respond to the rising costs of providing vehicle modification services we did an adjustment in the Waiver to that. As well as, the next one would be to allow the use of Personal Assistance in acute hospital settings and that was largely because it was made a permanent fixture under the American Cares Act and during the pandemic it became obvious that this was a need for people in the Waiver, who might be hospitalized to be able to have a PAB worker with them and we had announced this a while back because it was a provision of the American Cares Act but this in the Waiver would make it a permanent feature and codify that. And then there's a small housekeeping adjustment to the Waiver, I just wanted to take a moment to say--give you a little bit of a preview of another webinar that we will be scheduling in the next few weeks and that is to go over the fact that CMS has approved most of our American Rescue Plan--spending plan-- so back in July we had submitted a spending plan and most of those requests were approved. There are 14 different initiatives that we asked for and so we're going to be implementing those and we'll set up a webinar to be able to go over those. Several of them will require Waiver amendments also, so, we'll be working with people on these initiatives as well as the Waiver amendments and with that I'd like to turn it over to Jen.

[Jennifer Laa, DDD Community Resource Branch]

Hi everyone! Okay, Jennifer Laa, Community Resources Branch. Next slide. So, Mary pretty much summed it up... so, goodbye! No! I'm just kidding! We're going to still go over it a little bit in detail but, basically, we're going to go through the timeline of this First Amendment and then we're going to talk about the specific areas that she gave a brief overview on, So, next slide. Welcome, again. Next slide. So, today, again we're going to be talking about the amendment and just as a brief overview we are working--the Department--the Division is working with The Department of Human Services, Med-Quest Division, to amend the current waiver application. We just had that approved in May and then Standards went into effect in, July, and you will be able to see this application already-- it should be posted up there at our website. Next slide.

Okay. So, now I'm going to go over the timeline. It's going to seem really familiar because I feel like we just did this for the renewal, but it's very similar. We still have to go through all of the different pieces even though it's an amendment. Next slide. Okay, so we're starting off with today. We're doing the public info session. This will be followed by 45 days to provide feedback in writing to DDD. So, that's called the public comment period. It will begin on October 1st. It will last through November 15th. So, just as a reminder, you know we will be taking a few questions and answers today, but really, it's important to put your writing--your feedback in writing and get it to CRB, so that is our email address and will be shown again towards the end of this presentation. That will be followed by a review period, where CMS we'll review our amendment and that's going to be between December and March. During the review period, the standards will also get updated and once approved DDD will give providers a 30-day notice for an effective date of April 1st, 2022. Ok. Next slide. So, we're going to go into the two main areas- a little bit more in detail. The first is the vehicle modification. Next slide. Okay, so the current waiver has the maximum cost at \$36,000 for what is called a vehicle modification. You'll also hear the word, "conversion", throughout the presentation and the \$36,000 is an inclusive amount. It includes shipping and some other different things, such as warranties. These vehicle modifications is limited to one request every seven years and there's also a sub limit in the current waiver--again this is the current waiver--there's a sub limit of \$6,000 for shipping costs. So, what we did was we made an Amendment by removing the sub-limit of \$6,000 for the shipping cost. And then we allowed for an exception to be requested if the lowest bid for the medically necessary conversion is over \$36 000. We also updated the number of users and cost projections for the Waiver, from Waiver year 2 through 5. Okay, so next slide. So, why did we need to do this? There has been like an increased cost, as you can imagine, all around. So, one of the areas that there's been an increased cost, that Hawaii has felt, is in shipping. There was also this \$36,000 limit that was established several years ago, and cost overall again has increased across the board. There are only a certain number of brands and models of vehicles that are eligible for vehicle modifications or conversions. In Hawaii, the preferred brand of car is Toyota and since 2021 the Toyota has stopped making fossil fuel vans, so electric and hybrid options are all together much more costly, as you can imagine and then additionally, on top of that, manufacturers, for the conversions, discontinued parts for the Toyota models 2020 and before. So, for these reasons we needed to make the adjustment and increase that limit. Okay. Next slide. So, the second substantive area today is PAB in the hospital settings. Next slide. In our current Waiver, the service definition does not allow for PAB-Personal Assistance Habilitation- to be provided within the hospital setting and as Mary mentioned, the Cares Act amends 1902 H of the Social Security Act and that includes the authority for Waivers making this change permanent and no longer prohibits that additional care in an acute care setting. PAB service definition was revised to include supports provided to a participant while receiving acute care in the hospital. Also, it's important to note, that PAB can be provided for participants receiving ResHab services in a hospital setting. Also, PAB is not intended to replace services provided by the hospital and the ISP must document that these supports are necessary and again not a substitute for services

that the hospital should be providing. Okay, next slide. So, why this amendment again? We talked about the Cares Act, but also this change will help to support participants while they're receiving acute care services in a hospital and aid their transition back into the community or maintain their functional abilities. And then we listed and bulleted out some of the PAB services and what the intention of those services are for, which, is to foster communication; provide intensive personal care; promote behavioral stabilization; support successful transitions and maintain their functional abilities. Okay, next slide. Wow! This is going by quite quickly. So, the other thing that we mentioned was that third area which is other edits. This is just really minor housekeeping. It has no effect on providers or participants, but we just wanted to point it out to you because it was a Waiver Amendment change. So, next slide. In our Waiver, we have a financial accountability sub-assurance, and we included an updated Performance Measure, and we wrote what that is here, just so that you guys can see it. It's the number and percentage of Waiver participants who receive services that were authorized and payment for those services is supported by the appropriate documentation. So, this was an outdated Performance Measure in the financial accountability sub-assurance section and so we removed the duplicative measure and again that change has no impact on participant access to service. I believe that is rounding us out. Next slide. So, I'm going to pass it over to Abi to transition us into Q and A.

[Abigail George, DDD Training Unit]

Wasn't that the fastest presentation ever? So, again, I know we went over really fast but as Jen and the team mentioned, this First Amendment just takes care of the minor edits within our initial Waiver application. So, we want to welcome everybody to utilize the Question and Answer portal. But just to remind you folks, that this Question and Answer portion will only be used to clarify some of the things in our presentation that we just shared with you. Any information submitted through our Q and A Portal will not be received as official public comment so please use this opportunity to inform our Waiver and we ask is that you submit your comments, in writing, to the following, either by mail or by email, at the address listed on your screen and our email address for our Community Resources Branch team. Our public comment period is from October 1st, 2021 to November 15, 2021 and this is where we'll take any comments in writing and use that to inform our Waiver Amendment. Okay, so we see some of the questions coming through the portal. Again, feel free to use the Q & A portal. We have our slides available for you folks to download, as well as the Waiver application in its entirety on the website listed within the chat and listed within our question and answers. So, I am going to go ahead and turn this over to our best moderator of the year: Cliff Villareal and he's going to help us moderate some of our questions and answers for today.

[Cliff Villareal, DDD Training Unit]

Aloha everyone! Thank you for joining us! Happy Aloha Friday! So, today let's see what we have in our Q&A. First question we have is: "Is T&C RN not going to be built back into the service in this amendment?"

[Mary]

So, I'll take that this particular amendment does not address other services. It's just these specific things that we've laid out today and we welcome your comments on those particular things, but this amendment does not address RN services. That will be discussed in the next presentation in a few weeks.

[Cliff]

Thank you, Mary. Okay, our next question here is: "By referring to this as 'amendment number one' does this mean there may be more amendments like this--just like the previous waiver?"

[Mary]

So, I'll take that again. We likely will have additional amendments as you know, waivers are for a five-year period, so, as in the last waiver there were quite a few amendments that we did over time and we anticipate that there will be more amendments including those that will address the American Rescue Plan initiatives. So, there are at least three initiatives in there that would require a Waiver Amendment. Two of them have to do with some new services and one of them has to do with the rates. So, we do anticipate that.

[Cliff]

Thank you, Mary. Okay these next couple of questions has to do with, the vehicle modifications. The first one is: "Could the cost of the extended warranty be included in the coverage cost of \$36,000?"

[Jenn]

So, I asked a couple of people to join me today that are vehicle mod "experts", more than I am, but I will take a stab at this question and then if there's anything to add please do so. But the answer is, "yes and no", so yes, the conversion or the modification or I guess it's the conversion part of the warranty can be included. However, the vehicle warranty, any extended warranty on the vehicle itself is not--it cannot be included in the \$36,000. That is part of the base cost of the car and the warranty for the car and that will be on the participant or the family to cover that.

[Cliff]

Okay, thank you, Jenn. Another for vehicle modification: "For the purchase or lease of a vehicle, can you purchase a used vehicle that has the completed modifications?"

[Jenn]

Wait. I'm sorry. I don't see the question. Can you repeat that again?

[Cliff]

Sure. For the purchase or lease of a vehicle, can you purchase a used vehicle that has the completed modifications?"

[Mary]

You know, you can purchase what you want, but the purpose of the vehicle modification is to make changes to a car so we wouldn't retro pay for something that already has modifications when you buy it.

[Cliff]

Okay. Thank you. Another question regarding the vehicle modification: "Referring to the vehicle modification, is this talking about the cost of transfer of the DDD client?" The family here are not understanding fully, basically.

[Jenn]

So, Mary kind of spoke to that just now, when a family has a vehicle and there is a need for modification to allow for ramp for wheelchair, then that is a conversion cost to the base vehicle and DDD can pay for that conversion. So, it would allow for mobility access to the current van.

[Cliff]

Okay, thank you, Jenn. Next question here is: "For a participant who is in the hospital-"

[Jenn]

Sorry!

[Cliff]

Go ahead.

[Jenn]

If there's no more vehicle mod questions specifically, I was just going to open it up, if there's anybody else who's on the line, anything that i said, if you would like to add to that, please feel free to jump in.

[Cliff]

Absolutely if i hear-

[Mary]

There are a couple more, Jenn--there's a couple more questions coming in on vehicle mods

[Cliff]

Okay. I can stick with that theme.

[Jenn]

Just want to make sure that anything so far if there's anything to add or-

[Debra Tsutsui, DDD]

This is Deb. If i can add one thing to Mary's response: that was on the question that I think, Crystal had about, whether you could purchase an already converted vehicle. The reason why we cannot, is because Medicaid prohibits the use of Medicaid funds to purchase a vehicle. So, we can't buy something that's already retrofitted. We can only buy the modification so that's why it's on a new vehicle.

[Jenn]

Thanks.

[Cliff]

Okay. Thank you and we'll stick with this theme. So, "Vocational rehabilitation also does vehicle modification what is the difference if the client has both services?"

[Jenn]

What is the difference? So, I think that maybe the question is asking like, who pays for it? Maybe? I'm not sure if that's what the question is, but my understanding is that VOC-Rehab may pay for the modification if the vehicle is being used to transport the participant to and from employment.

But there is a process in which, you know we would have to go through to determine, "payor" and the use of the vehicle. Okay, again I'm going to ask if anyone has anything to add to that?

[Wendie Lino, DDD Community Resource Branch]

Yeah, sorry Jenn, can i jump in? So, this has come up and we did speak with DVR about providing vehicle mods and while it is something that they are capable of doing, again, like Jenn said, it's only for the use of transporting to and from employment and most times the vehicle mods are needed for someone's overall care, not just only for employment supports. So, DVR rarely, I think, pays for or authorizes vehicle mods.

[Cliff]

Okay. Thank you, so much. Thank you, Wendie. Thank you, Jenn. Oka., We're going move on to the next question. This is from Deann: "For a participant who is in the hospital, s the ISP Plan for hospitalization done annually or only if they go into the hospital?"

[Mary]

So, the answer to that is, acute hospitalization is an episode and a lot of times, it's not anticipated. There might be times when it is anticipated, but it wouldn't be authorized on an annual basis. It would be particular to that incidence of hospitalization. So, it would be added, as we understand the dates or even in an emergency situation.

[Cliff]

Similarly, too, if we could, please clarify: "What acute care facilities are required to provide and what PAB services cannot supplant or duplicate?"

[Mary]

I think the best way to answer that, is probably to go back to the slide that, Jenn went over on those, because it lists the functions that the PAB worker would do in the hospital. So, if it would be in the second bullet, here, these are the support services that the PAB worker could provide, versus any kind of medical assistance. So again, this is new in the Cares Act. It's not allowed before now it's allowed.

[Deb]

So, this is Deb, could i add to Mary's answer with a little bit? One of the backgrounds on this because this has been a long time coming to get this put into law, is concerns expressed by individuals who receive services and their families that often, because hospital staff, you know they have functions to do--they pass medication, they take care of the basic personal care, but they don't have time to stay at someone's bedside and help them in a situation which might be very scary or unfamiliar for someone, especially if they, you know, communicate in typical ways that hospital staff might be able to do. So, it's really to help support the individual to continue to, you know, receive their acute care medical services while also having somebody there who really understands them and how to communicate with them and help them to, you know, do their recovery as best they can, in that environment. So, it's really about that someone who's familiar and can continue to implement their supports while the hospital staff is doing what they do for medical care.

[Cliff]

Okay. Thank you, Deb. Thank you, Mary. Just a few comments here from Norman, just, i guess, just building upon what Wendie shared. Norman shares that, "I believe DVR can also subsidize a vehicle mod for attending school also." And also comment, thank you, Norman, and also a comment from Cynthia, "Thank you for the work for the hospital." Thank you, Cynthia and then we have a question here from James: "Some patients may have to go to a subacute setting, like an ANF for rehab I.V. antibiotics or wound care. They are skilled services but not in an acute care hospital, are PAB services allowed there?"

[Mary]

I'm going to ask Deb or Jenn to weigh in, but i believe that the Cares Act was specific to acute settings for if somebody' is admitted to a nursing facility and I know we've had people during the pandemic in sub-acute settings. I'm not quite sure what the law says there. I'm wondering if we could get back to you.

[Deb]

So, this is Deb. Mary, you're correct. The Cares Act has this provision, specifically under the acute care hospital section. They did not do a similar change under the skilled nursing facility section, so at this point, the answer is unfortunately "no". We are only able to use Waiver Services in an acute care setting. We are not able to do that in a skilled nursing facility. It doesn't mean that down the road with advocacy that won't change, but right now the law is specific to acute care hospital settings.

[Cliff]

Thank you. Just one more comment is: "We had a PAB worker stay with a member in the SNF after getting approval from facility." That is from, Tamara. Thank you, Tamara. Okay.

[Jenn]

i just want to make a comment on this one because I'm not sure that the issue is whether or not somebody can stay with you in a nursing facility as opposed to whether or not we can bill for those services and there's a difference. So, i just wanted to point that out.

[Cliff]

Thank you, Jenn. Okay. That is all the questions we have in the Q&A.

We'll give it a second or two to see if there's additional question. If not, I'll turn it over back to Abi.

[Jenn]

Sorry, also one more comment. In App K (Appendix K), however, there are some flexibilities that allow for this support. So, this amendment is going in to make that a permanent change, again from the Cares Act, but a permanent change for acute hospital settings. But there are still App K flexibilities currently allowing support in these facilities. Thank you.

[Cliff]

Thank you, Jenn.

[Abi]

All right, Jenn. Thank you, Mary. Thank you, Jenn and Cliff and also the familiar voice of Deb. But, again, we want to thank everybody for attending today. Should you have additional questions, in regards, to this presentation, our DDD CRB email is listed on your screen that's, doh.dddcrb@doh.hawaii.gov. Also, as a friendly reminder, we want to hear all your comments about our upcoming Amendment Number 1, so please submit your public comments, in writing, either by mail to DDD Community Resources Branch at 3627 Kilauea Avenue, Room 411, Honolulu, Hawaii 96816 and/or via email at doh.dddcrb@doh.hawaii.gov. The public comment period is open for 45 days from October 1st to November 15, 2021. So, again, please use this opportunity to inform our waiver and submit your comments in writing. The application is available for you to view--all 260 pages of it! If you are interested in viewing it, please feel free to visit our website. Again, thank you so much everybody for attending today! We'll see you next time! Bye.