Waiver Renewal Public Information Session

Hi. Welcome to today's Developmental Disabilities Division Waiver Renewal Public Information Session!

My name is Stacy Haitsuka. I'm a member of the Developmental Disabilities Division training team.

And, I'm here to help to facilitate today's webinar.

Before, I introduce today's... presenters, I'd like to share a few announcements.

Today's webinar is being recorded. We will let you know when the recording and when the handouts are posted to the DDD website.

There will be time for questions. So don't worry, we will make sure that we get to your questions.

To ask a question or to share a comment, uh please use our Zoom tools... that are on your screen.

You can either type your comment or your question into the Q&A Zoom tool.

It's likely going to be located either above or below... the main screen, the main Zoom screen.

So , you can type your question into the text box, or if you want to ask your question verbally... you can raise use the raise your hand... icon.

Go ahead and pop that up on your screen, and... we'll be able to call on you and we'll un-mute you... at that time.

So, you can ask your questions... verbally during the presentation. Okay.

So, those are the announcements. Let's... introduce today's presenters. Uh I first like to introduce Dr. Ryan Lee.

Dr. Lee is our medical director. He is also the acting administrator for the developmental disabilities division.

He's stepping into this temporary role because our longtime DDD administrator, Mary Brogan, recently retired.

Dr. Lee has our full support, and we are so grateful for him stepping up to lead our division.

Thank you Dr. Lee. Wendie Lino.

Wendy is the branch chief for our Community Resources Branch.

Camden Lamb. Camden is the section supervisor for our Community Resources… Resource Management Section. Julie Humble.

Julie is our division's program specialist focusing on competitive integrative employment.

And, Stephen Palowski. Stephen is the managing director of Burns and Associates, a division of Health Management Associates.

So, welcome to all of our presenters. Welcome to all of you… for joining us. Thank you very much for being here.

We are ready to start our presentation.

So, I'd like to… have Dr. Lee go ahead and start with our welcome message. Thank you Dr. Lee.

Dr. Lee: Thank you, Stacy. You're so good at that— so good at introductions.

Just want to acknowledge the work that was done before me… through Mary and Wendy and Julie and Camden on this effort. Want to welcome everybody.

Thank you for attending this mandatory public information session on the Waiver Renewal.

The Waiver is renewed every five years. and we're working towards… making this waiver renewal effective July 1st, 2026.

In this presentation, we're going to go over the major changes that are being presented to the waiver application, and some new things, too.

The public comment period will begin on January 16th (which is this Friday).

And, more information on how to comment will be given towards the end of this presentation.

We're conducting this session so that stakeholders can understand what changes or additions are .being proposed

And, you're able to provide the public comment on that.

The comments are then… taken into consideration by DDD and MedQuest division (prior to submission of the waiver application to CMS).

And so, now I'm going to pass things on to Wendie— who's going to introduce… the timeline and an overview of the session today. Wendie?

Wendie: Thank you Dr. Lee. Can we go to the next slide please?

Okay. So, this is just a timeline of where we're at… in the waiver renewal. So, right now… we're in January.

We have two public informational sessions— one today and then one on Thursday (in the afternoon).

Then that launches off the public comment period— which again Dr. Lee mentioned starts on January 16th (which is Friday), and it goes to March 3rd.

Then, after public comment period ends, DDD and MedQuest will review all the public comments, summarize and respond to the comments— because we need to include that in the waiver application when we submit to CMS.

Then on April 1st, we'll submit (or MedQuest will submit) the waiver renewal application to CMS.

In the meantime, we're going to have to also revise and issue new… a new version of the standards to include everything that we put in the… all of our proposed changes in the Waiver.

So, the waiver standards will be issued on June 1st.

And then, pending CMS approval, the waiver effective… the waiver renewal effective date will be July 1st, 2026.

So, next slide.

So, some things that we're going to go over today that have been proposed in the waiver… is that we're clarified and expanded service… some service definitions.

There's an addition of two new services. There were some changes to service limits for some services.

We added the allowance of training and consultation behavior in an acute care hospital.

There are some technical changes in the waiver. We updated the transition to CIS-A second edition.

And the… and updated the description of the seven CIS levels.

We updated the provider monitoring process, and we added three supplemental payments. Next slide.

So, here are the services that we clarified or expanded in the service definition.

So, discovery and career planning… we clarified the service definition to align with the federal…

Office of Disability Employment Policy (or ODEP) definitions for customized employment and the discovery process.

This was to reflect that this service is part of the customized employment process… and change the expectation to where the participant has a completed… career plan to guide job development in a competitive integrated setting. at the end of the discovery and career planning.

Then for individual employment supports… again, clarify the service definition to include best practices, and align with federal ODEP definitions for competitive integrated employment.

Excuse me! And, we included key components of customized employment based on stakeholder feedback.

And, we also included job and task analysis in the reimbursement… along with training on fade…plan strategies.

And for community navigator, we clarified the service definition to be individualized and outcome-oriented, and to promote community membership.

And, we included the four community life engagement guideposts… or set of quality indicators created by the Institute for Community Inclusion.

So, this was to individualize support for each participant, promote community membership and contribution, use human and social capital to decrease dependence on paid supports, and ensure that supports are outcome oriented and regularly monitored.

So, those are the four community life engagement guide posts that were included.

Then for personal emergency response system (or what we call PERS), we expanded the service definition to adjust for current and evolving technology.

The current service definition in the waiver is outdated, and refers only to the installation of PERS on a landline— which many people don't even have these days. So, we wanted to be able to expand that service.

Next slide.

So, here are the two new services that I had mentioned.

So, one of them is personal care assistance.

So, this covers the… a range of assistance to support participants to accomplish tasks that they would normally do for themselves.

It's for participants who can no longer benefit from habilitative services and allow them to age in place.

And, this would only be available for participants assigned to CIS levels 5 through 7.

And, personal care assistance is subject to EVV.

The other new service is residential care supports.

So, it's personal care and supportive services provided in a licensed or certified home and it's also for participants who can no longer benefit from habilitative services… and allow them to age in place.

And again, it's only available for participants assigned to CIS levels 5 through 7.

So this… these two services will have very limited use… because again both of them… the intent of both services is to allow people… our participants to age in place (as they get older).

Okay… next.

So, the changes in the service limits that we are proposing… one of them is for additional residential supports.

We… changed from the short-term time limit from 60 days to 90 days… to allow for more flexibility in the use of the service.

So, this would reduce the need to go through the exceptions review process as frequently.

And then, for discovery and career planning, we changed the maximum service limit from 24 months to 12 months.

And again, this is to align with national best practices for a more rapid engagement approach.

Most states limit DCP (Discovery and Career Planning) to 6 months or less.

Since this was a new service for Hawaii, we set the limit at two years for participants and providers to get used to the service, but have noticed that many participants end up stuck in DCP for the whole two years— which delays the progress towards employment.

So, we're hoping the 12-month time limit (12-month limit) will result in (again) a more rapid engagement.

Then for environmental accessibility adaptations (or EAA)... updated the language to allow for an exceptions review if the maximum cost exceeds the limit to... this is to allow for flexibility to accommodate the continuous increases in the cost of construction material and labor.

So, I'm sure all of you have experienced inflation, and the ever-increasing cost of things.

As we have been processing home modifications (or EAA), we have... we came across modifications that would have exceeded the limit that's in the Waiver right now of 45,000.

But, the waiver didn't allow for the acceptance review. So, we wanted to add this flexibility as we move forward.

Then for private duty nursing, we changed the maximum average hours per day from 8 hours to 10 hours.

And, we increase the day limit from 30 days to 60 days.

So, similar to ARS (Additional Residential Support)

This was to allow for more flexibility in the use of the service, and reduce the need to go through the exceptions review process as frequently.

Next slide.

[Background Noise]

So, waiver services in an acute care hospital setting... are only allowed if we ensure that it does not replace the services provided by hospital staff and are not a substitute for services the hospital is obligated to provide.

So, right now we currently have Personal Assistance Habilitation (or PAB)— which is allowed to be provided in an acute care hospital setting.

So, we are proposing to add training and consultation by a behavior analyst... as a service available to a participant for transition purposes only.

So, this is... for participants who may be in an acute care hospital, and are in need of a behavior support plan (as they transition back to the home).

That's where this would be able to be used.

Next slide.

So, CMS (Centers on Medicare and Medicaid Services)... revised the waiver application— so now we're on version 3.7.

And, with that revision, they included new requirements that states need to address.

Many of the new requirements are for states to address the… integration of… and continued compliance with the Home and Community Based Services settings rule… so… which had a compliance deadline of March 2023.

So, I'm sure all the providers recall going through that big lift of… you know, submitting everything to ensure that… all settings… that waiver services are provided in… were in compliance with the Home and Community-Based Services Settings Rule.

So… a lot of the new requirements were to address that.

So, I'm not going to read through them all. You can see them on the screen.

Next…

Excuse me. So, the division was… the division was using the CIS-A… assessment.

There was a second edition released. So, we are now transitioning to the second edition.

And, with that second edition…so we just had to update that in the waiver.

And, we… that we are transitioning to the second edition.

And, there were also some slight changes to the descriptions of the seven CIS levels. So, I have the new descriptions on the screen.

The level one previously was just low support needs.

Level two was low to moderate support needs.

So, it just gives a little bit more … description within each of the levels.

Level three previously was moderate support needs plus some behavior challenges.

Level four— moderate to high support needs. Level five was maximum support needs.

Level six were significant support needs due to medical… challenges.

And, level seven were significant support needs due to behavioral challenges.

So, just some slight rewarding of the… descriptions of each level. But, it didn't really change the… didn't change within the levels.

So then, we come to the provider monitoring process. So, right now we the division is… has a contract to help to… revise the provider monitoring framework and tool to provide more… intensive monitoring, oversight— and allow the state to provide technical assistance to… for providers who do not meet state and federal requirements.

And also, we are… proposing to change the monitoring process to be at least every 3 years… or annually for… only for providers who require a corrective action plan.

So, because the process we are we are trying to design is going to be more intensive and in and have a lot more work and… and take a lot more time, we're proposing that we spread out the monitoring for every 3 years for providers… who do meet state and federal requirements to allow the state to have more time to really get into the providers who need the assistance.

Next.

So then, we have three new supplemental payments. So, the first one is for adult foster homes on the neighbor islands.

So, this is the… this is for ResHab providers (Residential Habilitation providers) that help to develop new neighbor island adult foster homes. They must be newly certified— which means they… cannot have been certified within the past six months.

The supplemental payments will be available after there is a placement in the home, and that person stays there for a minimum of 120 days.

The first supplemental payment of $5,000 is for the first payment… placement (sorry).

And, the second… there's a option for a second additional supplemental payment of $2500 if a second participant is also put in the home while the first participant is still there.

So, this is to… we don't want… the reason why we have these time… requirements is because we don't… we want to ensure good placement. It's a good fit. We don't want people to just be put into a home that doesn't fit them.

It's not a good fit. It's not going to be a home that they're going to stay in.

We want to ensure that these homes are developed… to be certified. They're wanting to… you know… have participants come and live with them, and that… the placements are being a good fit for both the home, the caregivers, the participant, and all of the above. So… that's why we want to make sure before we pay… before we pay out the supplemental payments… that someone is actually living there, they're doing well, and whatnot before we make the payments.

Then, for competitive integrated employment, the supplemental payment would be for employment service providers that help participants find and maintain a new job.

So, the job must be competitive integrated employment paying at least minimum wage.

The individual remains in the job for a period of time to ensure that the job is a good fit.

So, similar to the placement in the homes for the AFHs.

And, the payment of $5,000 would go to the agency for successful job placement.

Then, the third supplemental payment is for the workforce development initiative that the division has been... a part (or pursuing) for the past... I don't... a couple of years at least.

It's for a direct support professional certification.

So, the supplemental payment would be for service providers— based on the number of direct supports professionals (or DSPs)... that they employ with a level one certification from the National Alliance for Direct Support Professionals.

So that... for each... eligible DSP they must be primarily engaged in providing direct support to DDD participants... and the supplemental payment would be for $1,250 per quarter per certified DSP. So, that could be a total of $5,000 per year.

Okay. Next slide.

So again, the public comment period begins this Friday, January 16th, and goes to March 3rd.

All comments must be received by 11:59 p.m. on March 3rd.

So, to submit public comment, it must be in writing. So, you can email it to doh.dddcrb@doh.hawaii.gov, or it can be... sent in by mail to DOH DDD/CRB at 3627 Kilauea Ave., Room 411, Honolulu, Hawaii 96816.

Next.

Stacy: Alright. Thank you very much, Wendy.

Okay. If anyone has questions, please go ahead and enter or type your question into the Q&A... text box, or you can go ahead and raise your... Zoom... hand at this time and we will un-mute you.

Our first question in uh the Q&A... let's see... "Is there a specific roll out plan for the two services?"

Have agencies already received information about the PCA and the other plan?

If a participant has their... ISP meeting in May or in June, will this be an option to be discussed?

Wendie: No. So... until we have everything finalized and issue the standards... that will have more detail on each of the services... that's when providers will be able to see all the... all the different details and... requirements of the service.

And, that's when providers can then apply to provide those services.

It's not just automatically. You know… every provider has to apply for whatever array of services they would like to provide. So, that's when that would happen.

So, potentially it could be available July 1st (if providers apply and get approved to add that service).

But, until we have providers identified, the service would not be able to be authorized— because there'd be no provider to authorize it for.

Stacy: Okay, understood. For panelists, who is best to give a definition of what an acute care hospital is?

That's the next question.

Dr. Lee: I can attempt to try that one.

But, I think that… what we're discussing is a hospital system that… provides treatment for people on a short-term basis.

There are other hospital settings that involve longer term— where they have longer stays.

But, acute meaning "short." And… it may be a severe illness— where they're on the inpatient unit or… other hospital unit.

Sub-acute may encompass on the order of… months.

But, chronic or longer term hospitalizations… are not the intent of the service.

Stacy: Thank you, Dr. Lee. Okay. And then next question in the Q&A and then I'm going to jump over to… Jim (who has his hand raised).

Is PCA going to be available to consumer direct services as well?

And if so, what is the pay comparison… with PCA to other services like PAB and Respite?

Wendie: So… right now, it was a decision of the state to not… have it available through consumer-directed services.

That doesn't mean it might not change in the future, but right now… we… it is not going to be available.

For the pay comparison, PCA is at a slightly lower rate than PAB— because there does not include any habilitative component (like PAB does).

But, I'm not quite sure about the Respite. Stephen, do you have any idea?

Stephen: Yes. I'll reiterate primarily what you said, Wendy.

When we compare the personal care to the existing PAB rate, it's about 15% less.

Similarly, for the residential care, those rates are… it varies a little bit by tier but about 15% less than the corresponding licensed home and AFH rates.

For the reasons that Wendy specified, we took the existing rate models for PAB and the two types of ResHab services.

We reduced (somewhat) the training expectations for the direct support professionals delivering the service, and scaled back overhead funding (particularly around program support)— because… this is meant to be a really narrow service for folks who no longer benefit from habilitation.

So, as Wendy mentioned earlier in the presentation, it's anticipated there will be a literal handful of people receiving this service.

Folks will continue to primarily receive PAB and ResHab services.

[Microphone Noise]

Stacy: Alright. Thank you, Wendy and Stephen. Okay. I'm going to jump over to our… live… request from… Jim.

Jim— I'm going to ask you to un-mute and you can go ahead and ask your… question. Go ahead.

Jim: Okay. Thank you. It was around the PCA, and I have a couple questions.

Who determines whether or not… the participant benefits from habilitation and… how is that determined (is the first part)?

And then, the second is… will people be able to use a combination of PAB and PCA?

So… that would be… meaning they can still benefit from habilitation… in some areas of life.

Wendie: I can attend… I can attend to… So, for who determines whether or not someone can benefit from habilitation or not… I would say we're still working through… the details of that process.

Most likely it would be (you know) a combination of the circle of supports, the case manager… potentially some consultation with… the clinical interdisciplinary team.

All… but… as we're… working through this, we are finalizing more of the details, but we don't have everything firm yet.

And then… sorry, your second question was…

Jim: Thanks Wendy! Would they... would participants be able to access... other services such as community living (CLS)... ADH, PAB (in addition to the personal care assistance services).

Wendie: So, as we're discussing this right now, there will be other services that they can... that people can access... in addition to the PCA service.

However, if someone is determined to not have any habilitative... benefit from habilitation... in order to receive PCA, we don't necessarily think that... they should be also getting PAB (because then they're saying that they do have habilitation).

So, it would be PCA or PAB, one or the other, but other services will still be available.

Jim: Okay... thank you!

Wendie: Mmm... hmm.

Stacy: Okay. Alright. Thanks, Jim.

Okay. Jumping back into our Q&A. Michelle is asking, "What is the process... for providers to add the two new services?"

Wendie: It would be similar to adding other new services currently. I think it would be a lot less.

It won't... involve as much. For someone who's... for a provider who's already providing PAB... or providers that are already providing ResHab... the process to adding the new services will not be... difficult at all— because they've already demonstrated that they are able to provide the personal care / PAB services... or the ResHab services.

So, it might even just be... a letter of intent to add those services, and which islands they want to serve.

Again, those are for providers who are already providing the PAB services, or the RESHAB services.

Stacy: Okay. Switching over... just slightly to... DSP: "So, for the workforce development certification... (that's for the DSPs)... it's a one-time payment... once they become certified?

Is that correct in their understanding?

And, can it or will it... ever be an annual amount that's distributed?"

Wendie: So, it's actually a quarterly payment for each DSP who is... certified... employed by the agency and primarily provides direct support... to DD participants.

So, it is not a one-time payment. If the DSP works for the agency for the entire year, they will get four payments of $1,250 each— which would total up to 5,000.

And, if they continue, then the agency will continue to get that… supplemental payment for that certified DSP.

Stacy: Okay. And, also along… the same lines for DSPs for… workforce development supplemental payments: "How will it be determined if a DSP is primarily engaged in providing direct support to a DDD participant (for example, if a DSP works with both DDD and a DVR participant)?"

Wendie: So again, those are some of the details that we're still trying to iron out… and will be made more clear in the waiver standards (when that gets issued).

It could be that the agency has to… attest to something or it could be that they need to provide more information or details for their… the DSPs that they are submitting… for supplemental payments.

Stacy: Okay.

Wendie: Unless Camden or Stephen, anything else to add on that?

Camden: Nope.

Stacy: Okay. Okay. And, we're talking about… the renewal… for the proposed renewal: "Will a copy of the renewal… document… be available on January 16th… or what day?"

Wendie: Yes, the… proposed renewal will be available on the DDD and MedQuest websites.

I believe we are posting it on January 15th… in order for… the stakeholders to begin providing public comment on the 16th.

Stacy: Okay. Excellent.

Alright. A question from a parent: "I have two children (ages 8 and 11) recently approved for waiver program (for waiver services).

Being a single father with full legal and physical custody, from what I'm seeing in these updates … these updates don't apply to my situation.

[Microphone Noise]

Wendie: I'm trying to think through all the updates.

[No Audio]

I would say the majority of the updates in this waiver renewal do not necessarily apply to children.

But, if anyone else on the panel has any other thoughts, please jump in.

[No Audio]

Dr. Lee: I think you're correct, Wendy. But, if there's any question about whether or not these relate to your children, I would discuss that with your case manager.

And, if the case manager needs access to these... waiver renewal proposals, then they can get that and then try to have a discussion with you on how they may or may not relate to your case.

Stacy: Got it. Alright. Let's see. No other... raised hands... for a request to speak.

So, we're... keep going down. If you have any other questions you want to submit, please do so using the Q&A.

Okay. What (in terms of monitoring)... so... "What does the increased new monitoring look like?"

Wendie: So again, we are currently in a contract with a consultant who's helping us to design it and figure it out.

I believe (and Camden... please jump in at any time) there is a pilot... going on (or about to begin) to test out some of like... what the new tool may include.

And so, there are a handful of providers that are working with the division to... on this pilot.

So, we don't know exactly what it's going to look like yet. But, we are hoping to have it in place... in the next fiscal year.

Stacy: Sounds good.

Camden: Sorry. The one thing I'll add is... that we are... implementing service specific tools... so that we can... look at... instead of just broad (which is what the tool has been)... looking at service specific indicators. So, if you're providing for example ResHab or PAB or CLS... we are looking at specific indicators related to those services versus the more general tool (which is what we currently have).

[Microphone Noise]

Stacy: Great. Thanks Camden.

Okay, back to... PCA. So, is there an age range for the PCA service for aging in place (for example) or would it be regardless of age?

Wendie: So, again, we're still... we're still trying to figure out and iron out all of those details.

I don't know that there will be an age range— because it's really for people to age in place where their health is declining.

And, who knows at what age that is going to happen for each person.

So, not sure yet on that.

Dr. Lee: Yeah, I would agree with Wendy that the intent of the service is to support people who can no longer... participate in the habilitation goals and that may occur... at any age for an individual. And so, it's less based upon a specific age... than maybe a clinical situation or status of their... of their condition.

And so, that may be what we're going to view as we further specify these.

Stacy: Okay, got it. And, the last question that we have right now in the Q&A... is...

"Is the intent of the DSP payment..." (so back to... DSPs)... "Is the intent of the DSP payment intended for the DSP or the agency to use as they see fit?"

Wendie: I'm going to start. And Stephen, please jump in at any time.

So, the intent is for... partially for the agency because the agency has to commit a bunch of their... they have to pay for their staff to go through all these trainings... right (and whatnot).

So, in order to build up their... to work towards their certification.

But then also (you know), they were hoping that they would also pass through... some of that to the DSP for doing the hard work and remaining... employed with them, and providing the higher quality services that we're... anticipating from DSPs who... become certified.

But Stephen, if there's anything you would like to add.

Stephen: What I will briefly add is... when we were designing the payment amount... it is primarily intended to benefit the direct support professional.

At this point, the division does not anticipate dictating the specific payment amount, but it is our intent that most of that be paid to the DSP—with of course, the agency needing to retain some for portion to pay their share of payroll taxes... to cover some of the administrative costs associated with... administering the program internally. But, other than that, the hope is that most of it will go to the DSP. It's also important to... recognize

that the certification is portable, right? So, if a DSP changes providers, the new provider (their new employer) will be able to claim that $1,250 per quarter amount.

So, we think that that will keep... providers likely to want to pay most of that through to their staff.

Because, if they don't, the staff can go somewhere else, and carry that certification with them.

Stacy: Okay.

Okay. A question about... qualifying. Okay. "Is... there someone I can speak to... specifically about qualifying for the waiver program?

My minor son has been disqualified based on... our income.

His case worker told me... it can sometimes be determined by severity. I'm not sure what else to do."

[Microphone Noise]

Dr. Lee: I think... in this case... continue to work with your case manager or case worker on this situation.

And, if not, there's supervisors that oversee every case... management unit... that may be able to assist with... additional... questions that you might have about... Medicaid qualifications.

Stacy: Okay, thank you.

Okay... a question about... workforce development payments... "Does that include the service supervisors who complete... the certification program, or only those providing direct support?"

Wendie: Stephen, correct me if I'm wrong, but I believe it's the... right now we're looking at the... only those providing direct support.

Stephen: I believe Wendy... there might still be some ongoing conversations around that.

That's the... waiver application itself we've kept fairly broad. The focus is on DSPs but the... additional training is also available to supervisors. So, there's still some discussion (I think) about the supplemental payments.

Stacy: Okay.

Dr. Lee: Wendy... Wendy and Stephen— could you also clarify one thing? It was one of the first questions asked.

"The payments are given quarterly. Do they expire after the new employee is… has worked one year… or do they continue into the next year? And, how… for how long do they continue?"

Stephen: As long as the DSP maintains that certification, the provider will be able to make the claims for those quarterly payments.

Dr. Lee: So, it could be $5,000 per year continuing.

Stephen: Not only could it be, but that's the intent. I mean the idea is that folks achieve their certification, retain their certification… and then this becomes a permanent additional supplemental payment that their agency, their employer can claim… with (as I said a moment ago) the intent being that most of that go… as a payment to the direct support professional to reward them for their effort, and then, the higher quality services that they are delivering.

Dr. Lee: Excellent… thank you!

Stacy: Great!

Okay… is there any situation where a participant might receive more PCA hours than they would if they chose PAB services (or vice versa)?

It sounds like it would be a one-for-one comparison.

Wendie: I'm not sure I fully understand the question.

If someone would get more PCA hours than they would if they chose PAB, the hours that are authorized for any service are based on need.

So, it would depend on what the need is.

Dr. Lee: Yeah, that's difficult to predict. I would say the intent of the PAB service is for them to participate in activities that involve habilitation.

So, if they're authorized (let's say) five PAB hours in a day… and for some reason… there's a decision that… they can no longer participate in habilitation goals, and they begin to receive PCA hours.

My thinking is that those would be the same— because those would be what they were originally authorized for habilitation need… but they no longer can participate in habilitation— so… PCA takes that place. They should not be authorized PAB if they're not actively participating in habilitation goals.

So you know, I wouldn't think that there would be… an increase in… if you converted to PCA hours.

Stacy: Okay. Thank you, Dr. Lee. Ian is the attendee who is asking the question. So, he's raising his hand now. So, I'm going to go ahead and… ask him to un-mute, and see if he can clarify his question. Ian?

Ian: Hi… yes! Thank you for those answers.

They pretty much answered what I was thinking.

But, just wanted to clarify. I do know from a DSP perspective, there are participants who don't necessarily… want to be a part of the habilitation process (who… are comfortable in how they have their services, and what they're doing independently and not independently)— where PCA might make more sense for them.

But, they still need a level of care. So, I know with (for example)… with Respite, you cut down the amount of Respite (based on how much PAB services a person receives).

So, if that's going to be the same with PCA— that might be a consideration for parents and for the participants.

Like… a lot of participants don't want to lose out on the hours that they have.

So, that… that's mainly what I was asking and thinking. Thank you.

Dr. Lee: Thank you for that!

Stacy: Thank you. Yeah.

Dr. Lee: I would just comment that (you know) if PAB is being authorized in that way… we don't want to view PAB as a filler of time.

So, we don't want to say that, well, there's a certain amount of hours in a day… let's just fill it with PAB— if they're not actively participating in habilitation goals.

And so, similarly, we wouldn't want to just use PCA as a filler— if they're not participating in PAB or HAB goals during PAB hours.

So we… it's more of a staying true to the service… for participants (in both cases).

Wendie: And, if I could also add… so PCA is intended for… participants who can no longer benefit from habilitation (not for people who just choose not to participate in habilitation).

[No Audio]

Stacy: Okay, I think we have… addressed all of the written questions submitted in the Q&A.

And, there are no hands raised at this moment. Are there any closing comments from the panelists before we close out today's webinar?

Wendie: I think we just like to thank all of you for joining and for listening in and asking your questions.

And, you know, we encourage you to submit public comment if there's anything that... any feedback you want to provide to the state on the waiver renewal.

Again, the... waiver application will be posted to the DDD and the MedQuest website um on Thursday afternoon (I believe)... in order to kick off the public comment period (which will begin on Friday).

Stacy: Okay, great. And, if... you or anyone else that you know is... interested in... hearing this... information... we are... repeating this webinar on Thursday also.

So, you're welcome to... register to attend or forward along the... registration links... in the... email announcement... to those who may be interested. and we will see... everyone again... for this presentation on Thursday.

So, thank you again for all of you for being here. We appreciate your time.

And, we... wish you all a great week. Thank you so much. Aloha!