

**SUMMARY OF PUBLIC COMMENTS**  
**1915(c) Medicaid Waiver for Individuals with Intellectual and Developmental**  
**Disabilities (I/DD Waiver)**  
**Amendment #7**

This document contains a summary of the public comments collected in response to the 1915(c) Intellectual and Developmental Disabilities (I/DD) Waiver Amendment #7. This amendment will implement a rate increase for specific waiver services based on the provider rate study conducted in 2020 with revisions to include the increase to minimum wages in 2022. The rate study proposed rate increases for the following services: Personal Assistance/Habilitation, Residential Habilitation, Additional Residential Supports, Adult Day Health, Community Learning Service, Discovery and Career Planning, Individual Employment Supports, Respite, Chore, Non-Medical Transportation, Private Duty Nursing, Training and Consultation, and Waiver Emergency Services.

Public comment was taken from June 5, 2023, through July 17, 2023. A notice regarding the I/DD Waiver Amendment was posted in Honolulu Star-Advertiser, Hawaii Tribune Herald, West Hawaii Today, The Maui News, and The Garden Island. The public notice, as well as the link to a copy of the waiver renewal, was posted on the Department of Human Service, Med-QUEST Division (DHS/MQD) website [medquest.hawaii.gov](http://medquest.hawaii.gov) and the Department of Health, Developmental Disabilities Division (DOH/DDD) website [health.hawaii.gov/ddd](http://health.hawaii.gov/ddd). A printed copy of the I/DD Waiver Amendment and special accommodations (i.e., interpreter, large print or taped materials) was available upon request. In accordance with Centers for Medicare and Medicaid Services (CMS) guidance, interested members of the public were given 42 days to submit written comments by mail or email from June 5, 2023, through July 17, 2023.

During the public comment period, the State received three written comments.

**Level of Care**

**Comment:** One comment was received from a family member of a Waiver participant residing in an Expanded Adult Residential Care Home (E-ARCH) regarding amending the Waiver and State and federal laws to reimburse E-ARCHs at Skilled Nursing Facility (SNF) rates for individuals who meet SNF level of care (LOC).

**Response:** Residential Habilitation (ResHab) rates for licensed homes such as an E-ARCHs reflect the service standards and staffing requirements for the Waiver service. SNFs have different staffing patterns and qualifications of staff, and therefore, different reimbursements. People who need primarily healthcare services in the home or a facility such as SNF may qualify for services through the Health Plans.

**Appendix C-1/C-3 Waiver Services:** Comments in this section relate to Waiver service descriptions.

**Comment:** Recommendations from the Hawai'i Employment First Taskforce include the following:

- Using consistent language across Waiver services pertaining to employment.
- Creating a flow of support between Waiver services pertaining to employment.
- Including the steps for customized employment in the Discovery and Career Planning service.
- Incorporating Community Life Engagement guideposts in Waiver services pertaining to employment.
- Revising the definition for Discovery and Career Planning, to include a description of the pathways to employment.

**Response:** Recommendations from the Taskforce will require further discussion and research. The State will work with stakeholders to determine next steps, such as developing resource materials or updating the Waiver Standards. No changes were made to this section as a result of this comment.

**Comment:** One comment was received from a family member of a Waiver participant regarding the proposed ending of the provision of Adult Day Health (ADH) 1:1 in the home due to the end of Public Health Emergency and the unwinding of Appendix K flexibilities. The commenter requested the State revise the Waiver amendment to permit ADH 1:1 in the home for individuals who cannot access the service at the ADH location.

**Response:** The Appendix K flexibility to allow for the provision of ADH 1:1 in the home was meant for the safety and continuity of services for those participants, who had been receiving ADH at the facility, during the COVID-19 Public Health Emergency. The desired outcome of ADH is to support participants to improve in individual independence and other skill building that leads to increased community integration. Services provided only in the home do not increase community integration. The activities described in the comments from the family member are in line with activities covered under Personal Assistance/Habilitation (PAB) in the family home or ResHab in a licensed/certified setting. No changes were made to this section as a result of this comment.