

Waiver Standards Training – Q&A

Question #	Question/Comment	Answer/Response	Related Slide/Topic
1	<p>The Med-QUEST reporting requirements in the pink envelope, the income and assets submission is only of the participant if they are over 19 years old, correct? Household assets are only if the participant is married or has children with assets, correct?</p>	<p>Income is counted from all household members, including non-applicant spouses. Applicants with income above the limits may still qualify through spend-down (medically needy) or long-term care programs. For the age/blind/disabled (ABD) population or those applying for long-term care, the asset/income limits are:</p> <ul style="list-style-type: none"> • Individual: \$2000 in countable assets • Home equity exemption: up to \$1,130,000 (your primary residence doesn't count if equity is below this) <p>Not all assets are "countable." The primary home (within the equity limit), one vehicle, personal belongings, and certain burial funds are exempt. Individuals (age 16-64) who qualify as "disabled" and have earned income may qualify for ticket-to-work where income and assets are not counted.</p>	<p>Pg. 30 Application and Start of Waiver Services, MAGI-Excepted Income and Assets</p>
2	<p>The revised standards however state provides SHOULD be included in the ISP not that they must be invited.</p>	<p>The provider should be included in the ISP meeting unless the participant chooses for the provider to not be included. The CM will address this with the participant when scheduling their ISP meeting. If the participant wants the provider at their ISP meeting, then absolutely, they should participate and will be invited by the CM.</p>	<p>Pg. 32-34 Individualized Service Plan (ISP), Development Updates and Revisions</p>

3	Regarding participants attending their ISP meetings, if they do not have to attend the meeting, is this a new change? If I am the guardian, is this decision up to me or the participant?	<p>We want to have all participants at their ISP meeting. This has always been best-practice, but to try and encourage this practice and to be more person-centered, we have included it in the waiver standards. It will be up to the participant if they want to chose to not attend their meeting. If the participant is not able to communicate this, the case manager will refer to the circle members who know the participant best and can speak in their best interest.</p> <p>If you as a guardian would not want your child or the participant you support there, you could explain to the CM why and discuss. The CM may be able to meet with the participant and include them in the ISP process, and then with the parent/guardian separately, so as to gather information from you and also include the person in their meeting. Lots of potential alternatives to explore there.</p>	Pg. 32-34 Individualized Service Plan (ISP), Development Updates and Revisions
4	If the participant chooses not to invite the service provider to the ISP meeting, how will the provider know how to proceed with the services that are needed?	If the participant chooses to not have the provider at the ISP meeting, the CM will connect with the provider after the ISP meeting to share the information gathered and have a discussion to get the provider's input through a separate conversation. CM will do their best to make sure the provider knows the information going into the ISP and can contribute/convey provider input in their absence.	Pg. 32-37 Individualized Service Plan (ISP)
5	Will the goals, outcomes, action plans and the ISP in the Provider Portal be accessible in a printable/PDF format? Currently, from the provider side, it doesn't seem that they are.	The IP and QR will be available for the provide to print in PDF format. However, the ISP is read-only, and the CM will be responsible for printing and distributing. Specifically for the action plan and risk report, DDD will check with IT to see if we are going to make these ISP parts available to providers to print in PDF format.	Pg. 32-37 Individualized Service Plan (ISP)

6	Is the SIS budget available for families to see, by SIS level? For example, getting an idea for how much someone with a level 4 receives compared to a level 7.	We have posted the updated Individual Supports Budgets on our DDD website at https://health.hawaii.gov/ddd/participants-families/individual-supports-budget/individual-supports-budget-tables/	Pg. 34-36 Individualized Service Plan (ISP), Individual Support Budgets
7	As a guardian, I believe if there is a need to change/switch case managers, it should not be done without the participant speaking with the guardian. I am a guardian living in the mainland. I have been pleased with our case manager.	Thank you for your feedback.	Pg. 37 Individualized Service Plan (ISP), Service Authorization
8	How long would it take to get a different CM?	The length of time to get a new CM depends on the situation. The CM will communicate with the participant and circle of support to understand the issue and explore solutions. If they would like to change the CM immediately, and there are no other solutions that can be offered, then we will try to accommodate the request to switch CMs to the best of our ability or provide an alternative until a permanent new CM can be identified.	Pg. 37 Individualized Service Plan (ISP), Service Authorization
9	Regarding nursing and changing timelines, realistically, it could be a maximum of 30 days from the nurse assessment before services could begin?	It would not be ideal but possible if the full extent of the allowed time period is taken to complete the RN assessment and delegation and report submission.	Pg. 38-53 Participant Safeguards, Nursing Assessment and Delegation
10	Does the CM Unit RNs need to review, sign and return the provider nursing assessment in a reasonable time as well?	The Nursing Assessment does not require a signature by the DDD Case Management Unit (CMU) RN. If the Nursing Assessment requires Section 5 to be completed to recommend ongoing T&C-RN hours, the CMU RN will fill out their name and recommended hours for internal use only, no signature required.	Pg. 38-53 Participant Safeguards, Nursing Assessment and Delegation

11	Will there be a separate meeting for nursing delegation changes?	A separate meeting is not planned as there are few changes to the actual delegation except for timelines and for adding two new services with Training and Consultation built in. If you have specific questions, please email your questions to doh.dddtraining@doh.hawaii.gov for follow up.	Pg. 38-53 Participant Safeguards, Nursing Assessment and Delegation
12	Is the agency provider mandated to use the DD Nursing Assessment/Nurse Delegation forms? Are agency providers allowed to develop/use their own nursing assessment/nurse delegation forms?	The provider agency may use their own form, however the RN Assessment and Nurse Delegation Plan must be completed and submitted to the CM on the DDD standardized forms.	Pg. 45-52 Participant Safeguards, Nursing Assessment and Delegation
13	Is there a specific form that DDD has for physicians to fill out in terms of self-administering medications?	No, DDD does not have a specific form for physicians to fill out for participants who self-administer medications, but this is something we are discussing. For now, the Waiver standards specifically list what the physician must verify in regard to self-administration, which should help guide what the physician must document.	Pg. 52-53 Participant Safeguards, Medication Management
14	What if the family member is the CD worker and the agency worker?	If this is the situation for an adult participant, a legal guardian or family member may work for both the CD services (as long as they are not also the CD employer) and an agency.	Pg. 53-56 Consumer Direction
15	I am the mother of two participants receiving PWS. We will start supports in July 2026. I elected CD because I live in a rural area on the Big Island. I can't imagine I would be able to use all the hours available weekly for services. What happens then?	CD services are very common on neighbor islands in rural areas. It is okay if you do not use all the hours; the concern would be more if CD employers allow all the hours for the year to be used up earlier in the plan year, leaving the participant without paid services for months. If services start in July and you find that you don't need all the hours that are authorized, then you can talk to the CM and see if you want to adjust the hours. Possibly, the hours could be moved to other services that the participants are eligible for.	Pg. 53-56 Consumer Direction

16	Regarding the QM Plan, what exactly will be reviewed? What evidence of demonstration will be reviewed?	Providers will be required to submit a copy of their QMP along with an Attestation Form confirming the agency's QM Plan has been reviewed within the past three (3) years by the agency's established quality group and that the agency completes activities to measure and evaluate the impacts of the QM actions that demonstrate organizational oversight and accountability for QM activities. The QMP and Attestation Form will be required to be submitted when the provider is submitting documents for their program review.	Pg. 60-67 Role of Providers in Implementing Quality Management (QM) Practices
17	In the current Waiver standards, I do not see the policy on terminating services. Is this new as of 7/1/26?	No, this is not new. On page 75, related to transition, coordination and continuity of care, this section clarifies who needs to be notified when services are being terminated for one participant or to all.	Pg. 75-76 General Requirements for Medicaid I/DD Waiver Providers, Transition, Coordination, and Continuity of Care
18	If our Board Chair (volunteer position at a 501(c)(3)), has his brother in our DOM home, and the brother has been with us for over 30 years, is this a conflict of interest? Do we request an exception?	This may be a conflict of interest. Please submit a Conflict of Interest Disclosure Form for review.	Pg. 77-79 Conflict of Interest
19	Regarding conflict of interest, if a participant's parents serves on the provider agency's Board of Directors, would that be a conflict of interest allowed when disclosed?	If a participant's parent serves on the Board of Directors, they are not automatically disqualified if: (1) the participant freely chooses the provider, (2) the relationship is disclosed, and (3) appropriate safeguards are implemented to ensure the participant's health, welfare, and freedom of choice. In this situation, the relationship must be disclosed to DDD and the provider agency must request an exception to continue providing services.	Pg. 77-79 Conflict of Interest
20	Regarding conflict of interest, when will the disclosure form be sent out?	The Conflict of Interest Disclosure Form will be issued with the Standards Appendices and Resources before the end of the month.	Pg. 77-79 Conflict of Interest

21	Regarding conflict of interest, if an agency employs a participant's blood aunt, do we have to terminate services even if the aunt does not provide direct services to the participant?	No, this does not apply to agencies hiring a participant's family member.	Pg. 77-79 Conflict of Interest
22	Regarding conflict of interest, does this apply for an agency hiring the participant's family members and guardians as the worker for the participant?	No, this does not apply to agencies hiring a participant's family member.	Pg. 77-79 Conflict of Interest
23	Regarding conflict of interest, does this apply to family members employed as the DSP for their family member who is the participant?	No, this does not apply to agencies hiring a participant's family member.	Pg. 77-79 Conflict of Interest
24	Regarding conflict of interest, please define "member" (of the agency).	A "member" under this policy is the owner of an LLC. This part of the conflict of interest policy lists different types of business arrangements and their leaders. For additional clarification, "partner" means the owner of a partnership, and "offer" and "director" mean a high-level leader or executive in a corporation. The term "director" may also include someone serving on the Board of a nonprofit.	Pg. 77-79 Conflict of Interest
25	Does the new conflict of interest form apply to DSPs who are family members of the participant?	No, the conflict of interest does not apply to family members, employed by a provider, to provide direct support to the participant.	Pg. 77-79 Conflict of Interest
26	Can you go into detail on the conflict of interest section?	Please contact doh.dddtraining@doh.hawaii.gov for help with this question.	Pg. 77-79 Conflict of Interest
27	Regarding conflict of interest, is there a standardized form from DDD for this particular disclosure?	Yes, there is a Conflict of Interest Disclosure Form that will be issued in the Waiver Standards Appendices and Resources prior to July 1, 2026.	Pg. 77-79 Conflict of Interest

28	How do we get the updated attestation form?	The Attestation forms will be available soon, online on the DDD website.	Pg. 87-90 Staff and Licensed/Certified Caregiver Requirements, Additional Qualifications for Service Supervisors
29	Is Direct Support Professional Certification mandatory? If so, is there a date by when all DSPs must be certified?	DSP Certification is not mandatory, but will be required for providers to be eligible for supplemental payments as presented and described in Section 4.2.3, pages 137-139.	Pg. 93-95 Direct Support Professional (DSP) Certification
30	When will the next Workforce Development be offered?	Notification for the next cycle of training and the process to invite new applicants will be issued by the end of the month.	Pg. 93-95 Direct Support Professional (DSP) Certification
31	Does DSP replace DSW? When do we use DSP?	Essentially DSW and DSP may be used interchangeably. DDD is elevating these individuals. The title DSP reflects this and recognizes the work they do to support participants.	Pg. 93-95 Direct Support Professional (DSP) Certification
32	For Workforce Development training, is 120 the number of DSPs enrolled per Waiver provider or is it 120 total new DSPs enrolled for the whole state?	120 DSPs per quarterly cohort, statewide, across all agencies and location.	Pg. 93-95 Direct Support Professional (DSP) Certification
33	Will the new DSP certification training provide reasonable ADA accommodations for DSPs with their own disabilities?	Yes, the certification process includes audio or transcription for the attestation. The certification "prep" provides for a learning pathway plan to identify the best way to support DSPs through the process.	Pg. 93-95 Direct Support Professional (DSP) Certification
34	When will the providers be notified of the next DSP certification training?	An invitation/email from the DDD Community Resources Branch will be sent out by the end of July and posted on the DDD website.	Pg. 93-95 Direct Support Professional (DSP) Certification

35	<p>DDD provider agencies already have great difficulty hiring DSPs. The DSP certification training could increase the wait lists at provider agencies if not done carefully. How does DDD intend to "advertise" the certification bonuses to the community-at-large? Have you considered setting up a formal plan to advertise agency need for DSPs with, for example, DHS First-to-Work (F2W), who could provide direct agency job referrals and certification opportunities to individuals who employ and enroll in the DHS F2W program?</p>	<p>Unlike CNA training and certification, the requirements for DSP certification is six months prior experience in direct support of a person with I/DD which must occur prior to certification. Therefore, the training program was not designed to be a pre-service training program, but as a professional development opportunity. The DSP must have ample experiences to attest to the competencies. DDD will be creating a crosswalk of the DSP certification training content to the Waiver annual training requirements, to maximize the application of the training content and eliminate redundancy.</p> <p>DDD has informed providers of the Supplemental Payments, which will be payments made directly to the providers. It is up to providers on how they would like to use the Certification and potential Supplemental Payments for recruitment.</p>	Pg. 93-95 Direct Support Professional (DSP) Certification
36	<p>What training records must the provider maintain for DSPs, supervisor, and administrative staff to meet the Waiver Standard requirements?</p>	<p>Provider agencies are required to ensure provider agency staff complete the required 18 orientation training topics for new staff and annual training topics for current staff. Service Supervisors must complete an additional four training topics. Information can be found in the Waiver Standards 3.5.B.</p>	Pg. 93-95 Direct Support Professional (DSP) Certification
37	<p>I would like to know more about the required trainings for DSPs by NADSP.</p>	<p>The required trainings must be accredited by NADSP. This link will provide a list of accredited curricula https://nadsp.org/services/accredited-education/ and information on acquiring accreditation.</p>	Pg. 93-95 Direct Support Professional (DSP) Certification

38	For DSPs, how will continuing education be accessed, tracked and reported?	For the maintenance of certification for NADSP-certified DSPs, the responsibility will be on the DSP to "gather" materials. DDD will make available on demand and real-time training opportunities for DSPs to have ample choice of professional development. Only eight of the 20 hours of continuing education can be through mandatory training. Multiple training sources can be used, putting the ultimate responsibility on the DSP to collect training certificates for submission.	Pg. 93-95 Direct Support Professional (DSP) Certification
39	For the DSP certification, where will the certification courses be available?	All courses are online and support is provided online. The invitation to apply will be distributed by the end of June 2026 through the Community Resources Branch and will be posted on the DDD website.	Pg. 93-95 Direct Support Professional (DSP) Certification
40	Can parent providers access DSP trainings from Hilopa'a? No need for bonuses associated with this. Just want the opportunity to receive the knowledge.	Due to the nature of the funding, DDD is prioritizing the implementation and operation of the Supplemental Payments prior to expanding the training program as a professional development activity.	Pg. 93-95 Direct Support Professional (DSP) Certification
41	Regarding DSP certification, to maintain certification, DSPs must attest every two years directly to NADSP for completing 20 hours of continuing education of which eight hours can be mandatory topics (pg. 94). Does the continuing education for DSP certification overlap with the regular staff training where there are six mandatory topics plus the other 12 training topics can be applied?	Only 8 hours of "mandatory training" can be counted towards maintenance of certification. Any regular staff training that is not mandated can likewise be counted toward maintenance of certification. DDD's maintenance of certification plan includes making modules available for self-directed learning that are in alignment with the mandatory topics, so the time spent in training will be maximized.	Pg. 93-95 Direct Support Professional (DSP) Certification

42	<p>If we are now using the Provider Portal to complete the IP and QR, is there an option to generate a report of the IP and QR in the Provider Portal that we can send to the guardians and participants to meet the reporting requirements? Or are we completing our own reports for the guardians and participants and then also filling out a separate report according to the portal filing requirements? If the IP and QR are not accepted by the CM and require revisions, do we then need to wait until the CM approves before sending to guardians or do we revised and then send copies to the guardian again?</p>	<p>Regarding an option in the Provider Portal that generates a report that can be sent to the guardians and participants, we can check if we are going to have this option available in the future and bring it up to our IT team as a request from providers. Please ask your questions about the IP and QR process in the IP and QR trainings scheduled later this month.</p>	<p>Pg. 95-97 Programmatic Requirements, Individual Plan Development and Updates Pg. 97-98 Programmatic Requirements, Quarterly Reports to Case Manager (or More Frequently)</p>
43	<p>Will providers be able to fill out conventional forms (like a PDF or MS Word file) for the IP and QR submissions that providers can copy and paste into the Provider Portal (like we currently do with AERs)? We have had instances where we would submit AERs online and there were system errors that would not save the submission, so we relied on the "paper" form to copy and paste our responses, just in case this is the case.</p>	<p>Thank you feedback. We will work on a template for the IP and QR in case providers have issues with submitting these through the Provider Portal. We will notify providers when the templates are available.</p>	<p>Pg. 95-97 Programmatic Requirements, Individual Plan Development and Updates Pg. 97-98 Programmatic Requirements, Quarterly Reports to Case Manager (or More Frequently)</p>
44	<p>With the new billing information using overnight EVV, will DSPs be required to wake up in the middle of the night to log out and log back in? I fear there may be many DSPs who will no longer be willing to cover those EVV shifts overnight with this new requirement.</p>	<p>Unless this is for Respite, the DSP should not be asleep during their shift and should have no problem clocking out/in in the middle of the night. For Respite, yes, the DSP may need to wake up in the middle of the night to clock out/in or notate the overnight shift in an exceptions log and the visit will need to be manually edited.</p>	<p>Pg. 103-108 Billing and Claims Processing, Billing for Claims</p>

45	For EVV, if the DSP has to clock out at midnight, that means we have to wake up the participant to verify the visit? Please explain how this midnight change over should occur for the DSP and participant.	The clock-out right before midnight does require participant verification, however if the participant is asleep and cannot verify, notate this in an exceptions log and the visit will need to be manually edited. The overnight clock out/in is not required if the provider is using Sandata for EVV. It may be required for alternate EVV vendors. Please check with your EVV vendor.	Pg. 103-108 Billing and Claims Processing, Billing for Claims
46	In using the alternative EVV system that uploads to Sandata, we have to split the overnight shifts; otherwise, the claim is denied.	Thank you for the update! We also clarified and learned that clocking out/in for overnight shifts are not required with Sandata but may be required for alternate EVV vendors such as Therap.	Pg. 103-113 Billing for Claims
47	I have a timely waiver request that was originally faxed on 9/16/25. I have follow up emails with Conduent who was assisting me but still no resolution yet. Should I resend this request following the updated instructions on pages 110-111 of Section 3.8-D?	Yes, please follow the instructions in the Standards and mail the request.	Pg. 110-111 Billing and Claims Processing, Timely Submission of Claims
48	If a program had their monitoring before 7/1/26, will they be moved to the three-year plan right away, or following their next monitoring in 2027?	The provider would be required to undergo their next review in FY 2027.	Pg. 120-125 Monitoring Provider Agencies, DDD Responsibilities
49	Does the telehealth policy and procedure apply to supervision visits done through video conference?	Yes, it applies to any use of telehealth during a Waiver service or used to meet Waiver requirements.	Pg. 129-131 Telehealth
50	For the required trainings, will DDD provide the specialized training for DSPs for ES and DCP services?	We recognize the need for employment services staff training. We will take your question into consideration for future planning.	Pg. 132-139 Competitive Integrated Employment (CIE) Pg. 187-197 Discovery and Career Planning

51	A participant recently secured a new job through the county as a pool lifeguard. Is the agency eligible for the bonus?	Payments cannot be made retroactively because CMS (Centers for Medicare & Medicaid Services) approval is still pending. Upon CMS approval, the payments will apply to participants starting new employment on or after July 1st if the criteria are met.	Pg. 134-136 Competitive Integrated Employment (CIE)
52	Is the supplemental payment for CIE participants retroactive?	Payments cannot be made retroactively because CMS (Centers for Medicare & Medicaid Services) approval is still pending. Upon CMS approval, the payments will apply to participants starting new employment on or after July 1st if the criteria are met.	Pg. 134-136 Competitive Integrated Employment (CIE)
53	Will the incentive pay of \$1250 per quarter for DSP certification be available to CD employees?	No, not at this time.	Pg. 137-139 Certified Direct Service Professionals (DSP)
54	Based on rough calculation, only DSPs working 20 or more hours will be eligible for the supplemental payment, correct?	Yes, DSPs would need to work around 20 hours+ to meet the 260 hour minimum and the DSPs need to have worked with DDD participants during the quarter.	Pg. 137-139 Supplemental Payments, Certified Direct Service Professionals (DSP)
55	The "supplemental payments" for DSPs, does it include workers in the home and perform work under the CD program?	The Certified Direct Support Professional Supplemental Payments are not available for Consumer-Directed at this time.	Pg. 137-139 Supplemental Payments, Certified Direct Service Professionals (DSP)
56	Is the quarterly payment for certified DSPs for "per participant" that the DSP is working with? Who will be issuing/authorizing the payment?	The quarterly payment is per DSP, not per participant. DDD staff will review the quarterly payment request in collaboration with Hilopa'a staff before issuing the payment.	Pg. 137-139 Supplemental Payments, Certified Direct Support Professionals

57	How will DSP hours worked be reported to DDD for the supplemental payment?	A provider agency billing manual will be developed for the supplemental payment. The manual will contain necessary forms and record layouts. Agencies will be required to submit data files containing DSP information and sum total hours worked for the period. Verification and validation will be handled through post payment review, and may incorporate a number of strategies including chart reviews and payroll records.	Pg. 137-139 Supplemental Payments, Certified Direct Support Professionals (DSP)
58	Regarding certified DSP reimbursed activities and qualifications, is there paperwork to participate in the reimbursement as of July 1, 2026?	Not sure what is meant with this question.	Pg. 137-139 Supplemental Payments, Certified Direct Support Professionals (DSP)
59	The Waiver Standards indicate that a provider needs at least one DSP who provides 260 hours or more of direct service within the quarter. Is this correct: This DSP would get a payment of \$1250 no matter how many hours above the 260 hours that they worked?	The Supplemental Payment is a flat payment of \$1,250 no matter how many direct support hours above the 260 hours are worked during that period. To clarify further, it is the agency who will receive the payment, DDD will not be paying DSPs directly. It is up to the agency to withhold taxes and determine the pass through amount to the DSP.	Pg. 137-139 Supplemental Payments, Certified Direct Support Professionals (DSP)
60	I have a worker who lives in the same house as the participants. The worker surpasses the 260 hours of service. Is this employee considered a DSP? If yes, are they able to get the new quarterly bonus?	Please refer to Section 3.6 and 4.2.3 of the Waiver Standards. The employee must obtain NADSP Level 1 Certification for the provider agency to be eligible for the supplemental payment. The Certification and Supplemental Payments are not available for the Consumer-Directed option at this time. If the employee is employed by a provider currently participating in DSP Certification and the employee has obtained NADSP Level 1 Certification, the provider may be eligible for the supplemental payment. It is up to the provider how much of the supplemental payment they are going to pass through to the certified DSP.	Pg. 137-139 Supplemental Payments, Certified Direct Support Professionals (DSP)

61	For ADH and CLS-G, these are the "recommended" ratios and are not required or mandated ratios, is that correct?	The staffing ratios for Tiers 2 and 3 are recommended ratios. The minimum ratio for any Tier is 1:6 for ADH and 1:3 for CLS-G. However, if a participant is a Tier 2 and the ISP has documented that the participant requires a staffing ratio of 1:4 at ADH, the provider is responsible for maintaining the ratio per the ISP.	Pg. 144-152 Adult Day Health (ADH) Pg. 160-165 Community Learning Service - Group (CLS-G)
62	For ADH and CLS-G, these are the recommended ratios. Does this mean these are not required or mandated?	They are recommended ratios for each tier. Ratios are provided in the Waiver standards and in the ISP. There is a required minimum ratio, no matter the Tier, for both ADH and CLS-G.	Pg. 144-152 Adult Day Health (ADH) Pg. 160-165 Community Learning Service - Group (CLS-G)
63	For CLS-G, I know the ration is 1:3. How about the tier level?	For CLS-G, the recommended staffing ratios per Tier are as follows: Tier 1: 1 staff to 3 participants Tier 2: 1 staff to 2 participants Tier 3: 2 staff to 3 participants The participant to staff ratio for any Tier cannot exceed 3 participants to 1 staff. Lower participant ratios may be specified in the participant's ISP.	Pg. 160-165 Community Learning Service - Group (CLS-G)
64	Can you clarify the decision on "no CLS for transport to medical appointments"?	CLS-Ind cannot be used for transportation only. CLS-Ind services must be used to support the participant to work on the CLS-Ind goals identified in their ISP. If the participant has goals pertinent to participating in medical appointments, then they may use CLS-Ind to attend the medical appointment and work on the goal identified in that setting. Transportation to medical appointments are covered under the State Plan.	Pg. 166-177 Community Learning Service - Individual (CLS-Ind)
65	Are the provider agencies required to maintain a management-to-DSP ratios for participants receiving CLS-I?	No, there is no required ratio.	Pg. 166-177 Community Learning Service - Individual (CLS-Ind)

66	Regarding CLS-I not allowing transport to and from medical appointments, what about for participants who specifically have that as an outcome in their ISP?	CLS cannot be used solely for transportation, or for driving to and from home to medical appointments. If the participant has a goal that pertains to transportation in some way, then it would be allowed (e.g., working on the goal at the medical appointment (specify what is being worked on); not driving them to and from the appointment).	Pg. 166-177 Community Learning Service - Individual (CLS-Ind)
67	For medical appointments, CLS-I cannot be used but some of the reasons we use CLS-I is because some outcomes include the participant who lives with their family and are going to their medical appointments.	CLS-I cannot be used solely for transportation to and from doctor's appointments. If there are goals in the ISP for covered skills, such as communication, advocacy, social skills, etc. that will be worked on at the doctor's appointment, then CLS-I services can be utilized during those times to work on those particular skills. A person-centered goal may be: I want to be able to tell my doctor when I don't feel well. OR I want to be able to schedule and check in for an appointment by myself.	Pg. 166-177 Community Learning Service - Individual (CLS-Ind)
68	For PAB and CLS-I out-of-state services for 14 calendar days, does that mean 14 calendar days of service are allowed to be provided out-of-state per participant's annual budget year?	It is per ISP plan year (14 days per ISP plan year).	Pg. 166-177 Community Learning Service - Individual (CLS-Ind) Pg. 216-226 Personal Assistance/ Habilitation (PAB)

69	Is respite, PAB and CLS appropriate for off-island travel?	Respite, PAB and CLS can be used off-island within the state. But only PAB and CLS may be used out-of-state.	Pg. 166-177 Community Learning Service - Individual (CLS-Ind) Pg. 216-226 Personal Assistance/ Habilitation (PAB) Pg. 259-266 Respite
70	Please explain why ORI doesn't follow the same policy as DCP individual employment for the participant. ORI over work, not tracking work hours, lowering SSI, lost Waiver program, not submitting any information to the case worker about the participant's work condition, and not included in ISP.	Please contact the Community Resources Branch at mailto:doh.dddcrb@doh.hawaii.gov .	Pg. 185-195 Discovery & Career Planning (DCP)
71	If a participant is already receiving DCP, when does the 12-month timeframe begin?	For participants currently authorized and receiving DCP prior to July 1, 2026, the service may continue with the previously authorized 24 months. The change in limit will not affect participants currently receiving DCP; no transition is needed. New authorizations for DCP from July 1, 2026, will be limited to twelve (12) months.	Pg. 190-191 Discovery & Career Planning (DCP)
72	Looking forward to the training programs for DCP and coaching.	We recognize the need for training of employment services staff. We will take your comment into consideration for future planning.	Pg. 192-194 Discovery & Career Planning (DCP) Pg. 208-210 Individual Employment Supports (IES)

73	Will DDD provide training to the DSPs for DCP services?	We recognize the need for training of employment services staff. We will take your question into consideration for future planning.	Pg. 192-194 Discovery & Career Planning (DCP) Pg. 208-210 Individual Employment Supports (IES)
74	Will DDD provide specialized training to the DSPs for ES services?	We recognize the need for training of employment services staff. We will take your question into consideration for future planning.	Pg. 192-194 Discovery & Career Planning (DCP) Pg. 208-210 Individual Employment Supports (IES)
75	Where is the specialized training given for Service Supervisors, Employment Specialists and Job Coaches that must be completed within the first year of providing employment services?	The specialized training requirement may be obtained by completing an Association of Community Rehabilitation Educators (ACRE) certified Customized Employment curricula. https://www.acreeducators.org/find-training.html	Pg. 192-194 Discovery & Career Planning (DCP) Pg. 208-210 Individual Employment Supports (IES)
76	<p>For the EAAs, can you consider using an objective flowchart that follows federal/state regulations whereby a case manager can work their way down the questions and sign off on each? For example, "is this EAA for the primary residence?" Y: continue to next question. "Is this EAA to resolve or improve a known medical condition that...?"</p> <p>An objective flowchart could replace the current EAA committee meetings. It would reduce liability for subjective application of the rules, enhance transparency, reduce audit risk, and allow the process to be chipped away at daily, instead of needing to wait for a</p>	Thank you for your feedback. We will take this into future considerations.	Pg. 196-201 Environmental Accessibility Adaptations (EAA)

	committee meeting slot to become available.		
77	For PAB in hospital, etc., how does this get included into the ISP if it is unplanned?	As soon as everyone knows the participant is in the hospital, if the PAB worker is going to stay on and work with them, the CM needs to approve and note this in the ISP. It might need to be done retrospectively in some cases.	Pg. 216-226 Personal Assistance/ Habilitation (PAB)
78	What is the difference between PAB and PCA?	PAB has a habilitation element; the services are focused on acquiring, retaining, and/or improving skills. PCA focuses on doing tasks for the participant because they have been assessed as no longer able to benefit from habilitative services in the home.	Pg. 216-226 Personal Assistance/ Habilitation (PAB) Pg. 227-233 Personal Care Assistance (PCA)
79	For the 14 days of out-of-state PAB services, this is basically saying that participants who need this support for everyday living are only allowed to have 14 days of vacation per year. How is this person-centered? Why is there no exceptions for health and well-being in relation to vacations?	The 14-day timeframe takes into consideration Medicaid eligibility requirements.	Pg. 216-226 Personal Assistance/ Habilitation (PAB)

80	Can a PAB services be provided in the hour of the caregiver or the DSPs home instead of the home address of the participant?	<p>The intent of PAB services is to work on skills in the participant's residence, to help them learn, develop or maintain skills that help them function more independently. If there is a reasonable situation that can justify doing the ISP goal in the DSP's home setting instead, that may be allowed.</p> <ul style="list-style-type: none"> - For example, if the participant (themselves) decides that they want to learn how to work a washing machine, and they do not have one at their house and perhaps the laundromat isn't available, or costs money, then an alternative may be that the participant choses to work on the task at the DSP's home if they have a washing machine. - This should always be discussed with the CM first to see if it's appropriate and justifiable, that it's participant-driven (not for the convenience of the DSW), and that there are not alternatives that may provide better options. 	Pg. 216-226 Personal Assistance/ Habilitation (PAB)
81	How would someone qualify for the PCA service?	If someone was interested in receiving the PCA service, they would notify the CM of their interest. The CM would review and discuss with the participant and circle of support to see if the service would meet the participant's needs and support their goals. If your question is more about specifically who qualifies for this service, those details are in the standards and you can reach out with any specific questions about who this service is intended for.	Pg. 227-233 Personal Care Assistance (PCA)
82	Is a participant able to receive PCA services in conjunction with nursing services?	Participants may receive PCA and nursing services.	Pg. 227-233 Personal Care Assistance (PCA)
83	Can you consider defining "medically fragile" in terms of PCA. Then, we can apply the definition objectively and note if it will include review from a medical director or patient medical provider if it is a subjective terminology.	This is on a case-by-case basis, CMs will work with the unit RN and the DDD Clinical Interdisciplinary Team, which includes the DDD Medical Director.	Pg. 227-233 Personal Care Assistance (PCA)

84	For PCA, the Waiver Standards specify staff need to complete training on community integration, but isn't this an in-home only service? Why is this training requirement specified for this service only?	PCA mirrors PAB minus the habilitative aspect of PAB. The training on community integration is also required for PAB staff.	Pg. 227-233 Personal Care Assistance (PCA)
85	Do PCA and RCS workers need to be employed?	Yes, PCA and RCS workers need to be connected to an agency. They could be employed by the agency or an independent contractors working with an agency.	Pg. 227-233 Personal Care Assistance (PCA) Pg. 243-250 Residential Care Supports (RCS)
86	Would PCA and RCS be used for a participant who has dementia, causing outbursts or difficult behaviors? Or a participant who has a PBS?	PCA and RCS, along with all other Waiver services and supports are not one size fits all; these services are authorized on a case-by-case basis and are participant specific. Authorizations will be reviewed and approved by the DDD Clinical Interdisciplinary Team (CIT). Please check with the case manager.	Pg. 227-233 Personal Care Assistance (PCA) Pg. 243-250 Residential Care Supports (RCS)
87	Comment: The new services for aging in place, dementia, palliative care, etc. both in a family setting or adult foster home are great additions that are needed.	Thank you for sharing!	Pg. 227-233 Personal Care Assistance (PCA) Pg. 243-250 Residential Care Supports (RCS)
88	What is the process for providers to add new services (e.g. PCA and RCS)?	It is the same process as adding any other service. Please see Section 3.1-C of the Waiver Standards, specifically pages 70-71.	Pg. 227-233 Personal Care Assistance (PCA) Pg. 243-250 Residential Care Supports (RCS)

89	Who determines if RCS is appropriate?	The conversation about RCS starts with the participant, their CM and circle of support. The team would discuss the request, and if the CM had any questions about whether RCS was the appropriate service, they may consult with the unit RN, our Division RN, branch supervisors, etc. Authorizations will be reviewed and approved by the DDD Clinical Interdisciplinary Team (CIT).	Pg. 243-250 Residential Care Supports (RCS)
90	What is the determining factor or who makes the decision whether a participant is eligible for ResHab or RCS?	All Waiver participants who reside in a licensed or certified setting is eligible for ResHab. If someone requests RCS, the case will be reviewed and approved, if appropriate, by the DDD Clinical Interdisciplinary Team (CIT).	Pg. 243-250 Residential Care Supports (RCS)
91	If a participant has ResHab and RCH, does the participant and circle of support choose which days the participant is being trained? Is the caregiver and DSP barred from training skills on days RCH is only being billed? Also, is ResHab all encompassing (e.g., full assistance with ADLs and skills training)?	Yes, ResHab includes assistance with ADLs and IADLs. A participant may be authorized Residential Care Supports (RCS), if they have been assess to no longer have the ability to participate in habilitative services in the home. Participants may not have concurrent authorizations for both ResHab and RCS.	Pg. 251-258 Residential Habilitation (ResHab)
92	Regarding ResHab, participants who are receiving ResHab cannot receive respite. The slide refers to this. Is this correct?	This was not included in the slides or in this training, but it is correct, Respite is not available to participants who reside in licensed or certified settings.	Pg. 259-266 Respite
93	What is the requirement for respite services with EVV?	Respite is subject to EVV and requires clock-in at the start of the service, clock-out and participant verification of the visit at the end of the service.	Pg. 259-266 Respite
94	Can a mother be a care provider? How many hours per week can be approved? Can a participant's brother provide respite?	Yes, participant's mother can be a worker for an adult participant (not a minor). The mother can be employed by an agency to provide services and sometimes can use consumer direct (CD) services if the mother is not the guardian/CD Employer. Hours are determined based on the needs of the participant. If the mother is the worker and needs respite, the CM would consider alternative options that would be discussed with the participant and mother.	Pg. 259-266 Respite

95	Regarding respite and parents/caregivers working and the bit of flexibility and subjectivity, will you please discuss with CMs specifically to ensure the participant and family can discuss this without a flat answer of no from the CM.	Yes, definitely. We will try to ensure all CMs are trained to have person-centered discussions with participants and their families, in an effort to support both, and that options are reviewed and discussed without blanket answers. We left flexibility for the respite because we understand each situation is unique, and we want to either explore possibilities or offer alternatives. We will help CMs to understand the same.	Pg. 259-266 Respite
96	For the T&C service, will providers need to upload all reports including the IP, FBA, BSP, QR to INSPIRE?	The IPs and QRs will be entered on a standard template directly into the Provider Portal and submitted to the CM (similar to how AERs are done now). As for additional documents such as an FBA, BSP, etc. there is a mechanism for providers to submit documents through the Provider Portal. That information will be provided during the upcoming Provider Portal trainings on June 16th and 23rd from 10 a.m. to 12 p.m. Registration info will be emailed to Waiver providers shortly. The June 16th training will go over how to complete the IP and QRs. The training on June 23rd will go over how to navigate through the IP and QR fields in the Provider Portal.	Pg. 271-286 Training and Consultation (T&C)
97	For the T&C service, if a provider chooses to complete a 5-hour assessment to determine if an FBA is needed, does this also mean that the provider must provide the service for additional T&C hours if they are authorized? Can a provider agree just to complete the 5-hour assessment?	The participant may chose a different provider if they want a different provider to do the full T&C-Behavior service for the FBA BSP that the one who did the initial 5-hour assessment. The choice will be that of the participant with their circle of support, and of course also based on provider capacity and availability.	Pg. 271-286 Training and Consultation (T&C)
98	If T&C RN is only for services where nursing supports is not included in the service, should the CM be expecting a provider nurse assessment if the participant receives nursing services? If requested, should that be a separate task as part of the participant's budget?	A Nursing Assessment is required for all participants whose health and safety needs include nursing tasks, performed during Waiver service hours. Even if the participant requires nursing services through Private Duty Nursing, a Nursing Assessment is required, but a Nurse Delegation Plan is not required if there are no delegable tasks.	Pg. 271-286 Training and Consultation (T&C)

99	I am my son's (participant) guardian, parent and caregiver. My husband is his father and legal guardian. We use Acumen. Are we supposed to report or file to SS on our own or does Acumen do this? We do file for federal and state taxes.	Acumen files taxes only related to your Waiver services at CD.	
100	During our annual audits, will we need to submit ISP or will the assessors just pull that from the participant's provider portal?	The monitors will obtain ISPs through INSPIRE. Providers will not need to submit ISPs.	
101	Is there any plan to offer Employment Specialist ACRE training? We missed the one offered two years ago.	We recognize the need for employment services staff training. We will take your question into consideration for future planning.	
102	Will DDD send all new forms to all the agencies?	New forms will be issued with the Waiver standards Appendices and Resources including updated letters and form templates. This will be issued before the end of the month. The forms will also be available on the DDD website.	
103	Please be mindful that the Judiciary via OPG does not have access to any of DDD's portals, INSPIRE, Provider Portal or the AER.	Only Waiver providers, who have agreements with Med-QUEST, have access to the Provider Portal, along with DDD staff. Guardians and participants do not have access to the Provider Portal at this time. The CM and providers will ensure that all documents such as the ISP, provider reports, etc. are still sent to the participant and their legal decision makers.	
104	If I'm a Service Supervisor for an agency, how do I get access to the Provider Portal?	Your agency will need to complete the Request User Account or Change Form. Please submit completed form to: doh.dddproviderhelpdesk@doh.hawaii.gov	
105	Is it too late to make updates to any of the proposed updates or is it set in stone because everything has been submitted to CMS?	It is too late to submit changes to the Waiver application. Changes to the standards that do not affect the Waiver application can be made. Send feedback to the DDD training office with proposed changes. doh.dddtraining@doh.hawaii.gov	

106	An earlier slide noted that the quarterly report that is submitted to DDD case management must match the participant's plan year. How would we go about changing current quarterly periods so that they match the plan year?	DDD will need to come up with specific guidance for providers on this. It may mean that the last QR before the ISP plan year is short a month or two, but this would be acceptable as part of the transition to moving quarterly periods to align with the ISP plan year.	
107	For community-based services, what are the rules regarding transportation mileage, community outings, and use of the DSPs personal vehicle?	Transportation mileage, community outings, and the use of DSPs personal vehicle are the responsibility of the provider who is employing the DSP.	
108	Is there training for parents and caregivers?	If parents are providing direct supports, then the training is provided by the employer - whether it is Consumer Directed or the agency.	
109	Can parents of a participant who is under 18 years be employed by a Waiver agency?	They can be employed by an agency and provide services, but not for their own legal child.	
110	Is TB clearance now required for all providers?	Yes, TB clearance is required. For more information, please refer to the Waiver Standards section 3.5.C	
111	When a participant's eligibility, Medicaid status, or Waiver enrollment appears to be suspended or inactive, what steps should the provider take before delivering services?	After a provider becomes aware of a change to Medicaid status, the DDD CM will hopefully have some information from the participant or Medicaid office about why there is a change in status and if it will be remediated. The provider can contact the family and CM to gather information on the cause and plan to correct the issue. Based on that information, the provider will need to decide how they want to proceed with services and what the risk would be.	
112	My observation is that there were a lot of eligibility concerns in the past quarter. Persons responsible for renewing it claimed they submitted the applications. Per experience, it is best to email Med-QUEST and forward requirements needed to the persons	Thank you for sharing this helpful input! It is great to know that some have had better experiences emailing documents for faster receipt and processing.	

	responsible for renewing it for faster receipt and processing.		
113	A participant is in a regular care home and has 'Ohana Health Plan. What are the requirements for me to submit so that I can get a Waiver to become a DDD adult foster home caregiver?	If you're interested in becoming a DDD adult foster home caregiver, you may contact our Certification unit to inquire about requirements and necessary documentation or visit the DDD website: https://health.hawaii.gov/ddd/certified-caregivers/prospective-certified-caregiver/	
114	Can you explain what the exact responsibilities are for part-time workers with disabilities? Do they need to work a specific amount of hours or make a certain amount of money? And, that there is no longer a limit a person with disabilities can earn with regard to their Medicaid eligibility?	We recommend contacting the Hawaii Work Incentives and Planning Assistance (WIPA) program for benefits counseling to address your specific questions. Here is the link to their website: https://coe.hawaii.edu/cds/current-projects/wipa/	
115	I'd like to know about income allowance and work requirements for part-time with regards to the Medicaid Waiver. My son gets DAC benefits and works part-time so we are concerned with him getting cut off from Medicaid.	We recommend contacting the Hawaii Work Incentives and Planning Assistance (WIPA) program for benefits counseling to address your son's specific situation. Website link: https://coe.hawaii.edu/cds/current-projects/wipa/	
116	Would it be possible to notify us ahead of time of any changes or increases to our payment amount?	The next planned increase in rates will be in line with the increase in minimum wage, effective January 1, 2028.	
117	Someone said comments were open for proposed changes to the Waiver Standards (prior Zoom webinar). Who was this information sent to? We did not receive information on this.	DDD held a Waiver Renewal Feedback Session on October 30, 2025 to allow stakeholders to provide input on some of the proposed changes to the Waiver. On January 13 and 15, 2026, DDD held a Waiver Renewal Information Session to kick off the Public Comment period from January 16, 2026 through March 3, 2026. Flyers were distributed to participants, families, providers, staff, and stakeholders for all of the sessions.	
118	When uploading the QR to the Provider Portal, is there an update to speed up the portal. It seems to be laggy and slow most of the time.	Thank you feedback. We will be sure to pass your concerns on to IT about Provider Portal issues.	

119	Did I hear someone say parents who opt to be the DSP for their participant, that the participant must be at least 18 years old?	Yes, services may not be provided to minor children, less than 18 years of age, by parents, stepparents or the legal guardian of the minor.	
120	Is there a way for someone to search for a DSP outside of the agency? For example, if someone is looking for a CD provider?	We have heard of people looking online or on bulletin boards for CD workers. I also knew a CD family who would put an add in the local paper to hire DSPs. They must pass a background check with CD before being allowed to work. It will be up to the employer how they would want to interview, select, and scout potential employees.	
121	In cases where decisions go to the CIT, how do parents/caregivers make the request to participate in the CIT meeting?	Participants and caregivers provide information and supporting documentation to CMs who then share that information with the clinical team at the CIT consults. If a family wants specific information shared with the clinical team, they may notify the case manager of this.	
122	Is there a tutorial for the Provider Portal?	For providers, the upcoming Provider Portal trainings are scheduled for June 16th and 23rd from 10 a.m. to 12 p.m. Registration information will be emailed to Waiver providers shortly. The June 16th training will go over how to complete the IP and QR. The training on June 23rd will go over how to navigate through the IP and QR fields in the Provider Portal.	
123	My staff have questions about the new IP template. How do we go about orienting them with this?	Please have staff attend the upcoming IP and QR and Provider Portal trainings scheduled for June 16th and 23rd from 10 a.m. to 12 p.m. Registration information will be emailed to Waiver providers shortly. The June 16th training will go over how to complete the IP and QR. The training on June 23rd will go over how to navigate through the IP and QR fields in the Provider Portal. Recordings of the trainings will also be available on the DDD website. DDD will also be hosting "Open Houses" in mid-July and early August for providers to ask questions about the IPs.	

124	Is there a certification or verification for attendance with this Waiver Standards training to show we have been attending these webinars?	No, we do not offer a certification or verification for attending informational webinars. Please contact doh.dddtraining@doh.hawaii.gov if you are needing to receive conformation of your attendance.	
125	Are participants allowed to give their own insulin shot if the participant is diabetic or the provider allows them to administer the shot?	A participant may administer their own insulin injections if their medical provider has assessed their ability to complete the full task and has provided this information in writing to DDD. This needs to be included in their ISP with a date and re-assessed annually and PRN for any health status changes.	