

**REPORT TO THE TWENTY-FOURTH LEGISLATURE
STATE OF HAWAII
2008**

**PURSUANT TO ACT 213 (2007), SECTION 38,
A BILL RELATING TO THE STATE BUDGET REQUIRING
THE DEPARTMENT OF HEALTH
TO PREPARE A REPORT ON THE IMPLEMENTATION OF
MEDICAID HOME & COMMUNITY-BASED SERVICES**

**PREPARED BY:
STATE OF HAWAII
DEPARTMENT OF HEALTH
DECEMBER 2007**

EXECUTIVE SUMMARY

Pursuant to Act 213 (2007), section 38 that requires the Department of Health to prepare a report on the implementation of Medicaid Home & Community-Based Services (HCBS); the Department of Health respectfully submits this report. Specifically, section 38, requires that the report include, but not be limited to the following:

1. The number of individuals aided by the services provided and the capacity of services provided;
2. Performance report of services provided and treatment outcomes and;
3. A detailed report on all expenditures.

The HCBS waiver program is authorized in Title XIX, section 1915(c) of the Social Security Act (42 USC § 1915 (c)). The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The HCBS waiver program for individuals with developmental disabilities is operated by the Department of Health (DOH), Developmental Disabilities Division (DDD) as the lead agency and administered through the State Department of Human Services, who serves as the Medicaid state agency. The Hawaii Revised Statutes, Section 333F-2, authorizes the DDD to develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system of supports and services for persons with developmental disabilities or mental retardation.

For fiscal year 2007, the HCBS Medicaid waiver program for individuals with developmental disabilities served 2,481 participants using 4,904 waiver services. The total expenditure was \$96,263,000. Of the total expenditure, \$40,560,415 or 42% was with state general fund dollars, and \$55,702,585 or 58% was with federal dollars.

The DDD is pleased with the progress done in implementing the HCBS Medicaid waiver program. The work done will help to better the lives of individuals with developmental disabilities so that they can remain at home with their families or in a living arrangement of their choice. The HCBS Medicaid waiver program offers freedom from institutionalization to individuals with developmental disabilities.

REPORT TO THE LEGISLATURE IN COMPLIANCE WITH ACT 213 (2007), SECTION 38

Introduction

Pursuant to Act 213 (2007), section 38, A bill relating to the state budget requiring the Department of Health to prepare a report on the implementation of Medicaid Home & Community-Based Services (HCBS), the Department of Health respectfully submits its report. Specifically, section 38, requires that the report is to include, but not be limited to the following:

4. The number of individuals aided by the services provided and the capacity of services provided;
5. Performance report of services provided and treatment outcome, and;
6. A detailed report on all expenditures.

Background

The HCBS waiver program is authorized in Title XIX, section 1915(c) of the Social Security Act (42 USC § 1915 (c)). The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The intent of the waiver program was not only to assist beneficiaries to live in the community, but that the cost for support services would be cost efficient compared to institutionalization. The State is given broad discretion to design its waiver program to address the needs of the waiver's target population.¹

The first HCBS Medicaid waiver program for individuals with developmental disabilities began in 1983 to assist the state of Hawaii in the closure of its large State institution for individuals with mental retardation,² Waimano Training School and Hospital. The waiver services allowed the State to de-institutionalize these individuals and support them to live in the community. Over the years, the program has expanded greatly and the amount of people served increased from 30 for fiscal year (FY) 1983 to 2,481 for FY 2007.

¹ There are different HCBS Medicaid waiver programs in the State of Hawaii that target specific populations (e.g. Nursing Home without Walls, which is a HCBS Medicaid waiver program whose target population are individuals specifically in nursing homes who may not be developmentally disabled).

² "Individuals with Mental Retardation" was exclusively used to label individuals that were not only mentally retarded but, also with a developmental disability. Mental retardation represents a medical evaluation. The state has been progressive and following national trends; uses the term "individuals with developmental disabilities."

The projected growth for the next five years is about 8% or 200 new participants yearly at a cost of \$10 million dollars more each year.³ The DDD however, is expecting more participants as the population in the state of Hawaii ages. The prevalence rate of individuals with developmental disabilities in the state is estimated to be 1.18% or 15,168.⁴

Culturally, in Hawaii individuals with Developmental Disabilities are generally taken care of at home with their families and are receiving minimal services or not accessing any service.⁵ As parents age, older individuals are entering the HCBS Medicaid waiver program. Additionally, close to 50% of all admissions are children. The rise in child admissions is based on the inability of other departments in fully funding services for children and thus, many come to the DDD seeking assistance. Costs escalate when dealing with children and older participants because more services are required.

The HCBS waiver program for individuals with developmental disabilities is operated by the DDD as the lead agency and administered through the State Department of Human Services (DHS), which serves as the Medicaid state agency. The Hawaii Revised Statutes authorizes the DDD to develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system of supports and services for persons with developmental disabilities or mental retardation.⁶ Additionally, the State is required to provide sufficient supports and services so that persons with disabilities are not institutionalized and can live in their desired home and community.⁷

Services are based upon a person-centered plan predicated on individual choice and decision-making. Services to implement the plan utilize an array of resources ranging from the individual and their family, natural supports from members in the community, and funding sources such as Medicaid and general (state) funds appropriated by the Legislature. The HCBS Medicaid waiver program for individuals with developmental disabilities is for Medicaid eligible participants.⁸ Funding for these participants come from a state and federal match. For each state dollar spent on the HCBS Medicaid waiver program, close to 42% is from state funds and 58% is from federal matching funds. The DDD

³ Projection based on CMS approved waiver renewal for 2006-2011, See, Appendix A – Letter to Lillian L. Koller, Director, DHS from CMS dated June 20, 2006.

⁴National prevalence rate used for all states, Gollay and Associates (1989,2004). Hawaii's population is 1,285,498, U.S. Census Bureau.

⁵ For FY 2006 there were 1,172 HCBS participants living with their family or 49.6% of all HCBS participants.

⁶ Hawaii Revised Statutes, Chapter 333F-2, Developmental Disabilities System. The DDD authorizing statute is Chapter 333F-1 – F-22, Services for Persons with Developmental Disabilities or Mental Retardation.

⁷ Olmstead v. L.C., 527 U.S. 581 (1999).

⁸ The Department of Human Services (DHS) determines Medicaid eligibility.

also provides services with 100% state funds for participants who do not qualify for the HCBS Medicaid waiver program.⁹

The HCBS Medicaid waiver program for individuals with developmental disabilities offers the following services listed and defined briefly below:¹⁰

1. **Adult Day Health (ADH)** is a service offered to participants to provide opportunities for meaningful participation in community activities, developing associations with community members, discovering ways for participants to make contributions, and establishing roles of leadership and partnership within one's community.
2. **CHORE** services are services needed to maintain the home as a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress.¹¹
3. **Personal Assistance/ Habilitation (PAB)** services is a range of assistance or training to enable program participants to accomplish tasks that they would normally do for themselves if they did not have a disability. Such assistance shall include active supervision (readiness to intervene as necessary) and interaction with participants. This may take the form of hands-on assistance (actually performing a task for the person) or training or multi-step instructional cuing as a part of a plan to prompt the participant to perform a task. Personal care services may be provided on an episodic or on a continuing basis.
4. **Residential Habilitation (RES/HAB)** services are used to cover a participant's physical care and training above and beyond the general care and supervision under the State Supplemental Payment/Level of Care¹² for certified and licensed residential settings, such as Adult Foster Home, Developmental Disabilities Domiciliary Home, and Adult Residential Care Home, Extended Adult Residential Care Home.

⁹ The number of state only program participants for FY 2007, total 612 with a cost of \$737,470.

¹⁰ See, Appendix B – List of HCBS Waiver Services and Definitions.

¹¹ CHORE services were originally under DHS, as of 2004, DHS transferred all CHORE services to DOH-DDD and all participants into the HCBS waiver.

¹² State Supplemental Payment is state funded payments to individuals who are current recipients of supplemental security income (SSI), or state funded aid to the aged, blind, and disabled (AABD), or gender assistance payments. These funds are provided by the state legislature through general appropriations to provide for the special care needs of individuals.

5. **Supported Employment (SE)** services are to provide long-term on-going support to participants in competitive employment and increase participant independence. SE services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need supports to perform in a regular work setting.
6. **Respite** services are used to support family relationships to sustain participant living in the family home. Respite services are provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons normally providing care for the participant.
7. **Skilled Nursing (SN)** services assure that participant's medical and health needs are met in order to live in the community.
8. **Training and Consultation** services for individuals¹³ who provide support, training, or supervision to participants includes: instruction about treatment regimens and other services included in the Individualized Service Plan (ISP)¹⁴ and/or Waiver Action Plan (WAP)¹⁵; the use of equipment specified in the service plan; and included updates as necessary to safely maintain the participant at home. All training shall be identified and included in the ISP or WAP.
9. **Emergency Services (Outreach, Respite, Shelter)**

Emergency Outreach services are defined as immediate on-site support for situations in which the participant's presence in his/her home or program is at risk due to the display of challenging behaviors that occur with intensity, duration, and frequency that endangers his or her safety or the safety of others or results in the destruction of property.

¹³ For purposes of this service, an individual is defined as any person, family member, neighbor, friend, and co-worker who provide care, training, guidance, or support to a waiver participant.

¹⁴ Individualized Service Plan (ISP) is the written plan required by HRS 333 F-6 that is developed by the individual, with input of family, friends and other persons identified by the individual as being important to the planning process. The ISP shall be a written description of what is important to the person, how any issue of health or safety shall be addressed, and what needs to happen to support the person in the person's desired life.

¹⁵ Waiver Action Plan is the plan developed by the DOH-DDD Case Management within one (1) week of admission to the DD/MR Medicaid Waiver Program that identifies 1) goals 2) desired outcomes 3) timelines for achieving outcomes 4) services identified to achieve outcomes 5) frequency, duration and service providers. The WAP is approved by the participant and the participant's legal guardian and authorized by the DOH case manager.

Emergency Respite services are emergency out-of-home placement for participants over the age of eighteen (18) years with potential to endanger self or others and their significant support.

Emergency Shelter services are emergency out-of-home placement of participant's in need of intensive intervention in order to avoid institutionalization or more restrictive placement and for return to the current or a new living situation once stable.

9. **Transportation** services are offered to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the ISP.
10. **Consumer Directed Services** which include personal assistance/habilitation (PAB), CHORE, and respite. Under the Consumer Directed Services option, participants and/or their guardians may hire, train, supervise and fire their direct support workers. Participants and/or their guardians are informed of this option during the planning process (the ISP). If the participant is interested, the DDD case manager and/or DDD Consumer Directed Specialist will review the materials and required forms with them.

Individuals who are Medicaid eligible can apply for the above services. Needs and supports are identified through a person-centered planning process¹⁶ with DDD case managers who coordinate and assist individuals in accessing these services from qualified and approved providers.¹⁷ Each plan is based on life goals and individual needs to assure health and safety in the least restrictive environment where the individual is part of the community.

1) **The number of individuals aided by the services provided and the capacity of services provided**

Once an individual is determined to be Medicaid eligible and able to receive HCBS Medicaid waiver services, their needs and supports are identified through a person-centered planning process, and an ISP is created - the assigned DDD case manager (CM) then assists the participant to coordinate and access services from qualified and approved providers. For FY 2007, there were 2,481 participants in the HCBS Medicaid waiver program. The total number of services used by the 2,481 individuals was 4,904 services¹⁸. The 4,904 represent duplicated individual counts because an individual could receive several services

¹⁶ The Person-centered planning process includes the circle of support individuals that the participant selects such as, family members, neighbor, friend, co-worker, etc. The resulting product produced is the Individualized Service Plan (ISP).

¹⁷ See, Appendix C – List of HCBS Medicaid Waiver Providers for Hawaii. The DHS approves all HCBS Medicaid Waiver Providers.

¹⁸ The data for this report is as of May 30, 2007 for FY 2007.

and is counted in each service based on their ISP. Figure 1 below, lists the number of individuals served for each of the HCBS Medicaid waiver services available.

Figure 1: Number of Individuals served per HCBS waiver services¹⁹

HCBS WAIVER SERVICES	NUMBER OF INDIVIDUALS USING EACH SERVICE
ADULT DAY HEALTH	1,404
CHORE	106
PAB	1,638
RES/HAB	768
RESPIRE	150
SUPPORTED EMPLOYMENT	61
SKILLED NURSING	110
TRAINING AND CONSULTING	216
CONSUMER DIRECTED (CD) SERVICES: CHORE	49
CD SERVICES: PAB	274
CD SERVICES: RESPIRE	128
TOTAL	4,904

Participants can also receive services from natural supports such as family members or the community and are not paid for by state or federal funds. The capacity of services provided sustained the 2,481 participants in the HCBS waiver program. One of the major problems facing service providers is finding qualified direct support workers. To alleviate this issue, the HCBS Waiver Renewal application included an increase in Consumer Directed Services.²⁰ Consumer Directed Services allows participants and/or their guardians to hire, train, supervise, and fire their direct support workers. Currently, close to 400 participants are using these services which is only limited to PAB, CHORE²¹, and Respite.

2) **Performance report of services provided and treatment outcomes**

Treatment outcomes for individuals with developmental disabilities participating in the HCBS Medicaid Waiver program are based on whether the individual goals are met by services offered. The HCBS Medicaid Waiver program services are provided based on an Individualized Service Plan (ISP) which is developed in

¹⁹ Some of the waiver services listed are further characterized with multiple types of services. For example, Adult Day Health includes Level 1,2,or 3 and half or full days. See, Appendix B – List of HCBS Waiver Services and Definitions for a complete list of services.

²⁰ The Centers for Medicare and Medicaid Services (CMS) approved the HCBS Waiver Renewal Application for a 5-year period beginning July 2006.

²¹ CHORE services was added to the Consumer Directed Services in FY 2006 through a waiver amendment and approved by CMS.

collaboration with the participant and a circle of support individuals that he or she chooses. Once the ISP is developed identifying the outcomes that are most appropriate for the individual, an array of services are identified that will most directly accomplish these outcomes. Each ISP is different and designed specifically to help an individual build and improve skills that will maximize their ability to function independently in their environment.

For example, a participant may have a goal of maintaining independence, as he gets older. To do this, he will continue in the HCBS Medicaid Waiver program accessing the following services to attain his goal: adult day health services to meet with friends and become more involved in community activities; personal assistance to help him with toileting and grooming; and, respite services to assist his family to maintain him at home. The services offered provide the participant independence by allowing him to do things on his own with support. The outcome is that he is able to make his own choices and has the freedom to do it. More importantly, as he becomes more independent in the community, he is able to network with others and form natural supports that may eventually take the place of paid support services by the HCBS Medicaid Waiver program.

3) Detailed report on all expenditures

For FY 2007, the total expenditures for the HCBS waiver were \$96,263,000. This total represents \$35,579,842 initially appropriated to the DDD, plus an emergency appropriation of \$4,980,523²² and \$55,702,585 in federal matching funds. The expenditures by means of financing are presented in Figure 2 – Total HCBS Medicaid Waiver Expenditures for FY 2007.

Figure 2. Total HCBS Medicaid Waiver Expenditures for FY 2007

DDD FY07 Appropriation (General Funds)	DDD Emergency Appropriation (General Funds)	Federal Match 58%	Total Expenditure (FY07 Appropriation + Emergency Appropriation or 42%) + (Federal Match or 58%) = TOTAL EXPENDITURE
\$35,579,892	\$4,980,523	\$55,702,585	\$96,263,000

Figure 3, below presents the total expenditure for each HCBS Medicaid Waiver service as of May 30, 2007. The total expenditure amount is \$95,441,348. The discrepancy between \$95,441,348 and \$96,263,000, or \$821,652, is due to outstanding encumbrances as of June 30, 2007.

²² The Emergency Appropriation was requested of the 2007 Legislature to allow the DDD to obtain \$6,752,158 in federal matching funds to provided community supports to assure health and safety and comply with the Hawaii Disability Rights Center's Settlement Agreement (08/12/2005) where the DOH-DDD must admit eligible applicants into the HCBS Medicaid waiver program within short specified timelines (Act 051, SLH 2007).

It is important to note that federal regulations allow a provider to bill within twelve months of service.²³ The DDD is currently working with service providers to make sure all invoices are submitted on a timely basis to the DDD so that payments are processed using funds appropriated for the fiscal year in which services were incurred.

Figure 3 – Total HCBS Medicaid Waiver Expenditures per service provided

HCBS WAIVER SERVICES	NUMBER OF INDIVIDUALS USING EACH SERVICE	EXPENDITURE PER SERVICE
ADULT DAY HEALTH	1,404	\$18,885,666.42
CHORE	106	\$797,318.34
PAB	1,638	\$50,200,294.11
RES/HAB	768	\$16,626,207.09
RESPITE	150	\$886,482.45
SUPPORTED EMPLOYMENT	61	\$742,509.09
SKILLED NURSING	110	\$2,940,451.47
TRAINING AND CONSULTING	216	\$798,768.29
CONSUMER DIRECTED (CD) SERVICES: CHORE	49	\$288,397
CD SERVICES: PAB	274	\$2,900,459.92
CD SERVICES: RESPITE	128	\$374,794
TOTAL	4,904	\$95,441,348

To provide some perspective to Hawaii's total expenditure for the HCBS waiver program as compared nationally, Figure 4 illustrates a comparison with other states and the national average for FY 2006. Hawaii's annual HCBS waiver spending²⁴ per state resident for 2006 was \$60.72 while the national average was \$64.30. Texas was the lowest at \$20.48 per resident while New York was the highest at \$201.41.²⁵

²³ 42 CFR Ch. IV § 447.45 Timely claims payment. (d) Timely processing of claims. (1) The Medicaid agency must require providers to submit all claims no later than 12 months from the date of service.

²⁴ Figures for Hawaii HCBS waiver spending represents all HCBS waivers in the state.

²⁵ Mathematica Policy Research, Inc (2007) Summary of State MFP Program Applications.

Figure 4 – Hawaii HCBS waiver spending in comparison nationally

	Number of Medicaid HCBS Participants per 1000 State Residents 2003	Annual HCBS Waiver Spending per State Resident, 2006	HCBS Waiver Spending Percent Change, 2001-2006
U.S.	8.8	\$64.30	73%
Hawaii	5	\$60.72	131.80%
State with Lowest	2.7 (VA)	\$20.48 (Texas)	15.5% (Michigan)
State with Highest	13.8 (Missouri)	\$201.44 (New York)	2279.6% (D.C.)

Additionally, total spending for community services across Hawaii state agencies was \$132,001,641 in FY 2006. This included state and federal funds for HCBS Waiver, ICF/MR²⁶, Purchase of Service, Targeted Case Management, Early Intervention Services, Vocational Rehabilitation and Social Security Income.

Conclusion

The Department of Health, Developmental Disabilities Division is pleased with the progress done in implementing the HCBS Medicaid waiver program. The work done will help to better the lives of individuals with developmental disabilities so that they can remain at home with their families or in a living arrangement of their choice.²⁷ The HCBS Medicaid waiver program offers freedom from institutionalization to individuals with developmental disabilities.

For FY 2007, the HCBS Medicaid waiver program for individuals with developmental disabilities served 2,481 participants using 4,904 waiver services. The total expenditure including encumbrances was \$96,263,000. Of the total expenditure, \$40,560,415 or 42% was general-funded, and \$55,702,585 or 58% was federal-funded.

For FY 2008, the DDD will focus on increasing consumer directed services by continuing to inform participants and their families or guardians of the services and supports available. Consumer direction offers participants more choices, greater autonomy, and in most cases is more cost effective than traditional services. The DDD will also work on improving its billing procedures to ensure that providers bill for their services in a timely manner so that payment can be made within the fiscal year that the service is incurred.

Additionally, to assure maximizing the HCBS Medicaid waiver program and securing federal matching funds, the DDD is working on a Division wide re-

²⁶ ICF/MR is Intermediate Care Facility for the Mentally Retarded or Developmentally Disabled.

²⁷ Olmstead v. L.C., 527 U.S. 581 (1999). In the Olmstead case, the U.S. Supreme Court challenges states under the Americans with Disabilities Act to provide sufficient supports and services so that persons with disabilities are not institutionalized and can live in their desired home and community.

organization which is prompted by: the Olmstead decision,²⁸ the rapid growth of the HCBS Medicaid waiver program, and the creation of the “Quality Framework. Under the Olmstead decision, the state of Hawaii is required to provide sufficient supports and services to ensure that persons with disabilities are not institutionalized and can live in their desired home and community. The rapid budget growth of the HCBS Medicaid waiver program is due in part to two lawsuit settlements: Makin and the Hawaii Disability Rights Center.²⁹ Based on the precedence of these two lawsuit settlements, the DDD needs to continue a reasonable pace of new admissions into the HCBS Medicaid waiver program. Finally, the creation of the “Quality Framework” is required by CMS for all states participating in the HCBS Medicaid waiver program. Thus, the state must assure that quality of care is paramount through state and private sector assessments.

²⁸ Ibid.

²⁹ Janet Makin, et al., vs. State of Hawaii, et al., Civil No. 98-0997 DAE, dated August 15, 2000, settled on September 29, 2003 (Makin I) and Hawaii Disabilities Rights Center et al., vs. State of Hawaii, et al., Civil No. 03-995224 HG-KSC, settled on August 12, 2005.



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DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
REGION IX

75 Hawthorne Street
Suite 408
San Francisco, CA
94105

JUN 20 2006

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DEVELOPMENTAL
DISABILITIES
DEPARTMENT OF HEALTH
HONOLULU, HAWAII

Lillian L. Koller, Esq.
Director
Department of Human Services
P.O. Box 339
Honolulu, HI 96809

Dear Ms. Koller:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved your request received April 4, 2006 to renew Hawaii's Medicaid Home and Community-Based Services (HCBS) waiver for individuals with developmental disabilities/mental retardation (DD/MR) as authorized under Section 1915(c) of the Social Security Act. This waiver has been assigned CMS control number 0013.90.R4. This waiver program provides HCBS as an alternative to institutional care for persons eligible for ICF/MR placement. The effective date of this renewal is July 1, 2006.

As part of this renewal, you requested permission to make the following changes in this waiver program: 1) to provide necessary supports to an additional 150-200 persons with developmental disabilities each year to maximize their independence and support their participation in their communities, 2) to establish a Quality Management (QM) system to comprehensively evaluate and continuously improve the quality of services participants receive, 3) to expand the waiver's coverage area to the entire State, 4) to increase public input into the development of the waiver and its QM systems, 5) to increase anticipated waiver enrollment by approximately 50% to fully meet anticipated demand for services, and 6) to expansion of services covered to include chore services, training and consultation, specialized medical equipment and supplies, vehicular modifications, assistive technology, and personal emergency response systems.

This approval is subject to your agreement to provide services for no more individuals than the number listed in column "C" below. "Total" amounts reflect slight rounding as exhibited in Appendix J-2 of the State's approved waiver renewal.

<u>WAIVER YEAR</u>	<u>FACTOR C</u>		<u>FACTOR D</u>		<u>TOTAL</u>
July 1, 2006 - June 30, 2007	2584	x	\$37,242	=	\$96,234,067
July 1, 2007 - June 30, 2008	2,784	x	\$38,414	=	\$106,943,960
July 1, 2008 - June 30, 2009	2,934	x	\$39,578	=	\$116,121,274
July 1, 2009 - June 30, 2010	3,084	x	\$40,783	=	\$125,776,235
July 1, 2010 - June 30, 2011	3,234	x	\$42,021	=	\$135,896,355

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With a satisfactory showing, the waiver may continue to provide services and be renewed at the end of this five-year period. We appreciate the cooperation provided by you and your staff during the renewal process. If you have any questions, please contact Rick Spector at (415) 744-3592.

Sincerely,



Linda Minamoto
Associate Regional Administrator
Division of Medicaid & Children's Health

cc: Gale Arden, Director, DEHPG, CMSO
Chiyome Fukino, M.D., Director, DOH
Mary Rydell, CMS Pacific Representative
Cheryl Young, CMS, Region IX
Debra Baumert, CMS, Region IX
Ellen Blackwell, DEHPG, CMSO
Patty Johnson, Director, DHS, ACCSB
Dr. David Fray, Chief, DOH, DDD
Eddie Martin, CMS, Region IX

CMISB

PHAO, DDD

Comp. Offer, DDD

APPENDIX B

List of HCBS Waiver Services and Definitions

1. Adult Day Health (ADH)

ADH is a service offered to participants to provide opportunities for meaningful participation in community activities, developing associations with community members, discovering ways for participants to make contributions, and establishing roles of leadership and partnership within one's community.

Services generally furnished six (6) or more hours per day on a regularly scheduled basis for one (1) or more days per week, or as specified in the service plan, in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Meals provided as part of these services shall not constitute a "full nutritional regimen" (three (3) meals per day).

Activities shall include training in Activities of Day Living (ADL)³⁰, Instrumental Activities of Daily Living (IADL)³¹, communication, socialization, prevocational skills, work opportunities, leisure and recreational activities, and making choices in order to pursue paths that match the participant's interests. Such activities shall be provided in both the ADH and community settings.

There are three levels of ADH services: Level 1, Level 2, and Level 3. The level of ADH shall correlate to the participant's staff to participant ratio needs and the following target population guidelines:

ADH 1: The target population for ADH Level 1 may include participants who may benefit from group training and/or activities;

ADH 2: The target population for ADH Level 2 may include participants with, but not limited to, the following:

- a) Behavioral needs requiring a Behavioral Support Plan or participants with Inventory for Client and Agency Planning (ICAP)³² scores of -34 to -70;

³⁰ Activity for Daily Living (ADL) are activities related to personal care including, but not limited to, bathing, dressing, toileting, transferring, and eating.

³¹ Instrumental Activities of Daily Living (IADL) are more complex life activities such as light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, managing one's medication, and money management)

³² ICAP is used to as an assessment tool to rate how well a participant performs tasks or could do tasks.

- b) Health concerns that require monitoring, intervention and supervision such as specialized skin care positioning, uncontrolled seizures, diabetes, etc.;
- c) Need for specialized therapies incorporated within the IP;
- d) Inability to self-preserve.

ADH 3: The target population for ADH Level 3 may include participants with, but not limited to, the following medical needs:

- a) Unstable respiratory status requiring continuous nursing assessment and care skills. This includes oxygen, suctioning, updraft treatments, chest P.T., and proper positioning. The participant may have a tracheotomy and a history of respiratory failure;
- b) Need for frequent monitoring and assessment of vital signs, i.e., administration of multiple medications and respective assessment of response status;
- c) Insulin-dependent diabetes and/or with fragile diabetics with unstable blood sugars;
- d) Congestive heart failure, arrhythmia or a history of cardiac failure;
- e) Nasogastric (NG) and gastrostomy tube feedings with history of aspiration and complicating factors such as tube medication administration, stoma site assessment, or frequent dressing.

2. CHORE

CHORE services are services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. Services also consist of the performance of general household tasks (e.g., meal preparation and routine household care). These services are provided only when the participant or anyone else in the household, or other relatives, caregiver, landlord, community/volunteer agency, or third party payor is not capable or responsible for performing or financially providing for them. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, is examined prior to any authorization of service.

3. Personal Assistance/ Habilitation (PAB)

PAB services is a range of assistance or training to enable program participants to accomplish tasks that they would normally do for themselves if they did not have a disability. Such assistance shall include active supervision (readiness to intervene as necessary) and interaction with participants. This may take the form of hands-on assistance (actually performing a task for the person) or training or multi-

step instructional cuing as a part of a plan to prompt the participant to perform a task. Personal care services may be provided on an episodic or on a continuing basis. Health-related services that are provided may include skilled or nursing care to the extent permitted by State law. Such assistance may include assistance or training in the performance of ADL and IADL activities.

Services may include personal assistance or training in the performance of ADL or IADL, to meet outcomes/goals of increasing independence, developing natural supports, learning, developing relationships, contributing through employment/volunteering/ participation and their associated costs. Services may be provided in or outside the participant's home.

There are three levels of PAB services: PAB Level 1 and PAB Level 2 and PAB Level 3. The PAB level shall be determined by the Department of Health (DOH)-DDD Case Manager (CM) based on an ICAP behavioral score and health assessment.

- 1) **PAB Level 1:** Participants receiving PAB Level 1 do not require any special tasks of nursing care, i.e., nurse delegated tasks.
- 2) **PAB Level 2:** ICAP scores for participants receiving PAB Level 2 shall fall within –34 to –70 range; and include participants requiring special tasks of nursing (tasks that have been delegated by a RN as specified in HAR Title 16, Chapter 89, Subchapter 15, (“Delegation of Nursing Tasks to Unlicensed Assistive Personnel”) (HAR § 16-89-100; HAR § 16-89-111; HAR 16-89-112; HAR § 16-89-113; and HAR § 16-89-114).
- 3) **PAB Level 3:** ICAP scores for participants receiving PAB Level 3 shall fall within the 40-69 range and include participants with avoidant or aggressive behaviors that may cause harm to self or others; PAB Level 3 services are time-limited, averaging three (3) months and up to six (6) months; exceptions may be authorized by the DOH-DDD;

4. Residential Habilitation (RES/HAB)

RES/HAB services are used to cover a participant's physical care and training above and beyond the general care and supervision under the State Supplemental Payment/Level of Care (SSP/LOC)³³ for certified and

³³ State Supplemental Payment is state funded payments to individuals who are current recipients of supplemental security income (SSI), or state funded aid to the aged, blind, and disabled (AABD), or gender assistance payments. These funds are provided by the state legislature through general appropriations to provide for the special care needs of individuals.

licensed residential settings, as Adult Foster Home (AFH), Developmental Disabilities Domiciliary Home (DDDH), and Adult Residential Care Home (ARCH) Extended Adult Residential Care Home (E-ARCH) and defined in HAR Title 11, Chapter 148, Chapter 89, Chapter 100, and Chapter 101, respectively.

RES/HAB is used to increase independence with ADL, develop communication, social, recreational, and leisure skills, and/or enhance independent living, self-direction, and choice-making.

RES/HAB means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These individually specific supports include adaptive skill development, assistance with ADL, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs.

RES/HAB may include activities such as learning skills to become more independent, preparing own meals, doing laundry, ADLs, social skills (fostering interpersonal relationships), learning to be part of a family unit and/or to share a household (roommate), using leisure time, e.g., light gardening, taking care of own pet, practicing and mastering skills in the home before transferring skills to community setting, behavioral intervention/redirection, making choices, using the telephone.

RES/HAB does not include general care and protective oversight and supervision which are required under the facility's license or certification requirements. Recommendations of specialized therapies as indicated could be incorporated within this service.

There are five levels of RES/HAB services: Level 1, Level 2, Level 3 (Behavioral/Medical), Level 4 (Special Treatment Facility/Therapeutic Living Program) and Level 5 (24/7). The level of RES/HAB services shall be determined by the participant's ICAP scores and/or target population characteristics as follows:

- 1) **RES/HAB Level 1** - service score from 40-69;
 - 2) **RES/HAB Level 2** - service score from 1-39 or maladaptive score from -23 to -33;
RES/HAB Level 2a (Behavioral) - service score from 1-39 or maladaptive score from -23 to -33 as well as exceptional needs such as frequent and significant challenging behaviors, e.g., continuous yelling and screaming at night;
RES/HAB Level 2a (Medical) - physical needs that include total care and total dependence on caregiver;
-

- 3) **RES/HAB Level 3 (Behavioral)** - maladaptive scores from -34 to -70 for behavioral needs to include intense and continuous interventions to address significant challenging behaviors that present danger to self, others, and property;

RES/HAB Level 3 (Medical) - Medical needs that include nursing observation and assessment of participant secondary to such skilled nursing activities such as aspiration precautions, catheterization, infection control, inhalation treatments, medication management and administration, ostomy care, oxygen therapy and aerosolized treatments, seizure management and precautions, suctioning, tube feeding and management, wound care requiring sterile procedures, IV (intravenous), shots - IM (intramuscular), and SQ (subcutaneous) TPN (total parenteral nutrition) feedings in vein;

- 4) **RES/HAB Level 4** - maladaptive scores from -34 to -70; Special Treatment Facility/Therapeutic Living Program (STF/TLP), certification and licensure in accordance with HAR, Chapter 98;
- 5) **RES/HAB Level 5** - maladaptive scores from -46 to -70; Higher frequency, intensity and duration of challenging behaviors requiring 24-7 intervention (awake staff).

5. Supported Employment (SE)

SE services are to provide long-term on-going support to participants in competitive employment and increase participant independence. SE services consists of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need supports to perform in a regular work setting.

SE is conducted in a variety of settings, particularly work sites where persons without disabilities are employed and includes activities needed to sustain paid work by participants, including job development, placement, supervision and training and retention. When SE services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.

6. Respite

Respite services are used to support family relationships to sustain participant living in the family home. Respite services are provided to participants unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those persons normally providing care for the participant. Short-term basis shall be defined as daily units for thirty (30) consecutive days.

7. Skilled Nursing (SN)

SN services assure that participant's medical and health needs are met in order to live in the community. Services listed in the service plan that are within the scope of the State's Nurse Practice Act³⁴ and are provided by a registered professional nurse or a licensed practical nurse under the supervision of a registered nurse, licensed to practice in the State of Hawaii.

SN activities may include, but are not limited to, the following: aspiration precautions, catheterization, infection control, inhalation treatments, medication management and administration, ostomy care, oxygen therapy and aerosolized treatments, seizure management and precautions, suctioning, tube feeding and management, wound care requiring sterile procedures, IV (intravenous), shots - IM (intramuscular) and SQ (subcutaneous), nursing observation and assessment of client, TPN (total parenteral nutrition) feedings in vein.

8. Training and Consultation

Training and Consultation services for individuals³⁵ who provide support, training, or supervision to participants includes: instruction about treatment regimens and other services included in the Individualized Service Plan (ISP)³⁶ and/or Waiver Action Plan (WAP)³⁷; the use of equipment specified in the service plan; and, included updates as necessary to safely maintain the participant at home. All training shall be identified and included in the ISP or WAP.

³⁴ Hawaii State Nurse Practice Act, HRS, Chapter 457 (2006).

³⁵ For purposes of this service, an individual is defined as any person, family member, neighbor, friend, co-worker who provide care, training, guidance, or support to a waiver participant.

³⁶ Individualized Service Plan is the written plan required by HRS 333 F-6 that is developed by the individual, with input of family, friends and other persons identified by the individual as being important to the planning process. The ISP shall be a written description of what is important to the person, how any issue of health or safety shall be addressed, and what needs to happen to support the person in the person's desired life.

³⁷ Waiver Action Plan is the plan developed by the DOH-DDD CM within one (1) week of admission to the DD/MR Medicaid Waiver Program that identifies 1) goals 2) desired outcomes 3) timelines for achieving outcomes 4) services identified to achieve outcomes 5) frequency, duration and service providers. The WAP is approved by the participant and the participant's legal guardian and authorized by the DOH case manager.

Training and Consultation services also includes services to individuals and their circle of support to implement proactive strategies/activities that will reduce challenging behaviors, minimize the need for Emergency Services, and preserve the participant's current living situation or program.

9. Emergency Services (Outreach, Respite, Shelter)

Emergency Outreach

Emergency Outreach services are defined as immediate on-site support for situations in which the participant's presence in his/her home or program is at risk due to the display of challenging behaviors that occur with intensity, duration, and frequency that endangers his or her safety or the safety of others or results in the destruction of property.

The services provided include but, not limited to, the following interventions to de-escalate crisis situations: telephone consultation with the family, caregiver; or program staff for advice on how best to manage the situation; on-site consultation, training, and technical assistance to family, caregivers, or providers to reduce challenging behaviors; direct hands-on staffing support to ensure the participant's safety and the safety of others; and, short-term, time-limited follow-up monitoring of the participant and situation for stability immediately after the crisis,

Emergency Respite

Emergency Respite services are emergency out-of-home placement for participants over the age of eighteen (18) years with potential for danger to self or others and their significant support systems due to the participant's challenging behaviors. The goal of Emergency Respite is to provide a stabilizing environment to preserve the participant's living situation.

Emergency Shelter

Emergency Shelter services are emergency out-of-home placement of participant's in need of intensive intervention in order to avoid institutionalization or more restrictive placement and for return to the current or a new living situation once stable. Emergency Shelter services shall include discharge planning at the point of admission.

10. Transportation

Transportation services are offered to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the ISP. This service is offered in addition to medical transportation required under 42 CFR § 431.53 and transportation

services under the State plan, defined at 42 CFR § 440.170(a) (if applicable), and does not replace them.

APPENDIX C
List of HCBS Medicaid Waiver Providers

There are a total of 53 HCBS Medicaid Waiver Providers throughout the State of Hawaii as follows:

Oahu

Aaron K. Koseki, Jr.
Alaka'i Na Keiki, Inc.
Aloha Habilitation Services, Inc.
Alternative Care Services *
Attention Plus Private Nursing, Inc. dba Attention Plus Care
BCP, Inc. dba Nursefinders of Hawaii*
Behavioral Counseling and Research Center, LLC*
CARE Hawaii, Inc.*
CareResource Hawaii, Inc.*
Castle Medical Center dba Castle Community Care
Catholic Charities Hawaii
Child and Family Service, Inc.*
Daniels Diversified, Inc. dba Kokua Nurses*
Easter Seals Hawaii*
Goodwill Industries of Hawaii, Inc.*
Hale Nui Community Services, Inc. dba Hale Nui Community Center
Hawaii Health Services, Inc.
Health Resources, Inc.*
Heaven's Helpers, Inc.
Home & Community Services of Hawaii, Inc.
HPS Inc., dba Hawaii Temp.
Kokua Villa, Inc.*
Lanakila Rehabilitation Center, Inc.
LSSB Corporation dba Lifeline Hawaii Services*
Manawa Lea Health Services, Inc.
Mastercare, Inc.*
North Shore Mental Health, Inc.
Opportunities for the Retarded, Inc.
Preferred Home and Community Based Services, Inc.
Responsive Caregivers of Hawaii, Inc.
Special Education Center of Hawaii, Inc.*
The Arc in Hawaii, Inc.
Therapists and Homecare on Call Inc.
Waianae Coast Community Mental Health Center, Inc. dba Hale Na'au
Wilson In Home, Inc.
Winners at Work, Inc.

*Serves other islands

Hawaii

BCP, Inc. dba Nursefinders of Hawaii*
Brantley Center, Inc.
CARE Hawaii, Inc.*
CareResource Hawaii, Inc.*
Child and Family Service, Inc.*
Daniels Diversified, Inc. dba Kokua Nurses*
Easter Seals Hawaii*
Full Life
Goodwill Industries of Hawaii, Inc.*
Health Resources, Inc.*
North Hawaii Community Hospital Inc., dba Kohala home Health Care
 dba North Hawaii Ohana Care
Kona Association for Retarded Citizens, Inc. dba Kona Krafts
LSSB Corporation dba Lifeline Hawaii Services*
Mastercare, Inc.*
Metrocare Hawaii, Inc.
Puna Kamalii Flowers, Inc.
Special Education Center of Hawaii, Inc.*
The Arc of Hilo, Inc.
The Institute for Family Enrichment

Kauai

BCP, Inc. dba Nursefinders of Hawaii*
Behavioral Counseling and Research Center, LLC*
CARE Hawaii, Inc.*
CareResource Hawaii, Inc.*
Easter Seals Hawaii*
Ho'oheno, Inc.*
LSSB Corporation dba Lifeline Hawaii Services*
Mastercare, Inc.*
Special Education Center of Hawaii, Inc.*
The Arc of Kauai, Inc.

Maui

Alternative Care Services *
BCP, Inc. dba Nursefinders of Hawaii*
Behavioral Counseling and Research Center, LLC*
CARE Hawaii, Inc.*
CareResource Hawaii, Inc.*
Easter Seals Hawaii*
Ho'oheno, Inc.*
Ka Lima O Maui, Inc.
Kokua Villa, Inc.*

*Serves other islands

Maui (continued)

LSSB Corporation dba Lifeline Hawaii Services*
Manawa Kupono-Opportunities Inc, dba Quality Behavioral Outcomes
Maui County Department of Housing and Human Concerns
MMastercare, Inc. *
Special Education Center of Hawaii, Inc. *
The Arc of Maui, Inc.*

Molokai

CARE Hawaii, Inc.*
CareResource Hawaii, Inc.*
Easter Seals Hawaii*
LSSB Corporation dba Lifeline Hawaii Services*
Molokai Occupational Center

Lanai

CARE Hawaii, Inc.*
Easter Seals Hawaii*
LSSB Corporation dba Lifeline Hawaii Services*
The Arc of Maui, Inc.*

*Serves other islands