



Unwinding Appendix K **AND** **Waiver Amendment**

June 2, 2023
10:30 am - 12:30 pm

Welcome

DDD participants, families, Waiver providers, and stakeholders

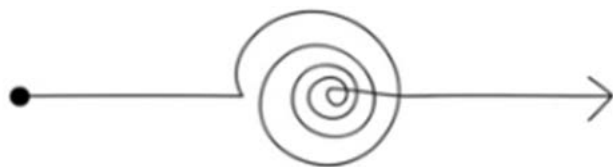
Agenda

- ▶ Unwinding Appendix K
- ▶ Member Redetermination
- ▶ Timeline for the Waiver Amendment
- ▶ Full Implementation of the 2020 Rate Study with Minimum Wage Increase
- ▶ Nursing Supports
- ▶ Telehealth Changes
- ▶ Out-of-State Supports
- ▶ Training and Consultation
- ▶ Waiver Emergency Services
- ▶ Fiscal Accountability Process - Electronic Visit Verification
- ▶ Other Revisions
- ▶ How to Submit Public Comment

Unwinding Appendix K

- ▶ DDD made many temporary changes to the Waiver through “Appendix K” amendments.
 - ▶ Allowed states flexibility during the COVID-19 Public Health Emergency (PHE)
- ▶ Unwinding means to return to regular operations and services in the approved waiver

The COVID-19 PHE
ended **May 11, 2023**

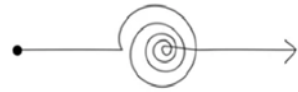


Unwinding must be
completed by
November 11, 2023

Unwinding the Waiver Flexibilities

Examples of some of the flexibilities to unwind:

Using telehealth in place of in-person service delivery for certain services, such as PAB and ADH



PAB and ADH will return to in-person service delivery

Allowing different locations where services could be delivered, such as ADH in the participant's home



ADH services can only be provided in the ADH setting

Adjusting the process of requiring Exceptions Review if certain services exceeded the limits, such as the 760-hour limit per plan year for Respite



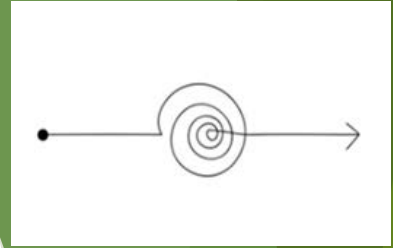
Exception Review process is required for requests for services exceeding the limits

Unwinding the Waiver Flexibilities

Examples of flexibilities that are now permanent No Unwinding Needed

- ▶ Case managers may provide most services through telehealth when the participant & family choose that method instead of in-person visits.
- ▶ Telehealth may be used in place of in-person services for Individual Employment Supports, Community Navigator, and Training & Consultation.
- ▶ Personal Assistance/Habilitation (PAB) may be used to support any participant while they are hospitalized - there are some requirements for what the waiver staff can provide vs. what the hospital staff provides.
 - ▶ Retainer payments may be available to the provider, if the participant does not use PAB while hospitalized.

Unwinding the Waiver Flexibilities



What happens if a participant or family wants to continue using the flexibilities of Appendix K after November 11, 2023?

- ▶ For example, a participant wants to continue to receive ADH in their home and not at the ADH setting.
- ▶ The only authority for the flexibilities is Appendix K which requires unwinding to be finished no later than November 11, 2023.
- ▶ Flexibilities under Appendix K that have not been incorporated into the Waiver, through a Waiver application or amendment, will no longer be available.
- ▶ Participants and families should work with the case managers to transition to services in the current Waiver to meet their needs.

Member Redetermination

During the COVID Public Health Emergency (PHE), Medicaid members were provided with continuous coverage without an annual renewal. Only individuals who moved out of state, voluntarily requested to stop their Medicaid enrollment or passed away were disenrolled.

The CAA created new rules for when Medicaid renewals would restart.

Medicaid eligibility renewals *restarted in April, 2023 regardless of PHE status.*

Renewals have been divided over a 12-month period to better manage the workload and to avoid bulges in eligibility case loads each year.

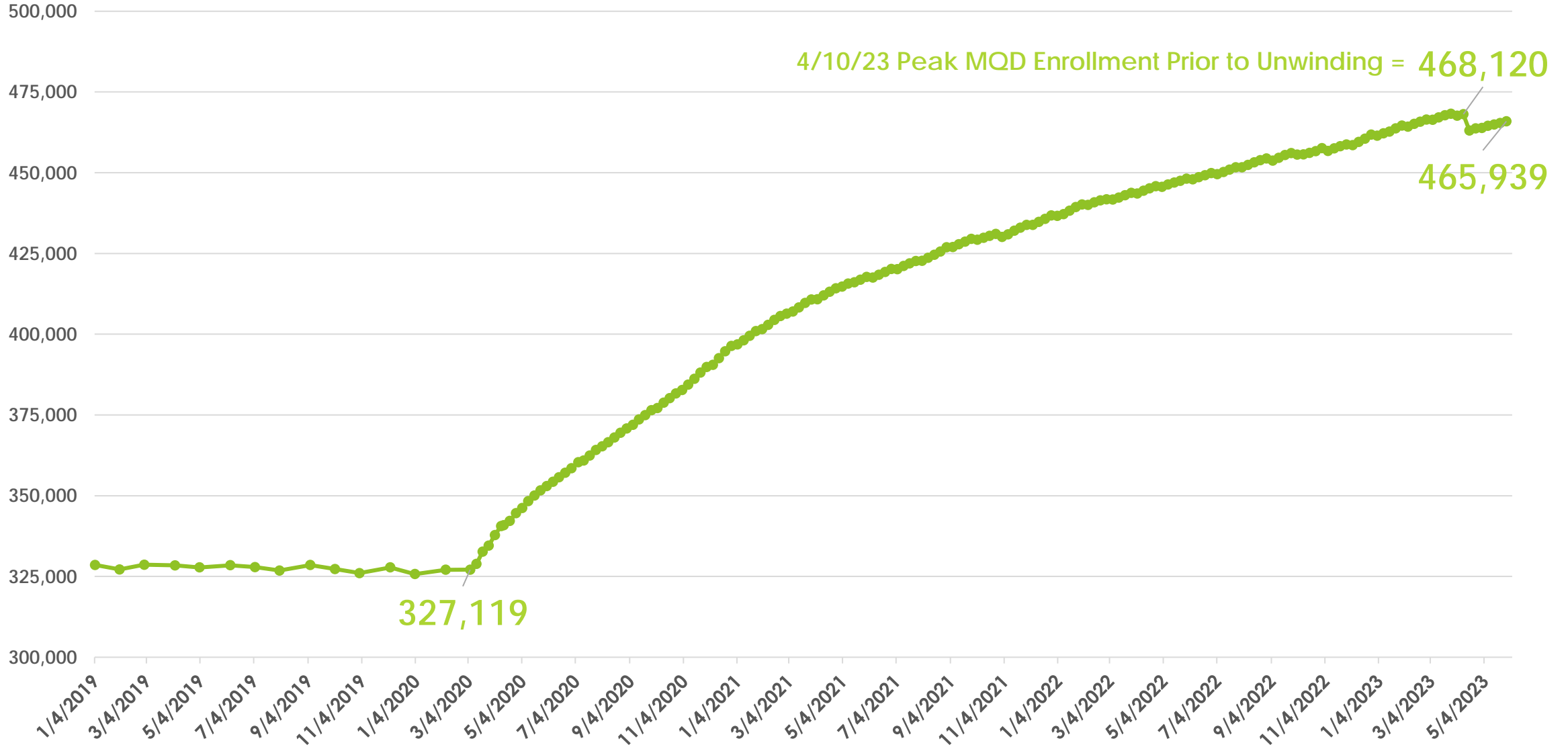
Generally, the oldest cases will be redetermined first.

Those known to MQD's system as being houseless will not be required to be renewed until March 2024, although we strongly encourage service providers who help this population to assist these members with their QUEST renewals when the opportunity presents itself by calling MQD at 1-800-316-8005 (TTY/TDD 711).

Hawai'i Medicaid Monthly Enrollment: January 2019 to May 29, 2023

141,001 New Enrollments from 3/6/2020 - 4/10/2023 (43% Increase)

2,181 fewer enrollments from 4/10/2023 to 5/29/23 (0.5% Decrease from Peak Enrollment)



QUICK FACTS:

Beginning in April 2023 and continuing until March 2024, the State of Hawai'i's Department of Human Services (DHS) Med-QUEST Division, will begin to review all Medicaid cases.

All Medicaid households received a letter in late March that let them know when their case will be renewed/redetermined. Renewal months will be between May 2023 - April 2024.

Medicaid households will receive a **pink letter** in the mail the month before their renewal month. For example, If Aunty's renewal month is December 2023, she will receive a **pink letter** in November 2023.

We encourage all Medicaid members to take the following steps to prepare for their renewal:

- If you no longer need QUEST (Medicaid) coverage, call us at 1-800-316-8005, (TTY/TDD 711).
- Be sure Med-QUEST has your current mailing address, phone number, email, or other contact information.
 - The easiest way to report any changes to your contact information is by calling the number on the back of your Health Plan membership card.
 - You can also log in to [Medquest.hawaii.gov](https://medquest.hawaii.gov) for ways to reach Med-QUEST directly.
- Open all mail from Med-QUEST and respond if requested.

March Letter to all Med-QUEST Member Households



[CASE-FNAME] [CASE-MI] [CASE-LNAME]
[CASE-STR-1]
[CASE-STR-2]
[CASE-CITY] [CASE-ST] [CASE-ZIP]

Important Information About Your Med-QUEST Coverage

Aloha [INSERT CASE FIRST NAME],

Beginning in April 2023 and continuing until March 2024, the State of Hawaii's Department of Human Services (DHS) Med-QUEST Division, will begin to review all Medicaid cases. This letter is to inform you that you and other Medicaid members in your household are covered through [MONTH], [YEAR]. You will receive a pink letter in the mail in [MONTH-1], [YEAR] when your renewal will begin.

If you no longer need QUEST (Medicaid) coverage, call us at 1-800-316-8005, (TTY/TDD 711).

You can take the following steps to prepare for your renewal:



Update your contact information, if you have changes – Always be sure Med-QUEST has your current mailing address, phone number, email, or other contact information. **The easiest way to report any changes to your contact information is by calling the number on the back of your Health Plan membership card.** You can also log in to medquest.hawaii.gov for ways to reach Med-QUEST directly.



Open and respond to all mail from Med-QUEST – Med-QUEST will mail you a pink letter with details about your Medicaid coverage. This letter will let you know if Med-QUEST was able to renew your Medicaid eligibility or may let you know that Med-QUEST needs additional information from you to renew your Medicaid eligibility.



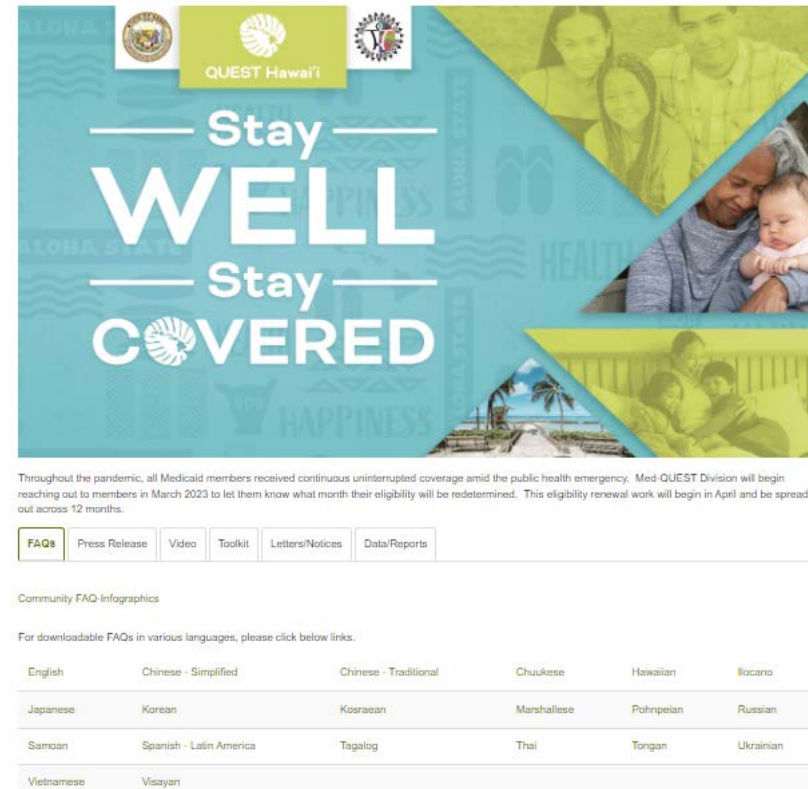
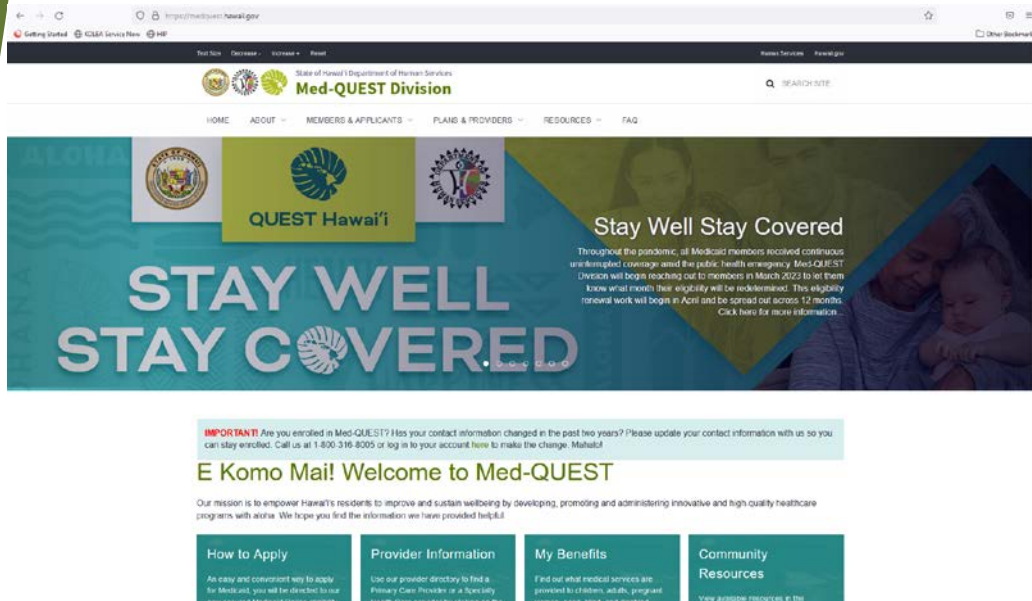
Complete your renewal form – If Med-QUEST needs more information, you will receive a renewal form in [MONTH-1], [YEAR].

Enclosed you will find the QUEST Member Handbook.

Mahalo and stay well and stay covered!

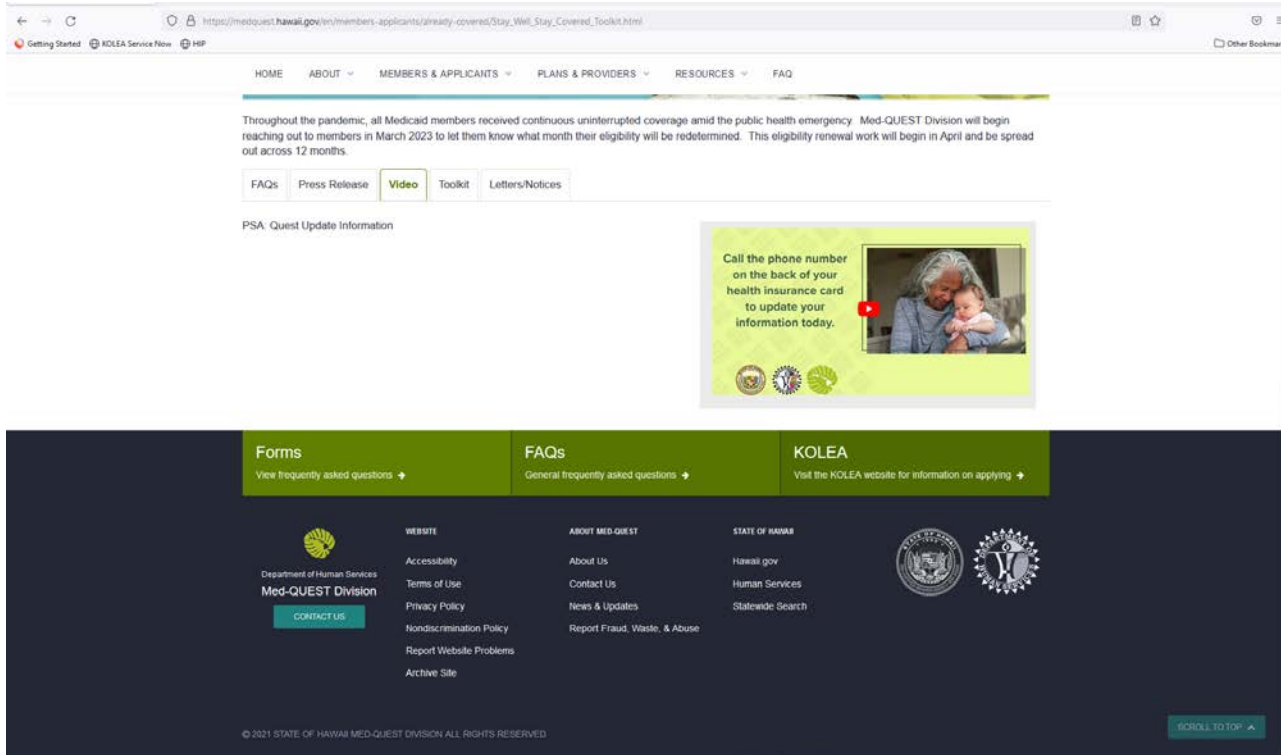
Med-QUEST has consolidated all information on the restart of eligibility redeterminations on it's website:

<http://medquest.hawaii.gov/staywell>

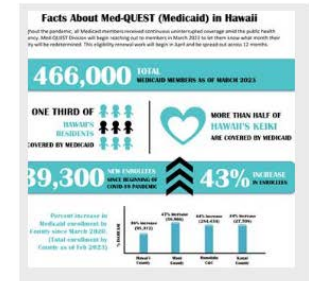


English	Chinese - Simplified	Chinese - Traditional	Chuuktese	Hawaiian	Ilocano
Japanese	Korean	Kosraean	Marshallese	Pohnpeian	Russian
Samoan	Spanish - Latin America	Tagalog	Thai	Tongan	Ukrainian
Vietnamese	Visayan				

Medicaid Videos and Toolkits



- FAQs
- Press Release
- Video
- Toolkit**
- Letters/Notices
- Data/Reports



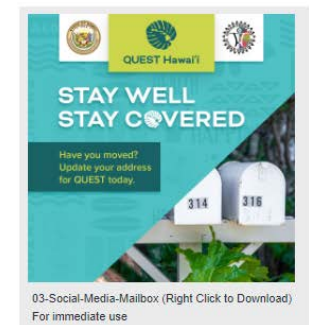
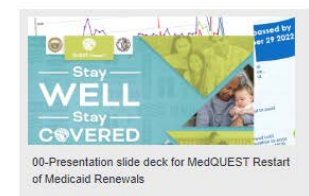
Community FAQ Infographics



Poster



Brochure

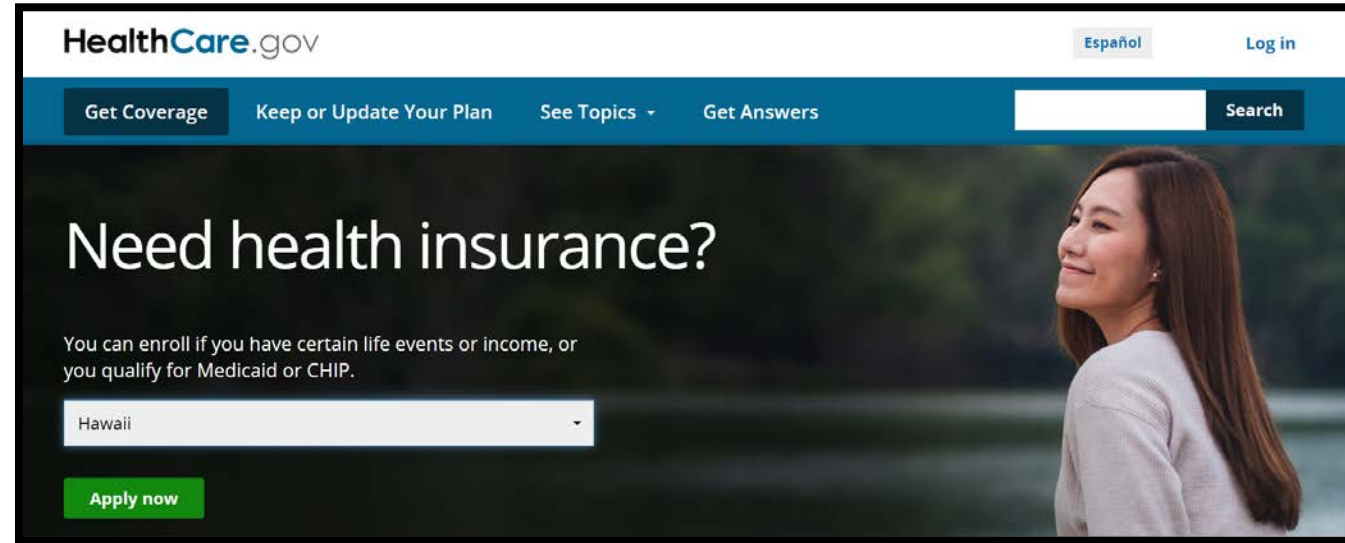


QUEST (Medicaid) Members: Have you moved in the past three years? Don't miss out on receiving important information regarding your benefits. Call the

If you have QUEST (Medicaid), has your contact information changed in the past three years? Call the number on the back of your health insurance card to

It's time to update your contact information for QUEST (Medicaid). Updating your address, phone number and email will ensure you continue to receive

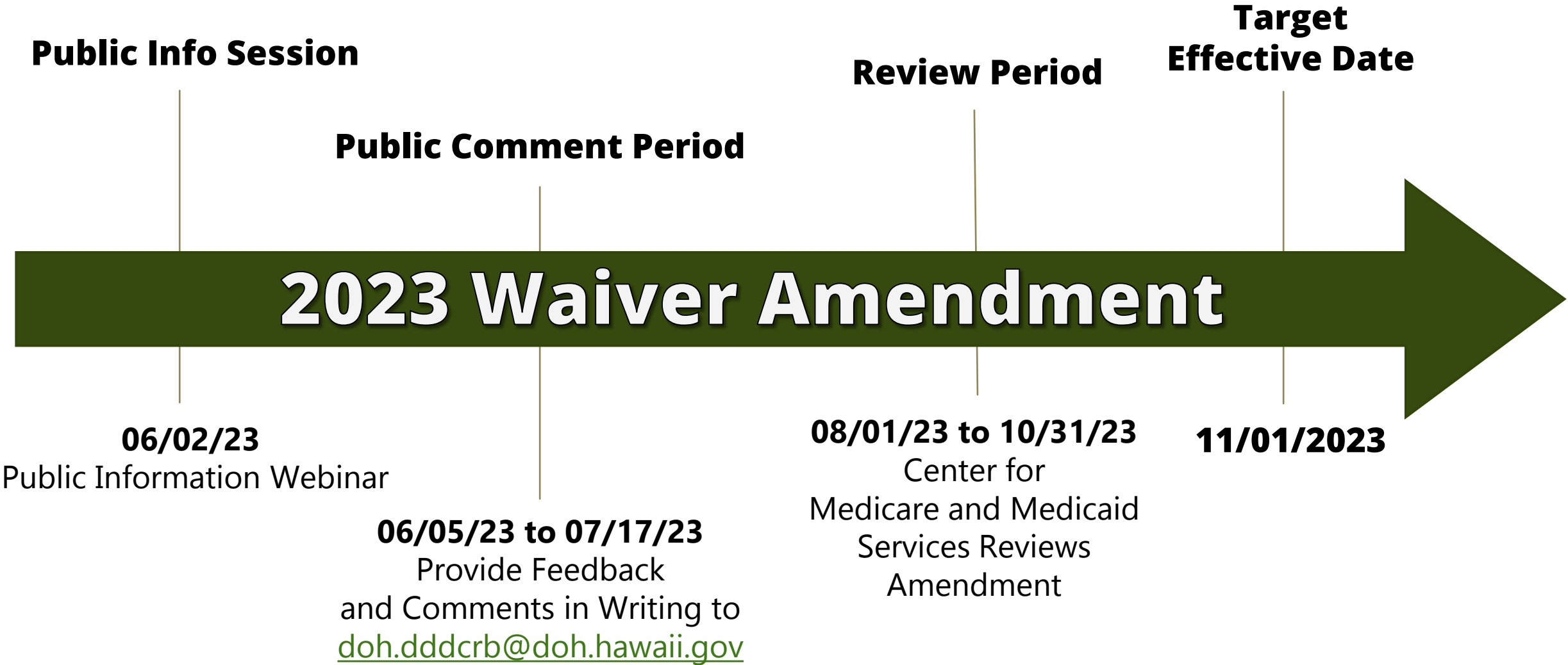
What if someone is no longer eligible for Med-QUEST and does not have access to employer sponsored coverage?



The HealthCare.Gov Marketplace has created a Special Enrollment Period

- People can avoid any gap in coverage by applying up to 60 days before or 60 days after loss of Medicaid coverage
- Marketplace plans are:
 - **Affordable.** 4 out of 5 enrollees can find plans that cost less than \$10 a month.
 - **Comprehensive.** All plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.
- Visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596 to get details about coverage

Timeline for the Waiver Amendment



Public Info Session

Public Comment Period

Review Period

Target Effective Date

2023 Waiver Amendment

06/02/23

Public Information Webinar

06/05/23 to 07/17/23

Provide Feedback and Comments in Writing to doh.dddcrb@doh.hawaii.gov

08/01/23 to 10/31/23

Center for Medicare and Medicaid Services Reviews Amendment

11/01/2023

Full Implementation of the 2020 Rate Study with Minimum Wage Increase

- ▶ DDD contracted with Burns & Associates in 2020 to conduct a comprehensive study of payment rates for waiver services
- ▶ Key tasks
 - ▶ Review of service requirements and discussions with DDD staff and service providers
 - ▶ Design and administration of a provider survey
 - ▶ Identification of independent benchmark cost data
 - ▶ Development of detailed rate models
 - ▶ Facilitation of a public comment process
- ▶ Detailed information can be found at <https://health.hawaii.gov/ddd/provider-training/rate-study-update/>

Full Implementation of the 2020 Rate Study with Minimum Wage Increase

- ▶ Rate models were subsequently updated to account for Hawaii's increasing minimum wage
 - ▶ Minimum wage increased from \$10.10 per hour to \$12.00, effective October 1, 2022
 - ▶ Minimum wage will increase to \$14.00 per hour on January 1, 2024
- ▶ Rate study does *not* consider direct support to be a minimum wage job
 - ▶ However, direct support professionals generally earn modest wages and so are impacted as the minimum wage increases
 - ▶ Rate models account for 'spillover' effects - as the minimum wage increases, wages for lower-paid workers who already earn more than the new minimum must be increased to ensure these jobs remain competitive

Full Implementation of the 2020 Rate Study with Minimum Wage Increase

- ▶ Final rate models represented an increase of about 20 percent on average
 - ▶ Due to statewide budget shortfalls at the time, funding was not available to implement the rate models
- ▶ DDD ultimately used funds made available through the federal American Rescue Plan Act to temporarily increase payment rates
 - ▶ Rates were increased by one-half of the recommended amounts on July 1, 2021 (e.g., if a rate was recommended to increase 20 percent, it was increased 10 percent)
 - ▶ The full rate study recommendations, with the adjustment for the higher minimum wage, were implemented on October 1, 2022
 - ▶ ARPA funds only supported these rate increases through June 30, 2023
- ▶ The state budget for the biennium beginning July 1, 2023 includes funding to make these rate increases permanent

Nursing Supports Included in Certain Services

Current Waiver

- ▶ Nursing supports was not included in the service description for most services.
- ▶ Training and Consultation (T&C) by an RN was available for nurse delegation activities for most services.

Waiver Amendment 2023

- ▶ Revised service definitions to include nursing supports such as delegation activities for the following services:
 - ▶ Adult Day Health (ADH)
 - ▶ Community Learning Service (CLS)
 - ▶ Personal Assistance/Habilitation (PAB)
 - ▶ Residential Habilitation (ResHab)
 - ▶ Respite

Why were these changes made?

- ▶ Stakeholders have recommended that nursing supports such as delegation activities be built back into the services.

Nursing Supports Included in Certain Services

- ▶ The specific language added to the Waiver Amendment for certain services:

Nursing is included as part of this service for the purpose of developing, overseeing, training, and documenting plans for nurse delegated tasks performed during the delivery of service, as needed.

- PDN may be authorized for direct nursing services.

Nursing Supports for Other Services

Current Waiver

- ▶ T&C by an RN was available for nursing supports such as delegation activities.

Waiver Amendment 2023

- ▶ T&C by an RN for nursing supports such as delegation activities is limited to services that do not include nursing as a component of the service.
 - ▶ Consumer-Directed (CD):
 - ▶ Personal Assistance/ Habilitation;
 - ▶ Community Learning Service-Individual;
 - ▶ Respite;
 - ▶ Community Navigator;
 - ▶ Discovery and Career Planning; and
 - ▶ Individual Employment Supports

Why were these changes made?

- ▶ To fully implement the 2020 Rate Study and ensure continued access to nursing supports such as delegation activities for other services.

Telehealth Changes

Current Waiver

- ▶ Discovery and Career Planning (DCP) - does not allow for services to be provided via telehealth.
- ▶ Annual level-of-care redetermination reviews are conducted in-person.
- ▶ Provider monitoring reviews are conducted at the service site.

Waiver Amendment 2023

- ▶ Revised DCP service definition to allow for services to be provided via telehealth.
- ▶ Revised to allow annual level-of-care redetermination reviews to be conducted in-person or by telehealth.
- ▶ Revised to allow provider monitoring reviews to be conducted at the service site or through remote review.

Why were these changes made?

- ▶ The flexibilities that were available with the Appendix K will now be part of the Waiver.

Out-of-State Supports

Current Waiver

- ▶ Community Learning Service (CLS) was not included as a service that could be provided out-of-state.
- ▶ Limited out-of-state services to be provided by only one staff.

Waiver Amendment 2023

- ▶ Expanded services that may be provided out-of-state to include CLS.
- ▶ Removed limit of only one staff providing supports for services provided out-of-state.

Why were these changes made?

- ▶ Enables participants to receive support to access the community while traveling.
- ▶ To allow participants the flexibility to choose to travel with more than one staff.

Training and Consultation (T&C)

Current Waiver

- ▶ Training and Consultation (T&C) was limited to certain supports in a participant's life and did not include the participant and families.
- ▶ T&C was available for Vehicle Modifications (VM) assessments.

Waiver Amendment 2023

- ▶ Clarified that T&C may be provided to assist participants, families, caregivers, service supervisors, and support staff.
- ▶ T&C does not provide training in the use of VM.

Why were these changes made?

- ▶ Adding language to clarify the service.

Waiver Emergency Services

Current Waiver

- ▶ Required a minimum of 50% face-to-face interactions during Crisis Mobile Outreach
- ▶ Required Crisis Mobile Outreach staff and Out-of-Home Stabilization staff to have the following qualifications:
 - ▶ Bachelor's degree, at minimum, and
 - ▶ At least 1 ½ years experience working with people with I/DD and/or behavioral crisis

Waiver Amendment 2023

- ▶ Revised the requirement to remove the minimum percentage to be a portion of the Crisis Mobile Outreach to be provided face-to-face
- ▶ Changed minimum qualifications for Crisis Mobile Outreach staff and Out-of-Home Stabilization staff to the following:
 - ▶ High school diploma or equivalent;
 - ▶ 1 year experience working with people with I/DD and/or people experiencing behavioral crisis; and
 - ▶ Additional training requirement in the Home and Community Based Final Rule for Community Integration

Waiver Emergency Services

Waiver Amendment 2023

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 - ▶ High school diploma or equivalent;
 - ▶ 1 year experience working with people with I/DD and/or people experiencing behavioral crisis; and
 - ▶ Additional training requirement in the Home and Community Based Final Rule for Community Integration

Why did we make this change?

- ▶ To allow for flexibility based on the participant's unique needs
- ▶ To expand the workforce to include highly qualified, trained, and experienced staff without limiting to those who have a bachelor's degree

Fiscal Accountability Process - Electronic Visit Verification

- ▶ ***NEW*** Added the requirement of electronic visit verification (EVV) for personal care services, including Chore, Personal Assistance/Habilitation, Respite, and Private Duty Nursing.
- ▶ EVV may be captured through telephone verification, verification through a fixed device in the participant's home, or a GPS-enabled mobile device.
- ▶ Hawaii's EVV system allows for manual edits of visits when there is a need to enter or correct visit data.
- ▶ DDD will conduct monthly monitoring of manual edits to identify providers or Consumer-Directed (CD) employers that are manually editing their EVV entries above the benchmark of 15% of the visits in a month.
- ▶ DDD will implement a progressive set of actions for providers and CD employers that continually exceed the benchmark.

Other Revisions

- ▶ Respite - clarified the service may be provided in community settings.
- ▶ Vehicle Modifications - expanded who may provide the functional needs assessments to include clinicians working within the scope of their license
- ▶ Waiver services on an emergency basis - described the authorization process for the provision of Waiver services on an emergency basis.
 - ▶ Emergency basis defined as situations where additional services are needed to address a participant's immediate health and safety needs, hospitalization, or imminent risk of more restrictive placement

Application for §1915(c) HCBS Waiver: 01/01/2025 - 01/01/2025 Page 1 of 203

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Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the target population. Waiver services encompass and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) requires that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant-directed services.

Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

1. Request Information

A. The State of Maryland requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act:

B. Program Title:
HCBS Services for People with Intellectual and Developmental Disabilities (IDD Waiver)

C. Waiver Number: 000001

D. Original Rule Number: 000001

E. Amendment Number:
000002

F. Approval/Effective Date (month/year):
01/2025

Approved/Effective Date of Waiver Being Amended: 01/01/25

2. Purpose(s) of Amendment

Purpose(s) of the Amendment: Describe the purpose(s) of the amendment:



Questions & Answers

How to Submit Public Comment



By email: doh.dddcrb@doh.Hawaii.gov

In writing



By mail: DOH DDD CRB
3627 Kilauea Avenue, Rm 411
Honolulu, HI 96816

Send comments
by mail or email

Public Comment Period:

June 5, 2023 - July 17, 2023

Thank You!

