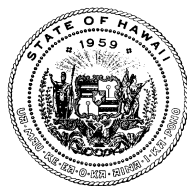


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In reply, please refer to:

File:

Medicaid I/DD Waiver  
Memo No.: FY2025-01  
Date: October 15, 2024

TO: Medicaid I/DD Waiver Providers  
  
FROM: Mary Brogan, Administrator  
Developmental Disabilities Division

SUBJECT: Waiver Reporting Requirements

The purpose of this memo is to remind you that the Medicaid §1915(c) Home and Community-Based Services Waiver for Individuals with Intellectual and Developmental Disabilities and the Waiver Provider Standards have **mandatory** reporting requirements. Based on data and reports from Case Managers (CM), we have found that a number of providers are not submitting mandatory reports in a timely manner and some are not submitting them at all. These reports are critical for maintaining quality of care for Waiver participants and for determining provider compliance to requirements of the Waiver.

The following mandatory reports are being submitted as delinquent or missing by some agencies. We recommend all agencies review their internal workflow, training, and data tracking practices to ensure timely and consistent reporting of these and any other required reports.

#### **Reports to Case Manager (Quarterly Reports)**

As required in the Waiver Provider Standards Version B, Section 3.5-B, providers will review and report participant outcomes for each Waiver service quarterly or more frequently, as identified in the ISP. The quarterly (or more frequent) reports provide the CM with important information as to the progress of the participant, as well as their well-being. The reports must contain information as outlined in the Waiver Provider Standards including information about successes, barriers, behavior support, nurse delegated activities, and plans for improvement. **The quarterly reports are to be distributed to the CM within thirty (30) calendar days after the end of the quarter or other frequency as identified in the ISP.**

### **Nursing Assessments**

As required in the Waiver Provider Standards Version B, Section 1.7-D, Nursing Assessments must be completed by a Registered Nurse (RN), on behalf of the provider, for participants whose health and safety needs include nursing tasks. The Nursing Assessment is used to identify tasks that may be delegated, assess the participant's circumstance, assess the person that may perform the delegated task(s), and identifies supervision/monitoring requirements. Providers are to use [DDD's Provider Nursing Assessment](#) template form. **The Nursing Assessment must be completed annually, prior to the ISP, or within thirty (30) calendar days of the ISP meeting for new participants or new services, if nurse delegated tasks are identified.**

### **Nurse Delegation Plans**

As required in the Waiver Provider Standards Version B, Section 1.7-D, Nurse Delegation Plans must be completed by an RN for each task and each person performing delegated tasks, if the Nursing Assessment identified tasks that may be delegated. The Nurse Delegation Plan includes identification of the nursing task to be delegated, lists equipment needed, describes each step to complete the task, expected outcomes of the task, possible adverse reaction(s) to the task, an emergency plan, and documents observations. Providers are currently allowed to use their own template for the delegation plans. **The Nurse Delegation Plan must be completed at least annually, within thirty (30) calendar days of completion of the Nurse Assessment.**

### **Adverse Event Reports (AERs)**

As required in the Waiver Provider Standards Version B, Section 3.3-A, providers must report certain adverse events to the CM, both verbally and through written submission. For a list of all types of reportable events, please see the [AER Policy #3.07](#). AERs provide the CM and other appropriate individuals with vital information on critical events and incidents that require follow-up action to safeguard participants from further harm. **Providers must verbally report an adverse event to the CM or designee (on-duty CM or supervisor) within the next business day of the adverse event. If the provider is informed about an adverse event that occurred outside of a billable Waiver service, a verbal report must be provided within the next business day of the date informed. Written reports must be submitted to the CM, through the Provider Portal, within three (3) days of the adverse event, or the next business day if the third (3<sup>rd</sup>) day falls on a weekend or holiday.**

Providers must ensure the above mandatory reporting requirements are continually met for all participants served. Failure to comply with the mandatory reporting requirements will result in a provider Corrective Action Plan or other actions.

If you have any questions, please email the Community Resources Branch at [doh.dddcrb@doh.hawaii.gov](mailto:doh.dddcrb@doh.hawaii.gov) or call (808) 733-2135.

c: Jon Fujii, DHS-MQD  
Victorino Tolentino, DHS-MQD  
DDD Management Team