

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: _____ **Hawaii** _____

B. Waiver Title: Hawaii 1915(c) Home and Community Based Services for People with Intellectual and Developmental Disabilities (I/DD Waiver)

C. Control Number: HI.0013.R08.08

D. Type of Emergency (The state may check more than one box):

<input type="radio"/>	Pandemic or Epidemic
<input checked="" type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

1) Natural disaster – Wildfires on Maui. This amendment will apply statewide to all waiver participants impacted by the Maui wildfires or the response to the wildfires (e.g., relocation, closure of Adult Day Health, etc.). In response to the catastrophic wildfires on Maui, President Joseph R. Biden, Jr. declared that a major disaster exists in the State of Hawaii in the areas affected by wildfires beginning on August 8, 2023, and continuing. The Secretary of Health and Human Services (HHS) declared a public health emergency (PHE) on August 11, 2023, with a retroactive effective date of August 8, 2023.

2) The Hawaii Department of Health/Developmental Disabilities Division (DDD) is coordinating information from case managers and provider agencies on Maui on the number of participants in the affected areas. DDD has identified 37 participants who live in the West Maui (Lahaina and Kula) areas and are at highest risk. In addition, 220 participants receive services in other regions of Maui, who may also be impacted by the effects the wildfires have county wide.

3) The Hawaii Department of Human Services/Med-QUEST Division (MQD) is the State Medicaid Agency and delegates operations of the I/DD Waiver to DDD. MQD and DDD are working closely to obtain authorizations from CMS under §1135 and §1915(c) for flexibilities to support Waiver participants during this disaster. The State agencies are also coordinating with the provider network, officials from the local, state and federal agencies, the DD Council, and other stakeholders to ensure a smooth and timely response to meet the needs of participants, families and caregivers.

4) Hawaii seeks temporary changes to the 1915(c) waiver to address the need for service provision outside of approved service descriptions to ensure participant health and safety needs can be accommodated during the emergency.

Temporary changes needed to service delivery methods include: modify service limits; expand settings where services can be provided; permit payment for services rendered by legally responsible individuals; modify provider qualifications; change the process for level of care evaluations and re-evaluations; modify the person-centered plan development process; include retainer payments; and other changes to performance data, provider monitoring and audits.

F. Proposed Effective Date: Start Date: August 8, 2023
Anticipated End Date: August 7, 2024

G. Description of Transition Plan.

Participants will be supported to transition to enhanced flexible App K services as needed due to the impacts of the wildfires. Once the emergency ends, participants will be supported to transition to waiver services that meet their needs. All due process rights will be provided.

H. Geographic Areas Affected:

Maui County

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. Access and Eligibility:

i. Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

N/A

ii. Temporarily modify additional targeting criteria.

[Explanation of changes]

N/A

b. X Services

i. Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

Prior Authorizations

Additional Residential Supports (ARS), Adult Day Health (ADH), Assistive Technology (AT), Chore, Community Learning Service-Individual/Group (CLS-I, CLS-G), Discovery & Career Planning (DCP), Individual Employment Supports (IES), Non-Medical Transportation (NMT), Personal Assistance/Habilitation (PAB), Private Duty Nursing (PDN), Residential Habilitation (ResHab), Respite, Specialized Medical Equipment and Supplies (SMES), Training & Consultation (T&C), Waiver Emergency Services:

To ensure participant health and safety needs can be met in a timely manner, the prior authorization and/or exception review process may be modified as deemed necessary by DOH-DDD.

- a. In emergent situations where the participant's immediate health and safety needs must be addressed, retrospective authorization may be completed.
- b. Documentation of verbal approval or email approval of changes and additions to individual plans will suffice as authorization for providers to deliver services while awaiting data input into the case management system and MMIS.

Services in Appendix C1/C3

Adult Day Health (ADH), Personal Assistance/Habilitation (PAB), Waiver Emergency Services – Emergency Outreach: These services may be provided through telehealth that meets privacy requirements when the type of support meets the health and safety needs of the participant.

The state assures:

- That telehealth will be delivered in a way that respects the privacy of the individual especially in instances of toileting, dressing, etc.
- That telehealth will facilitate community integration.
- The successful delivery of services for individuals who need hands on assistance/physical assistance, including whether the service may be rendered without someone who is physically present or is separated from the individual.
- Support will be provided to individuals who need assistance with using the technology required for telehealth delivery of the service.

Private Duty Nursing (PDN): Suspend the per-day limits and short-term time limits on Private Duty Nursing as needed to protect participant health and safety.

Additional Residential Supports (ARS): Suspend the 60-day limit. Permit the use of the service to provide supports in licensed and certified settings when needed to replace community service the participants cannot access due to the impact of the wildfires.

Respite: Suspend the annual limit of 760 hours of Respite when needed to address potential health and safety issues due to the unavailability of services and/or natural supports that the participant has been receiving.

Assistive Technology (AT) and Specialized Medical Equipment and Supplies (SMES): Modify the process for procuring medically necessary AT and SMES in accordance with the Fifth Emergency Proclamation issued by Governor Josh Green, M.D., to expedite the replacement of medically necessary AT and SMES for participants who lost their previously purchased device or equipment due to the PHE. The process will include using existing documentation on file, without requiring an updated physician prescription and an updated assessment if the participant's needs have not changed. AT and SMES must not be otherwise covered by the Medicaid state plan or the QUEST Integration health plan.

Appendix C-4

Grant exceptions to the individual budget limits described in Appendix C-4 when needed to accommodate changes in service need and/or availability for a variety of circumstances that may arise from the impacts of the wildfires.

The state assures that any increases in the budget limits will not affect cost neutrality and the waiver will remain cost neutral.

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Personal Assistance/Habilitation (PAB), Respite, Residential Habilitation (ResHab), and Adult Day Health (ADH): Temporarily allow authorized waiver services to be provided to participants, in accordance with the individualized services plan (ISP), in any location where the participant is located due to the impact of the Maui wildfires, including the participant's home (including private home, licensed or certified non-institutional setting), the home of their direct support professional, any location where they have evacuated (such as in hotels, shelters, schools, churches, campgrounds, and other designated evacuation locations, and/or where the participant has been relocated in temporary housing (including locations on neighbor islands). This flexibility is intended to continue to protect the health and safety of waiver participants during emergency evacuations and relocations, as determined appropriate by a waiver participant's case manager and circle of support.

Respite and ResHab: Services in these expanded non-institutional settings do not include room and board expenses.

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

N/A

c. X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

Personal Assistance/Habilitation (PAB), Community Learning Services (CLS), Respite, Chore, Non-Medical Transportation (NMT): Permit legally responsible relatives to be hired as temporary workers in the absence of direct support workers related to the impacts of the Maui wildfire public health emergency. The state assures that the services provided by legally responsible relatives are extraordinary care, exceeding the ordinary care that would be provided to a person without a disability of the same age. The state ensures payments are made for services rendered through electronic visit verification for PAB, Respite, and Chore. In addition, legally responsible relatives hired by a provider must adhere to the requirements in the Waiver Provider Standards Manual. Those hired through the Consumer-Directed option must follow the requirements in the Consumer-Directed Option Overview and Requirements Handbook.

Services are authorized in the ISP and delivery of supports must be documented by the legally responsible relative(s).

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Lower the minimum age requirement for direct support professionals to 16 years of age. Suspend the requirement for a high school diploma or GED. Temporarily suspend requirements for criminal history checks, staff training, CPR and first aid certification. The provider must attest that the employee meets the following: is legally able to work in the United States, is trained in the service delivery specified in the participant's ISP and can follow written and verbal instructions for performing and documenting the job duties. Providers may choose to provide training on-line in lieu of in-person training. Training may also be conducted by telehealth. The use of telehealth for conducting participant-specific training in the ISP must meet privacy requirements.

Personal Assistance/Habilitation, Additional Residential Supports, Community Learning Services, Respite, Private Duty Nursing, Chore: Expand provider qualifications to include any provider agencies enrolled in QUEST Integration health plan networks performing similar work.

ii. Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

N/A

iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Residential Habilitation: Temporarily permit the use of unlicensed group homes for residential habilitation settings when the licensed setting is inaccessible due to the impact of the wildfires. The provider must attest and the state will verify that the home meets the participants' need for health and safety.

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

Level of care (LOC) initial and annual determinations may be conducted using telehealth. LOC annual redeterminations may be extended for up to one year past the due date of the approved DHS1150-C during the declared public health emergency for Maui wildfires.

f. X Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

Maui County providers may bill at the higher Big Island rates to account for additional travel time and distance due to impacts of the declared public health emergency for Maui wildfires.

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

The State may modify timeframes or processes for completing the Individualized Service Plan (ISP) to use e-signatures that meet privacy and security requirements as a method for the participant or legal guardian signing the ISP to indicate approval of the plan. Services may start while waiting for the signature to be returned to the case manager, whether electronically or by mail. Signatures will include a date reflecting the ISP meeting date. Allow ISP assessments to be conducted using telehealth.

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

N/A

i. ___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

N/A

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Personal care/assistance is a component of all services for which retainer payments will be made.

Adult Day Health (ADH), Community Learning Services (CLS), Personal Assistance/Habilitation (PAB), Discovery and Career Planning (DCP), and Individual Employment Supports (IES): To preserve services and employment programs, that providers may not be able to deliver, and maintain a stable workforce, DDD will make retainer payments for ADH, CLS, PAB, DCP, and IES. The retainer payments will be billed and paid based on a monthly unit of service with a rate equal to 90 percent of the difference of a provider's billing for a given participant in a baseline period (the average monthly billing for state fiscal year 2023) and the month of the declared public health emergency for which the retainer is being billed. Such retainer payments will be limited to the lesser of 30 consecutive days or the number of days for which Hawaii authorizes bed-hold payments in nursing facilities.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

N/A

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

N/A

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

The timeframes for the submission of the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the declared public health emergency for Maui wildfires.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Judy
Last Name Mohr Peterson
Title: Med-QUEST Administrator
Agency: Department of Human Services
Address 1: 601 Kamokila Blvd.; Suite 518
Address 2: Click or tap here to enter text.
City Kapolei
State Hawaii
Zip Code 96707
Telephone: 8080692-8050
E-mail jmohrpeterson@dhs.hawaii.gov
Fax Number Click or tap here to enter text.

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Mary
Last Name Brogan
Title: Administrator
Agency: Hawaii State Department of Health, Developmental Disabilities Division
Address 1: 1250 Punchbowl St.
Address 2: Room 463
City Honolulu
State Hawaii
Zip Code 96813
Telephone: 808-586-5840
E-mail Mary.brogran@doh.hawaii.gov
Fax Number 808-586-5844

8. Authorizing Signature

Signature: /S/

Date: 8/16/2023

State Medicaid Director or Designee

First Name: Judy
Last Name Mohr Peterson
Title: Med-QUEST Administrator/Hawaii State Medicaid Director
Agency: Hawaii Department of Human Services
Address 1: 601 Kamokila Blvd; Suite 518
Address 2: Click or tap here to enter text.
City Kapolei
State Hawaii
Zip Code 96707
Telephone: 808-692-8050
E-mail jmohrpeterson@dhs.hawaii.gov
Fax Number 808 692-8155

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification			
Service Title:			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/> Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed



ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.