

Hawaii's 1915(c) Home and Community Based Waiver for Individuals with Intellectual and Developmental Disabilities 2021 Renewal Public Comment Summary

This document contains a summary of the public comments collected in response to the 1915(c) Intellectual and Developmental Disabilities (I/DD) Waiver Renewal Application. A notice regarding the I/DD Waiver Renewal Application was posted in Honolulu Star-Advertiser, Hawaii Tribune Herald, West Hawaii Today, The Maui News, and The Garden Island. The public notice and the link to a copy of the waiver renewal were posted on the DHS/MQD website (medquest.hawaii.gov) and the DOH/DDD (website: health.hawaii.gov/ddd). A printed copy of the waiver application and special accommodations (i.e., interpreter, large print, or taped materials) was made available upon request. In accordance with Centers for Medicare and Medicaid Services (CMS) guidance, interested members of the public were given 41 days to submit written comments by mail or email from December 1, 2020 through January 10, 2021.

During the public comment period, the State received a total of 16 written comments from three stakeholders.

Appendix C Participant Services:

Comments in this section relate to the requirements of Appendix C of the waiver application regarding the services that are provided in the waiver as well as provider qualifications. No changes were made to the waiver application as a result of comments relating to this section.

Comments:

In support of the expectation of fading for CLS removed.

In support of including specific types of offenses into the criminal history checks.

In support of PAB retention payments while participant is in the hospital.

Response:

The State appreciates the comments in support of changes made in the waiver renewal application.

Comment:

Allow Appendix K COVID-19 telehealth services to become a permanent service choice for participants. Rationale: During 2020, participants in the HCBS program have embraced and developed their skills to participate in a variety of telehealth program activities. While most participants would rather participate in face-to-face services, some families may not be ready to resume in person services when the state and agency determines that it is safe to open. We might also face situations where a participant

could be under quarantine and may wish to receive services when in person services are not appropriate.

Response:

Consistent with the terms of the approved Appendix K, existing telehealth flexibilities will continue to be available through six months after the conclusion of the public health emergency. The waiver renewal application includes the permanent use of telehealth for Individual Employment Services, Community Navigator, and Training & Consultation services.

Comment:

Allow participants to convert Appendix K COVID-19 services to permanent services inclusive of determined budget. Rationale: During the COVID-19 emergency, we have participants that have tried alternative services, and in some cases, we have learned that the new service is a better fit for them.

Response:

The State recently amended its Appendix K to maintain the approved flexibilities for a period of six months after the conclusion of the public health emergency. Once the emergency declaration ends, the State will consider whether any of the flexibilities should be made permanent through an amendment to the waiver.

Comment:

Eliminate the use of the Interest Inventory. Rationale: Hawaii DDD units are utilizing the resources in the Charting the LifeCourse Framework documents. Participants are better able to identify with the process presented in the Charting the LifeCourse tools and local DDD units do not utilize the information from Interest Inventory during the ISP annual meetings. Tool is not culturally friendly for the Hawaii participants.

Response:

The State appreciates the comment and will seek additional stakeholder input related to the Interest Inventory that is included in the Waiver Standards.

Comment:

Not in support of IES: "Job coach transportation on temporary basis...." Would suggest that transportation is allowable and included in billing for the service.

Response:

Individual Employment Supports (IES) include transportation on a temporary basis. If participants who are employed need transportation assistance to and from their jobs on a longer term or ongoing basis, Non-Medical Transportation should be used.

Comment:

Not in support of DCP: “transportation to and from activity will be...included in the rate paid for the service”. Would suggest that transportation is allowable and is included in the billing for the service.

Response:

Discovery & Career Planning (DCP) includes the cost of transportation as an allowable billable part of the service. The DCP staff time spent transporting the participants to community settings during the service times is billable.

Comment:

Would like to add: Financial Management Service available to participants using ResHab services so that they have the option to make payments directly to licensed care home providers.

Response:

The state believes that an agency model for Residential Habilitation is appropriate to ensure oversight of the living environment. Further, home providers are often not employees (they are often paid as independent contractors) so a self-directed model is not appropriate.

Appendix G Participant Safeguards:

Comments in this section relate to Appendix G of the waiver application regarding participant safety, welfare, and health. Comments were specific to Appendix G-1 regarding response to critical events or incidents. No changes were made to the waiver application as a result of any comments relating to this section.

Comment:

Recommend: Adjusting the timelines for verbal and written reporting for AERs. I would have a 24/72 hour timeline for serious AERs (death, abuse/neglect, hospital admission, etc.) and a 1-week timeline for other AERs.

Response:

Further research and stakeholder input are needed prior to considering any changes to timelines for Adverse Event Reporting.

Appendix I Financial Accountability:

Comments in this section relate to Appendix I of the waiver application regarding financial operations of the waiver. Comments were specific to Appendix I-2 regarding rates, billing, and claims. No changes were made to the waiver application as a result of any comments in this section.

Comment:

One thing I would hope could be considered in the Waiver renewal is how complicated the billing process has gotten. While I appreciate the wide selection of services, it would certainly decrease the time, resources and energy spent on billing if the following could be changed: For ADH & CLS-G, take the average of the two rates and make it one service with one rate. Continue to bill every 15 minutes. To account for time spent in the community, a goal could be added to the participant's ISP to track this time. For example, "Johnny will spend at least 10 hours per week in the community working on community related goals."

Response:

Separate reimbursement rates for Adult Day Health and Community Learning Service-Group were established in the 2016 waiver. Although the State recognizes that this has increased agencies' administrative requirements to track and bill services, the intent of this change was to fairly compensate providers for community-based services recognizing the more intensive staffing requirements. A blended rate could have the effect of creating a disincentive to delivering community-based services, which would impair participants' access to the community.

Comment:

Consider increasing the rates of ADH and CLS services or make the Appendix K Emergency Rate adjustments permanent. Rationale: With increased expenses that Agencies face with Personal Protective Equipment (PPE), enhanced sanitation and possible decreased staff to participant ratios, the current unit rate is difficult to maintain a strong business plan.

Response:

A comprehensive rate study was conducted in 2020 and rate increases were proposed for Adult Day Health and Community Learning Services. Implementation of these rates are subject to available funding and the Department of Health's budget request for the coming biennium includes funding to institute these rates.

Comments:

Consider a budget line item for staff reimbursement to offset expenses traveling to and from a participant/client home that is located excessive distance from staff home or agency location. Rationale: Agencies find it difficult to hire staff that need to travel excessive distance driving to a participant home due when the expenses is non-reimbursable.

Consider reinstating a budget line item for non-medical transportation for ADH-G, CLS-G and CLS-I participants. Rationale: As Paratransit or public transportation opportunities become more limited, lack of transportation opportunities creates additional barriers for participants whose home base is located a further distance from the ADH center. As written this service favors participants that can access the community independently. Due to the low reimbursement rate for ADH, CLS-G and CLS-I services, it would be helpful if non-medical transportation could be used with ADH and CLS services.

Consider statewide budgetary support for HCBS transportation needed by participants. Rationale: Cost of reimbursement needs to be added for agencies that use public transportation due to cost of the considered service.

Response:

Payment rates for most waiver services include funding for transportation-related costs, including transporting participants (whether by agency staff or public transportation) and reimbursement for staff traveling to participants' homes. The higher rates for services delivered on the Big Island are intended to compensate for greater transportation-related costs. Otherwise, it is acknowledged that, as with all rate model assumptions, actual transportation-related costs will vary from participant to participant, but the overall rates reflect the reasonable costs of service delivery. The comprehensive rate study conducted in 2020 proposed increases in rates for most services. Implementation of these rates are subject to available funding and the Department of Health's budget request for the coming biennium includes funding to institute these rates.

Other Comments:

General comments about Medicaid Electronic Visit Verification (EVV) requirements were received.

Response:

No response needed as Electronic Visit Verification is a federal requirement that is not specific to the 1915(c) waiver and is not addressed in the waiver renewal application.