

# 2021 Waiver Standards, Amendment #2 Video Transcript

[Inaudible]

Then we will shift to the actual changes to the Waiver that accompany amendment number two, the changes to the standards which are labeled "Standards Version B," changes to A&R, and then any questions that you have.

So, that's the agenda. Next slide...

So, this is Welcome and Updates. Next slide.

So, I think I said... that this is amendment number two (not number one), and the reason why is that first one was the Appendix K.

That gave us the authority to implement the temporary rate increases under ARPA.

And, speaking of the American Rescue Plan, please don't forget to submit claims that will qualify for the 10 percent increase in FMAP.

And, in order for us to benefit for that 10 percent increase, all retroactive claims from that April 1st (beginning of the ARPA period) should be submitted by March 25th.

So, all eligible claims... please submit those by March 25th-- because that's how we're financing the various things (like the Rate study). So, please make that extra effort, reach out to... your business people (the people who manage your claims submittal process) and get as much as you can in by March 25th of this month. And, we thank you for that that extra effort

Some of the glimpses into the future. We are... in the process of submitting another Waiver Amendment.

It's called Waiver Amendment number three. And, it seems like it's a duplication, but it's really not.

It has to do with... shifting the authority for the rate increase to the actual waiver (versus the Appendix K-- which is only active during the public health emergency) and six months after that

So, we wanted to make sure that we included (or had an authority for) the rate increases going forward (should we get the funding for them).

And, that is now going to public comment.

It's an active public comment right now, and that public comment period is from the beginning of this month to April 15th.

So... if you have any questions on that, please let us know.

So, again, this is the waiver amendment number three is going to be... singularly focused on the rate increase that we already have in place.

But, it's just shifting from the emergency authority to the actual waiver authority to implement.

The next coming soon... is something that we're planning to share with you more about the opportunities to engage in several of our American Rescue Plan initiatives.

And, these are the initiatives that are focused on provider training, organizational change, and specific technical assistance.

And, we're going to highlight four of the areas.

And we're going to actually bring on the people that we have contracted with to help us with these initiatives.

So, I'll just mention that a save the date will be coming up very shortly.

It'll be either at the end of March or the beginning of April.

And, the four initiatives that we're going to highlight are the competitive integrated employment ARPA initiative.

And that... we're getting help from John Butterworth (Dr John Butterworth)-- who is with University of Massachusetts, and a national leader in the area of competitive integrated employment.

We're really fortunate that... that he's working with us.

The other initiative will be training, and I think will be valuable to many of the providers-- especially with the quality management... part of the standards that are a requirement to phase in over time.

And so... this specific... initiative will be on quality management, technical assistance, and training.

And, we've engaged with... NASDDI (National Association of State Directors of Developmental Disability Services).

And... Mary Sowers is the Executive Director of that and will be heading up that initiative.

The next one is a community navigator-- so a training technical assistance kind of community of practice for those agencies that are implementing community navigator services, or want to implement a community navigator (the new service).

And, that will be led by... our own... somebody...

So, that is Jessica Wurster-- who worked with us... previously on employment initiatives.

So, a lot of you... know her, and know the quality of her work.

And, the last one is the positive approaches initiative.

This is really our trauma-informed care-- and shifting to positive... versus restrictive supports for people.

And, that is being led by Dr. Ruth Myers, Dr Maggie Bennington Davis, and Tim Murphy... of Oregon-  
- who have... all these people have worked extensively... with Hawaii in the past on trauma-  
informed care.

So... we are going to be sharing the initiatives.

We're going to ask... the folks that are leading to... to appear in cameos and answer questions that  
they can.

And, we're also going to be... letting a kind of declaration application out where folks who  
are interested in these initiatives or at least being part of the first cohorts-- because (I imagine)  
we're going to circle back to the content... to be able to identify your teams and how you want  
to engage with the training and technical assistance.

So, that's... those are my updates.

So, watch out for that... save the date coming up soon.

And, I think that's my last slide, and I'm going to turn it over to Jen Law.

Jen: Thanks Mary! Hi everyone. Jen Law with the Community Resources Branch.

And, I am going to talk to you about... why we're here today--which is the Waiver Amendment  
number two.

So, here we have the timeline.

We actually started talking about this amendment back in September... where we had a public  
informational webinar.

This timeline just goes through the basics of... the steps to getting... a Waiver approved.

We had just come off of the renewal-- so I'm sure this looks familiar to most of you.

So, right now where we're at... that little red thing went away, but where we've had the CMS  
approval.

We've written and distributed the standards. And now... we are going over this (so that everybody  
is really on the same page).

And, it's going to be effective April 1st. OK... next slide...

[No Audio]

So, again, I'm going to go over two main things-- which is the changes in the Waiver, and then  
the changes in the Standard Version A.

So, the changes in the Waiver (on the next slide).

There's really only two major changes that we're going to talk about. And again, we've talked about  
this several times... so hopefully all of this sounds repetitive and very familiar to you.

But, because of the many changes that's happening, it's just good to go over it again.

And, if any of you have any questions, please feel free to ask.

So, the first big change is that PAB is now allowed in the hospital.

And, HAB services may be available-- really to foster the communication and provide intensive personal care (when needed), and / or to promote behavioral stabilization, to support successful transitions, and maintain functional abilities.

So, PAB is now allowed in the hospital.

And, that was one of the big changes to this amendment.

Okay... so, next slide.

And then, the why for that. So this change will really help support participants while they receive acute care services in the hospital.

And again, you know, I just talked about this on the other slide... but to really aid the transition back into the community.

Okay, next slide.

So, the other really big change is... with vehicle mods.

So, the change in the Waiver was... we removed the sub-limit of six thousand dollars for shipping costs.

So now... there is no limit on shipping costs, and we also allowed for an exception review for costs that exceed \$36,000.

So, previously in the Waiver, the... we could only pay for vehicle mods up to \$36,000.

But now, there's an exception process to allow for amounts that are higher than that.

Next slide...

And, the reason why we did that was because (as you can imagine and probably even more so now than even when we did this)-- there's just increasing costs and shipping as well as with the conversion or the modification for the vehicle.

And, there's a limited vehicle supply (as you guys all probably or some of you may know-- as you might be trying to get vehicles yourself).

So, even more so with these types of vehicles.

And then, there's new models that are hybrid and electric that really increase that cost.

And so, this exception... allows for us to accommodate the rising costs of these conversions.

Next slide...

Okay. So that's it-- just the PAB in the hospital, and the vehicle mods.

Those were (again) two, and hopefully sounding quite repetitive at this point.

But, we also made those changes in the standards as well as... reflecting some of the other changes that we're going to discuss right now in the standards.

Next slide...

So, there's five main things that we're going to highlight today.

But, if you guys have the standards in front of you, or go log in (I see it in the chat), look at your emails... whatever it might be...

We have a table in there that highlights all of the changes.

What we're gonna do today is talk about the five that... just... we want to bring to your attention.

Hopefully, none of it is new, but (again) just bringing it to your attention.

So, in the standards, we added language... regarding the HCBS final rule.

You've seen lots of communication coming out of the division on this.

But, we just wanted to make it clear that the... that providers need to be demonstrating compliance with the HCBS final rule, and may be subject to corrective action plans or sanctions-- as we move through this process and get to the final rule compliance date (which is March of 2023).

Moderator: Next.

Next, we have CLS individual. So again, we just wanted to remove / clarify some of the language.

And, that's really what we did in the standards-- was just a lot of clarifying or removing or adding language (if it made it confusing).

So, we removed the limitation for the use of CLS individual at work.

So, there were some fading requirements prior-- so all of that was removed.

Next is PAB. So, this might be new to some of you-- but PAB retainers may be authorized during hospital stays.

So, we just mentioned that PAB service is allowed in the hospital.

But, we also have in there--PAB retainer.

So, if a participant is hospitalized the provider may bill for this PAB retainer. And, it is for up to 24 days in a calendar year.

Next, RESPITE. So, this is again just a little bit of clarifying language.

We clarified that RESPITE may include general supervision during overnight hours when the worker is required to be present and responsive to participant needs.

So, we wanted to add that language to clarify that this is an activity that's allowed for RESPITE.

And then, finally... around training consultation case managers can authorize two hours for nursing assessments annually.

And, additional nursing assessments may be authorized for significant changes to the participants condition.

So again, this is just clarifying language to make it clear that these two hours of may be authorized.

We also... made it clear that providers must use the provider nurse delegation packet (when completing the nursing assessment and delegation plan).

So, that needs to be updated and signed annually.

So again, these are just the five that we really wanted to highlight.

Again, please go back and look at the table of changes.

We made everything yellow-- so that it would be easy to see where the changes are.

And, in that table, it'll be really clear to see all the changes throughout the standards.

And, again, this is titled "Standard Version A".

Okay. And finally, this is kind of a really short webinar. [Laughing]

But, please, if you have any questions so far, please put them in the chat, and we'll answer your questions as they come in.

Changes to the Appendices and Resources (which is also attached to the Waiver Standards Version A).

Next slide.

Okay. So, there's four changes to the... or additions to this appendices and resources.

The first is... we added that provider nurse delegation packet.

So, that is now part of the ANR.

We also added sample letters and forms around staff qualifications and requirements.

We were able to streamline some of the staff validation process-- where we are now requiring just the spreadsheet, and not the individual validation for each staff.

Okay. Then we have added sample letters around the monitoring provider agencies, and we added the updated monitoring tool.

So again, no changes there. Just wanted to highlight that these things are now in the ANR.

And then, finally, (as a resource) we added sample discovery and career planning profiles for your resource (for your hopeful use) ... that you'll find it useful. [Laughing]

So that... those are the changes for the Appendices and Resources.

And, that is about it.

So... I will hand...