



Operational Guidelines: Implementation of Appendix K Flexibilities for the Maui Wildfires

Hawaii State Department of Health
Developmental Disabilities Division
September 7, 2023

Agenda

- Overview of Appendix K
- Does Appendix K Apply?
- Key Flexibilities
- Operational Guidelines
 - Service Plan
 - Provider Qualifications and Monitoring
 - Telehealth
 - Services
 - Temporary Rate Adjustments (TRAs) and Retainers
- Q&A



Overview of Appendix K

- Medicaid Waiver programs, such as Hawaii's I/DD Waiver, operate under strict federal rules related to service planning, authorization, timelines, etc.
- During an declared disaster, States may request temporary flexibilities to their waivers through an 'Appendix K' amendment
- All changes allowed under an Appendix K amendment are temporary for the period of the declared disaster



Hawaii's Appendix K



Appendix K Application

- Jointly developed by Med-QUEST and Department of Health's Developmental Disabilities Division
- Requested various flexibilities to respond to issues arising from the Maui wildfires

Timeframe

- Effective: August 8, 2023 to August 7, 2024 or when the Maui wildfires declared disaster ends, whichever is sooner

Implementation

- These Operational Guidelines give instructions on the implementation of the Appendix K



Does Appendix K Apply?

1.) Does the participant have a Maui case manager? Were there any changes that occurred for the participant as a result of the Maui wildfires?

Changes Related to Services

Changes Related to Health

Changes Related to Services

- a. Was the participant receiving Adult Day Health (ADH) in a setting that closed or the service is unavailable to the participant for any reason due to the Maui wildfires or evacuation?
- b. Was the participant receiving community-based services, such as Community Learning Services-Group (CLS-G), Individual (CLS-Ind), or Discovery & Career Planning (DCP), that could not be provided for any reason due to the Maui wildfires?
- c. Was the participant employed and using waiver services, such as Individual Employment Services (IES) or CLS-Ind but is currently unable to work as a result of the Maui wildfires?



Changes Related to Services

(cont.)

- d. Is the participant's primary caregiver impacted (looking for resources, applying for assistance, etc.) in their ability to provide care for the participant as a result of the Maui wildfires?
- e. Is the provider unable to provide staffing at pre-disaster required levels due to overall shortages of staffing and inability to secure additional staff as a result of the Maui wildfires?
- f. Is the participant's direct support professional unable to provide services due to displacement or caring for a family member due to closure of schools or day care programs as a result of the Maui wildfires?



- g. Is the participant experiencing any physical or emotional health changes as a result of the Maui wildfires?
- h. Is the participant's caregiver or a person with whom they live experiencing any physical or emotional health changes that affect their ability to provide care for the participant at the level prior to the disaster?
- i. Is the participant's direct support professional experiencing any physical or emotional health changes that affect their ability to work with the participant at the level prior to the disaster?

Changes Related to Health



Does Appendix K Apply?

*1. Does the participant have a Maui County case manager?
Were there any changes that occurred for the participant as a result of the Maui wildfires?*

AND

2. Is the change requested covered in this Appendix K operational guide?

Yes, the Appendix K flexibilities may apply

No, please contact the participant's case manager for guidance.

Key Flexibilities

- Temporarily modify:
 - Suspend or increase limits, suspend staff ratios, and add locations where certain services may be provided
 - ISP processes and timeframes
 - Direct support professional qualifications
 - Provider qualifications and monitoring
- Grant exceptions to Individual Support Budget limits
- Permit retainer payments for certain service providers
- Increase rates for services provided in Maui County



The logo of the Hawaii State Department of Health is a circular emblem. It features a central figure with arms raised, holding a bowl. The figure is surrounded by various symbols including a pineapple, a fan, and a leaf. The text "HAWAII STATE" is at the top and "DEPARTMENT OF HEALTH" is at the bottom of the circle.

Operational Guidelines

1915 (c) Appendix K
Maui Wildfires



Service Plan

- Individualized Service Plan (ISP)
- Individualized Supports Budget (ISB)
- Level of Care (LOC)
- HCBS Final Rule



Individualized Service Plan (ISP)

Ops Guidelines pg. 7

- Case managers may
 - Retroactively authorize services to August 8, 2023
 - Approve changes to services verbally or by email. Services may start while waiting for signatures.
 - Use e-signatures as a method for the participant or guardian to sign.
- Providers should check DMO to confirm the authorization is there before submitting claims
- Includes all services except Vehicle Modifications and Environmental Accessibility Adaptations



Individual Supports Budgets (ISB)

Ops Guidelines pg. 8

- ISBs may be exceeded due to a change in service need or availability
- Requests for changes that exceed the ISB and are unrelated to the Maui wildfires will need to go through Exceptions Review



Level of Care (LOC) Determinations

Ops Guidelines pg. 9

- Initial and annual LOC determinations may be conducted using telehealth
- Annual LOC redeterminations may be extended for up to 365 days from the previous determination date



HCBS Final Rule

Ops Guidelines pg. 10

- Suspend the requirement for individuals' right to choose with whom to share a bedroom
- Allow services to be provided in residential and non-residential settings within the State that have not been validated for HCBS Final Rule compliance by DDD
 - For example, provision of ADH and ResHab at an alternate location
- Provider shall attest that the setting meets the participant's health and safety needs
- Case manager shall verify and document in the ISP that the setting meets the participant's health and safety needs



Provider Qualifications and Monitoring

- Direct Support Professionals (DSP) Qualifications
- Provider Qualifications
- Provider Monitoring



Direct Support Professional (DSP) Qualifications

Ops Guidelines pg. 11

- Permit legally responsible relatives to be hired as temporary workers in the absence of DSPs
 - Legally responsible relatives include the parent of a participant under the age of 18 or the spouse of the participant
 - For Consumer-Directed (CD): if the legally responsible relative is the Designated Representative, that legally responsible relative may not hire themselves to perform the work



Direct Support Professional (DSP) Qualifications (cont.)

Ops Guidelines pg. 11

- Services provided by the legally responsible relative must be for extraordinary care, exceeding ordinary care and supervision that would be provided to a person without a disability of the same age
 - Extraordinary care needs are determined by the participant's Inventory for Client and Agency Planning (ICAP) Service Score of 79 and below



Direct Support Professional (DSP) Qualifications (cont.)

Ops Guidelines pg. 11

- The case manager must approve the use of legally responsible relatives prior to beginning service delivery (provider agency and CD)
 - Allowable for Personal Assistance/Habilitation (PAB), Community Learning Service – Group (CLS-G), Community Learning Service – Individual (CLS-Ind), Chore, and Non-Medical Transportation (NMT)
- PAB and Chore must follow Electronic Visit Verification (EVV) requirements (provider agency and CD)



Provider Qualifications

Ops Guidelines pg. 12

Current	Provisional Hire for New Staff
<ul style="list-style-type: none">• Age 18 years or older	<ul style="list-style-type: none">• Age 16 years or older
<ul style="list-style-type: none">• High School diploma or equivalent	<ul style="list-style-type: none">• Optional
<ul style="list-style-type: none">• CPR and First Aid Training	<ul style="list-style-type: none">• Optional
<ul style="list-style-type: none">• Annual Fieldprint fingerprinting and background checks are required	<ul style="list-style-type: none">• Provider may obtain a State Name Check (e-Crim) in place of Fieldprint check
<ul style="list-style-type: none">• All training topics	<ul style="list-style-type: none">• Select training topics
<ul style="list-style-type: none">• Maintain documentation	<ul style="list-style-type: none">• Expanded documentation requirements

Post Appendix K, providers will be responsible to ensure all staff fulfill requirements that were waived or suspended during Maui wildfires disaster



Provider Monitoring

Ops Guidelines pg. 13

- Annual on-site provider validations and monitoring or desk audits may be rescheduled
- Data collection for performance measure reporting, other than those identified for the Health and Wellness assurance, may be suspended



Telehealth



Telehealth

Ops Guidelines pg. 14

- May be used for the following services:
 - Adult Day Health (ADH)
 - Personal Assistance/Habilitation (PAB)
 - Waiver Emergency Services – Emergency Outreach
- Case manager will create a new action plan to authorize the service through telehealth
- Providers must ensure and demonstrate all criteria are met, including that the telehealth platform is non-public facing and adheres to all HIPAA requirements



Services

- Additional Residential Supports (ARS)
- Adult Day Health (ADH)
- Assistive Technology (AT)
- Community Learning Services – Group (CLS-G)
- Personal Assistance/Habilitation (PAB)
- Private Duty Nursing (PDN)
- Residential Habilitation (ResHab)
- Respite
- Specialized Medical Equipment and Supplies (SMES)



Additional Residential Supports (ARS)

Ops Guidelines pg. 18

- May be used to support participants when the participant would typically have been able to access other daytime activities
- May be extended beyond the short-term duration requirement



Adult Day Health (ADH) Ops Guidelines pg. 19

- May be provided in the participant's home (licensed, certified, or private) or other location where the participant is temporarily located
- Minimum staffing ratios may be exceeded due to staffing shortages
 - Participants' health and safety must be ensured at all times
- May be provided through telehealth that meets privacy requirements and support needs of the participant



Assistive Technology (AT) and Specialized Medical Equipment and Supplies (SMES)

Ops Guidelines pg. 20 & 25

- Expedited process to replace medically necessary AT and SMES for participants who lost their device or equipment due to the Maui wildfires
 - Device or equipment must have previously been purchased through the Waiver
 - Physician prescription and assessment from previous purchase may be used as long as the participant's needs have not changed



Community Learning Service – Group (CLS-G)

Ops Guidelines pg. 20

- Minimum staffing ratios may be exceeded due to staffing shortages
 - Participants' health and safety must be ensured at all times



Personal Assistance/Habilitation (PAB)

Ops Guidelines pg. 21

- May be provided in any location where the participant is temporarily residing without a licensed/certified caregiver
 - Home of the DSP or other location where they have been immediately evacuated to (hotels, shelters, schools, churches, campgrounds, etc.)
 - Where the participant has been relocated for longer-term (including locations on neighbor islands)
- May be provided through telehealth that meets privacy requirements and support needs of the participant



Private Duty Nursing (PDN)

Ops Guidelines pg. 22

- Suspend the 8-hour limit per day and 30-day short-term limit
 - Requires expedited review by the Clinical Interdisciplinary Team (CIT)
- Suspend the requirement that the participant requires less than 24 hours-per-day on an ongoing basis



Residential Habilitation (ResHab)

Ops Guidelines pg. 23

- May be provided in any location where the participant is temporarily residing with the caregiver
 - Location where they have been immediately evacuated to (hotels, shelters, schools, churches, campgrounds, etc.)
 - Where the participant and caregiver has been relocated for longer-term (including locations on neighbor islands)
- For example, participants and caregivers in a licensed or certified home had to evacuate and they all relocated to a hotel where the caregiver is still able to provide ResHab services.



Respite

Ops Guidelines pg. 24

- Suspend the annual limit of 760 hours without requiring an Exceptions Review
- May be provided in any location where the participant is temporarily located
 - Home of the DSP or other location where they have been immediately evacuated to (hotels, shelters, schools, churches, campgrounds, etc.)
 - Where the participant has been relocated for longer-term (including locations on neighbor islands)



Temporary Rate Adjustments and Retainers

- Temporary Rate Adjustments (TRAs)
- Retainer Payments



Temporary Rate Adjustments (TRA)

Ops Guidelines pg. 26

- Make available higher Big Island rates for services provided in Maui County to account for additional travel time and distance and other costs
- An additional service authorization will be entered
 - TRAs will be billed in addition to the base service
 - Authorized TRA units will be equal to base service authorization
 - There will be two claims for each unit of service: one for the base service rate and one for the TRA



Temporary Rate Adjustments (cont.)

Ops Guidelines pg. 26

- Example
 - PAB rates are \$10.82 on the Big Island and \$9.38 on other islands
 - For each unit of PAB delivered, the provider will bill the \$9.38 base rate for services outside of the Big Island plus \$1.44 for the TRA
- Note that TRA billing codes will be listed on Master Rate Sheet



Retainer Payments

Ops Guidelines pg. 28

- Available for ADH, CLS-G, CLS-Ind, DCP, and IES
- Limited to one calendar month
- Authorization based on provider's average monthly billing for a participant during fiscal year 2023
 - Calculated and provided by DDD
 - To receive an authorization, provider must have delivered the service during the last quarter of fiscal year 2023 (April-June 2023)



Retainer Payments (cont.)

Ops Guidelines pg. 28

- Provider determines which month to bill the retainer
 - Subtract the amount actually billed during the month from the authorized retainer
 - Provider may bill 90% of the difference
 - Most advantageous to bill the retainer for the month where the least services were provided



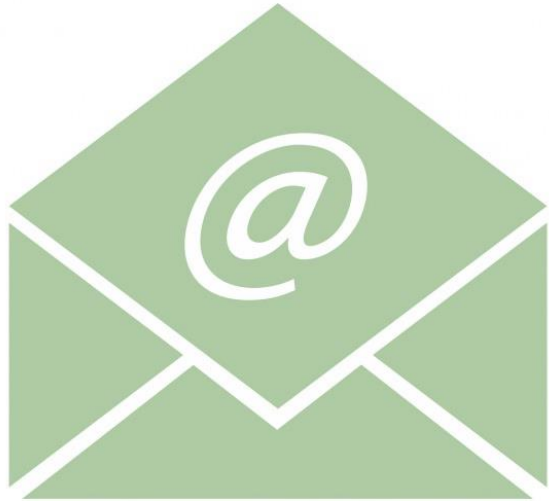
Retainer Payments (cont.)

Ops Guidelines pg. 28

- Example
 - Provider delivered a total of \$7,000 of ADH to a participant over 10 months in fiscal year 2023 (average of \$700 per month)
 - In September 2023, the provider delivered \$200 of services
 - Provider may claim a \$450 retainer for the month (90% of the \$500 difference between the baseline and actual services)







**Questions? Please email -
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