

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

April 8, 2020

Judy Mohr Peterson, Ph.D.
Med-QUEST Division Administrator
State of Hawaii, Department of Human Services
601 Kanokila Blvd., Room 518, P.O. Box 700190
Kapolei, HI 97609-0190

Dear Dr. Mohr Peterson:

We are writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Hawaii's request to update the "Hawaii QUEST Integration" (Project No. 11-W-00001/9) with the Emergency Preparedness and Response Attachment K in order to respond to the COVID-19 pandemic. This has been incorporated into the demonstration's Special Terms and Conditions as Attachment K.

The authorities that the state has requested in Attachment K are effective from January 27, 2020 through January 26, 2021, and apply in all locations served by the demonstration for anyone impacted by COVID-19 who receives home and community-based services through the demonstration.

We have included the approved Attachment K pages with this correspondence.

If you need assistance, feel free to contact Michael Triegeer of my staff at (410) 786-0745 or by e-mail at Michael.Triegeer1@cms.hhs.gov.

Sincerely,

Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosure

cc: Brian Zolynas, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

APPENDIX K: Emergency Preparedness and Response

Background:

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

Appendix K-1: General Information

General Information:

- A. **State:** Hawaii
- B. **Waiver Title:** 1115 QUEST Integration- Home and Community Based Services
- C. **Control Number:** QUEST Integration Medicaid Section 1115 Demonstration (No 11-W-00001/9)

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

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

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

F. Proposed Effective Date: Start Date: 3/01/2020 **Anticipated End Date:** 2/28/2021

G. Description of Transition Plan.

On March 13, 2020, the President of the United States declared the 2019 novel coronavirus (“COVID-19”) a nationwide emergency pursuant to Section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207. The President’s

declaration gives the Secretary of the U.S. Department of Health and Human Services the authority to enhance states' ability to respond to the COVID-19 pandemic, including the power to temporarily waive or modify Medicare, Medicaid, Children's Health Insurance Program (CHIP) and Health Insurance Portability and Accountability Act (HIPAA) requirements under Section 1135 and 1115 of the Social Security Act.

Accordingly, the Hawaii Department of Human Services, Med-QUEST Division ("MQD") is requesting authority to waive certain requirements to the extent necessary to respond to the continued spread of COVID-19. Consistent with Section 1 of the President's March 13, 2020, national emergency declaration, MQD requests a retroactive effective date of March 1, 2020, for the requested Section 1115 flexibilities to coincide with the effective start date of the public health emergency. MQD requests this waiver authority extend through the duration of the emergency period, or 60 days from the date of the waiver publication if the emergency period ends within 60 days of the waiver's publication, unless otherwise noted.

In addition to requirements that can be waived under a Section 1115 waiver, MQD describes other waivers, policy changes, and concurrences it is seeking from the Secretary in order to respond to the pandemic. MQD understands these requests may be sought through other regulatory vehicles in addition to the Section 1115 requests, per federal guidance.

H. Geographic Areas Affected:

On March 4, 2020, Governor David Ige declared a state of emergency in Hawaii in response to the emerging public health threat posed by COVID-19 pursuant to Hawaii Revised Statutes Chapter 127A. The Governor issued a supplementary proclamation on March 16, 2020.

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

https://dod.hawaii.gov/hiema/files/2017/08/Hi-EOP.FINAL_Version-May-2017.pdf

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

Temporary or Emergency-Specific Amendment to Approved Waiver:

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

a. ___ Access and Eligibility:

- i. ___ Temporarily increase the cost limits for entry into the waiver.**

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

Not applicable

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

Not applicable

b. X Services

i. X Temporarily modify service scope or coverage.

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

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

[Explanation of changes]

For members who are at risk of deteriorating to the institutional level of care (the “at risk” population), the limits on the number of hours of HCBS or the budget for the following services will be temporarily suspended.

1. Personal Assistance Level I (includes self-direct): Waive service limitation of ten (10) hours per week for individuals who do not meet institutional level of care.
2. Personal Assistance Level I and II (includes self-direct): Waive the lower limit of 5 functional points to receive “at risk” services. In addition, waive the “at risk” criteria that limits personal assistance services to members that score 8 points or greater on a functional assessment. This will allow members that score below 8 points the opportunity to access personal assistance services in the event the member is diagnosed with COVID-19. This would be provided as a temporary wrap-around service for home health covered under the state plan.
3. Private Duty Nursing: Waive the lower limit of 5 functional points to receive “at risk” services. In addition, waive the “at risk” criteria that limits private duty nursing services to members that score 10 points or greater on a functional assessment. This will allow members that score below 10 points the opportunity to access private duty nursing services in the event the member is diagnosed with COVID-19. This would be provided as a temporary wrap-around service for home health covered under the state plan.

The health plan shall not impose service authorization limits or waitlists during the COVID-19 pandemic. The service authorization amount and duration shall be based on medical necessity and assessed need. Needs of the member include but are not limited to frailty, cognition, and behavioral status. The health plan must consider natural support systems when identifying needs of the member.

To ensure member health and safety needs can be met in a timely manner, the prior authorization and/or exception review process may be modified as deemed necessary by the health plan. In emergent situations where the member’s immediate health and safety needs must be addressed,

retrospective authorization may be completed. **Services will be rendered immediately with documentation as soon as is practicable.**

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

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

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

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

Expand settings where services may be provided for Adult Day Care and Adult Day Health. These services may be provided in members' homes, whether in a licensed or certified setting or a private home. The use of telehealth and telephonic services are permitted when possible and appropriate. When service is provided in a licensed or certified setting, the service cannot be provided by a member of the household.

Expand settings where service may be provided for Personal Assistance Level I and Level II and Private Duty Nursing. In certain circumstances related to COVID-19 pandemic, alternative settings may include the home of a relative, hotel, cruise ship, etc.

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

Not applicable

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

Allow payment for services rendered by family caregivers or legally responsible individuals for Personal Assistance Level I and Level II as an alternative to agency or independent and unrelated self-direct workers for members with the COVID-19 diagnosis. The option to pay family caregivers or legally responsible individuals will decrease risk and limit the transmission of the COVID-19 virus to the greater community. This also ensures continuity of care for the medically needy population.

The service coordinator must conduct a needs assessment using telehealth that meets privacy requirements in lieu of face-to-face meetings. The self-direct option of service delivery shall be

discussed with the member to allow payment to any family caregivers or legally responsible individuals. When the member agrees upon the self-direct option, the service coordinator shall document the changes in service plan. The service coordinator may complete the service plan by use of e-signatures that meets privacy and security requirements. This will be added as a method for the member or legal guardian signing the service plan to indicate approval of the plan. Services may start immediately while waiting for the signature to be returned to the service coordinator, whether electronically or by mail.

Family caregivers or legally responsible individuals must enroll in self-direct option to receive reimbursements. The health plan shall work with the member to ensure the employee enrollment packet is completed. The health plan shall work with the family caregivers or legally responsible individuals to ensure the employer enrollment packet is completed. The streamline the self-direct enrollment process, the state will allow for flexibilities that may include but not limited to waiving the training requirements, criminal history checks, and employment eligibility verification requirements.

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

i. X Temporarily modify provider qualifications.

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

Expand provider type and qualifications to include provider type H1 (I/DD Waiver Provider) to perform similar service delivery for the following services (see Section A for details)

1. Personal Assistance Level I and II (includes self-direct)
2. Private Duty Nursing (includes self-direct)

ii. X Temporarily modify provider types.

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

Include provider type and qualifications for provider type H1 (I/DD Waiver Provider) to perform similar service delivery for the following services (see Section A for details)

1. Personal Assistance Level I and II (includes self-direct)
2. Private Duty Nursing (includes self-direct)

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

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

1. Adult Day Care: **Change/add locations where these services may be provided during the emergency.** This provides the flexibility for day care services within the scope to be rendered beyond a “center-based” setting i.e., residential private home or licensed/certified home. In addition, **extend the current licensure/certification for providers in emergent situations where the health and welfare of the member is at risk when there is no access to a licensed/certified provider in the regional area.**

2. Adult Day Health: **Change/add locations where these services may be provided during the emergency.** This provides the flexibility for day care services within the scope to be rendered beyond a “facility-based” setting i.e., residential private home or licensed/certified home. In addition, **extend the current licensure/certification for providers in emergent situations where the health and welfare of the member is at risk when there is no access to a licensed/certified provider in the regional area.**
3. Assisted Living Facility: **Extend the current licensure/certification for providers in emergent situations where the health and welfare of the member is at risk when there is no access to a licensed/certified provider in the regional area.** This will expand the options for residential placement upon hospital discharge and in turn increase the hospital capacity to serve more severe emergency cases.
4. Community Care Foster Family Homes: **Extend the current licensure/certification for providers in emergent situations where the health and welfare of the member is at risk when there is no access to a licensed/certified provider in the regional area.** This will expand the options for residential placement upon hospital discharge and in turn increase the hospital capacity to serve more severe emergency cases.
5. Expanded Adult Residential Care Homes: **Extend the current licensure/certification for providers in emergent situations where the health and welfare of the member is at risk when there is no access to a licensed/certified provider in the regional area.** This will expand the options for residential placement upon hospital discharge and in turn increase the hospital capacity to serve more severe emergency cases.

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

Allow flexibility to **remotely conduct** a functional assessment to determine initial Level of Care (LOC) for new members needing HCBS services that are isolated or quarantined due to COVID-19. The health plan service coordinator shall document the reason for the **remote assessment**. The initial LOC evaluation may be conducted using telehealth that meets privacy requirements in lieu of face-to-face visits.

The annual Level of Care (LOC) reevaluation requirement will be extended for 6 months for member when health plan service coordinator is unable to safely conduct a face-to-face visit. The health plan service coordinator shall document the reason for the extension and the projected date in which the LOC will be able to be completed.

f. Temporarily increase payment rates

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

Not applicable

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

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

1. Health plan service coordinators may use telehealth that meets privacy requirements in lieu of face-to-face meetings to conduct Health and Functional Assessments (HFA) to develop or update service plans.
 2. The State may modify timeframes or processes for completing the Service Plan.
 - a) Updates to the service plan may be approved with a retroactive approval date for service needs identified to mitigate harm or risk directly to COVID-19 impacts.
 - b) The use of electronic signatures that meets privacy and security requirements will be added as a method for member or legal guardian signing the service plan to indicate approval of the plan. Service may be delivered while pending signature to be returned to the service coordinator, whether electronic or by mail.
- In order to limit the transmission of COVID-19, suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities) and suspend requirements for individuals' right to choose with whom to share a bedroom. Any changes that impact members' freedoms of choice and full access to the community related to limiting the transmissions of COVID-19 do not require modifications to the service plan during the period of the emergency.

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

Not applicable

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

[Specify the services.]

Allow for payment for Personal Assistance Level II service for the purpose of supporting HCBS member in an acute care hospital or short-term institutional stay when necessary supports are not available in the setting when the member requires those services for communication and behavioral stabilization and such services are not covered in such settings. The provider will document that these services are not covered in the settings where the member is located.

Payments may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bed-hold" in nursing facilities.

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

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

Include retainer payments to primary caregivers in a residential setting when a member is hospitalized or absent from home due to COVID-19 for the following HCBS services:

1. Assisted Living Facility
2. Community Care Foster Family Home
3. Expanded Adult Residential Care Homes

Include retainer payments to a day program setting when a member is hospitalized **due to COVID-19 or is sequestered and/or quarantined based on state, federal and/or medical requirements/orders** for the following HCBS services:

1. Adult Day Care
2. Adult Day Health

Include retainer payment to self-direct workers where Personal Assistance Level I and Level II are delivered under self-direct and a member is hospitalized or absent from home due to COVID-19. The authorized hours per week for a self-direct worker may not to exceed the current authorization based on assessed need and shall not to exceed 40 hours per week.

Retainer payments may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bed-hold" in nursing facilities.

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

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

Not applicable

l. ___ Increase Factor C.

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

Not applicable

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

Allow members to receive fewer than one service per month for a period of 120 days without being subject to discharge. The service coordinator will provide monthly monitoring to ensure the plan continues to meet the members' needs. Monthly monitoring may be done using telehealth that meets privacy requirements.

Contact Person(s)

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

B.

FirstName: Judy
Last Name Mohr Peterson, PhD
Title: Administrator
Agency: Department of Human Services, Med-QUEST Division
Address 1: 601 Kamokila Blvd. Suite 506A
Address 2:
City Kapolei
State Hawaii
Zip Code 96707
Telephone: 808-692-8085
E-mail jmohrpeterson@dhs.hawaii.gov
Fax Number 808-692-8087

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

First Name:
Last Name
Title:
Agency:
Address 1:
Address 2:
City
State
Zip Code
Telephone:
E-mail
Fax Number

8. Authorizing Signature

Signature:

Date:

State Medicaid Director or Designee

First Name: Pankaj
Last Name Bhanot
Title: Director
Agency: Department of Human Services
Address 1: 190 Miller Street
Address 2: Room 209
City Honolulu
State Hawaii
Zip Code 96813
Telephone: 808-586-4999
E-mail PBhanot@dhs.hawaii.gov
Fax Number 808-692-8087

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

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

Service Specification			
Service Title:	Adult Day Care		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>Adult day care is defined as regular supportive care provided to four (4) or more disabled adult participants. Services include observation and supervision by center staff, coordination of behavioral, medical and social plans, and implementation of the instructions as listed in the member’s service plan. Therapeutic, social, educational, recreational, and other activities are also provided as a regular adult day care service. These services may be delivered in a center-based setting or in a residential setting, in certain circumstances related to the COVID-19 pandemic and is documented in the service plan. The program may conduct wellness calls and check-ins when member is absent due to medical or emergency circumstances. Wellness calls and check-in activities may include education to member and families, medication reminders for self-administration, and coordination for medically necessary appointments and transportation. Additional services may include but not limited to, delivery of essential items such as groceries and meals, translation, and family supports. The use of telehealth and telephonic services are permitted when possible and appropriate</p> <p>Adult day care staff member may not perform health care related services such as medication administration, tube feedings, and other activities which require health care related training. All healthcare related activities must be performed by qualified and/or trained individuals only, including family member and professionals, such as an RN or LPN, from an authorized agency. Family supports does not include home care services such as homemaker and personal care services as defined in HAR Chapter 11-700.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X Agency. List the types of agencies: Adult Day Care
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Adult Day Care (Provider type A7) with a current Medicaid provider agreement	Licensed by the Department of Health, Office of Health Care Assurance in accordance to HRS	Certified by the Department of Health, Office of Health Care Assurance	<ol style="list-style-type: none"> 1. Meet Medicaid Provider Services Agreement, e.g., staff must be at least 18 years of age 2. Pass Fingerprinting Criminal Background Check (FCBS). criminal history check 3. Able to work in the United States

	346-83 and HAR Chapter 17-1424		<ol style="list-style-type: none"> 4. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA) 5. Possess the applicable tax licenses in the State of Hawaii through the Department of Taxation and have a tax license for General Excise Tax (GET) 6. IRS Form W-9 7. Each agency must be able to enter into contracts with the State and MCOs 8. General Liability Insurance (Optional)
--	--------------------------------	--	---

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Adult Day Care (Provider type A7)	Department of Human Services, Med-QUEST Division		Initial, Annually, and as Needed	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Member-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed



Service Specification	
Service Title:	Adult Day Health
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Adult day health refers to an organized day program of therapeutic, social, and health services provided to adults with physical, or mental impairments, or both which require nursing oversight or care. The purpose is to restore or maintain, to the fullest extent possible, an individual's capacity for remaining in the community.</p>	
<p>Each program shall have nursing staff sufficient in number and qualifications to meet the needs of participants. Nursing services shall be provided under the supervision of a registered nurse. If there are members admitted who require skilled nursing services, the services will be provided by a registered nurse or under the direct supervision of a registered nurse.</p>	
<p>In addition to nursing services, other components of adult day health may include emergency care, dietetic services, occupational therapy, physical therapy, physician services, pharmaceutical services, psychiatric or psychological services, recreational and social activities, social services, speech- language pathology, and transportation services. These services may be delivered in a center-based setting or in a residential setting, in certain circumstances related to the COVID-19 pandemic and is documented in the service plan. The program may conduct wellness calls and check-ins when member is absent due to medical or emergency circumstances. Wellness calls and check-in activities may include education to member and families, medication reminders for</p>	

self-administration, and coordination for medically necessary appointments and transportation. Additional services may include but not limited to, delivery of essential items such as groceries and meals, translation, and family supports. **The use of telehealth and telephonic services are permitted when possible and appropriate**

Family supports does not include home care services such as homemaker and personal care services as defined in HAR Chapter 11-700.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			Adult Day Health	

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
---	--------------------------	----------------------------	--------------------------	-------------------------

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Adult Day Health (Provider type 27) with a current Medicaid provider agreement	Licensed by the Department of Health, Office of Health Care Assurance in accordance HAR Chapter 11-94.1 or HAR Chapter 11-96	Certified by the Department of Health, Office of Health Care Assurance	<ol style="list-style-type: none"> 1. Meet Medicaid Provider Services Agreement, e.g., staff must be at least 18 years of age 2. Pass Fingerprinting Criminal Background Check (FCBS), criminal history check 3. Able to work in the United States 4. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA) 5. Possess the applicable tax licenses in the State of Hawaii through the Department of Taxation and have a tax license for General Excise Tax (GET) 6. IRS Form W-9 7. Each agency must be able to enter into contracts with the State and MCOs 8. General Liability Insurance (Optional)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Adult Day Health (Provider type 27)	Department of Human Services, Med-QUEST Division	Initial, Annually, and as Needed

Service Delivery Method

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Member-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
--	--------------------------	--	-------------------------------------	------------------

Service Specification	
Service Title:	Personal Assistance (Level I and Level II)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Personal assistance, sometimes called attendant care for children, are services provided in an individual's home to help them with their IADLs and ADLs. In certain circumstances related to COVID-19 pandemic, alternative settings for service delivery may include the home of a relative, hotel, cruise ship, etc.</p> <p>Personal assistance services Level I are provided to individuals, requiring assistance with IADLs in order to prevent a decline in the health status and maintain individuals safely in their home and communities. Personal assistance services Level I is for individuals who are not living with their family who perform these duties as part of a natural support. Personal assistance services Level I may be self-directed and consist of the following:</p> <ol style="list-style-type: none"> 1. Companion Services: Companion services, pre-authorized by the service coordinator in the member's service plan, means non-medical care, supervision and socialization provided to a member who is assessed to need these services. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping/ errands, but do not perform these activities as discrete services. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the individual. 2. Homemaker/Chore Services: Homemaker/Chore services means any of the activities listed below, when the individual that is regularly responsible for these activities is temporarily absent or unable to manage the home and care for himself/herself or others. Homemaker/chore services, pre-authorized by the service coordinator in the member's service plan, are of a routine nature and shall not require specialized training or professional skills such as those possessed by a nurse or home health aide. The scope of homemaker/chore services specified in this section shall cover only the activities that need to be provided for the member, and not for other members of the household. <ol style="list-style-type: none"> a) Routine housecleaning such as sweeping, mopping, dusting, making beds, cleaning the toilet and shower or bathtub, taking out rubbish; b) Care of clothing and linen by washing, drying, ironing, mending; c) Marketing and shopping for household supplies and personal essentials (not including cost of supplies); d) Light yard work, such as mowing the lawn; e) Simple home repairs, such as replacing light bulbs; f) Preparing meals; g) Running errands, such as paying bills, picking up medication; h) Escort to clinics, physician office visits or other trips for the purpose of obtaining treatment or meeting needs established in the service plan, when no other resource is available; i) Standby/minimal assistance or supervision of activities of daily living such as bathing, dressing, grooming, eating, ambulation/mobility and transfer; j) Reporting and/or documenting observations and services provided, including observation of member self-administered medications and treatments, as appropriate; and k) Reporting to the assigned provider, supervisor or designee, observations about changes in the member's behavior, functioning, condition, or self-care/home management abilities that necessitate more or less service. 	

Personal assistance services Level II are provided to individuals requiring assistance with moderate/substantial to total assistance to perform ADLs and health maintenance activities. Personal assistance services Level II shall be provided by a Home Health Aide (HHA), Personal Care Aide (PCA), Certified Nurse Aide (CNA) or Nurse Aide (NA) with applicable skills competency. Personal assistance services Level II may be self-directed and consist of the following:

- a) Personal hygiene and grooming, including bathing, skin care, oral hygiene, hair care, and dressing;
- b) Assistance with bowel and bladder care;
- c) Assistance with ambulation and mobility;
- d) Assistance with transfers;
- e) Assistance with medications, which are ordinarily self-administered when ordered by member's physician;
- f) Assistance with routine or maintenance healthcare services by a personal care provider with specific training, satisfactorily documented performance, care coordinator consent and when ordered by member's physician;
- g) Assistance with feeding, nutrition, meal preparation and other dietary activities;
- h) Assistance with exercise, positioning, and range of motion;
- i) Taking and recording vital signs, including blood pressure;
- j) Measuring and recording intake and output, when ordered;
- k) Collecting and testing specimens as directed;
- l) Special tasks of nursing care when delegated by a registered nurse, for members who have a medically stable condition and who require indirect nursing supervision as defined in Chapter 16-89, HAR;
- m) Proper utilization and maintenance of member's medical and adaptive equipment and supplies. Checking and reporting any equipment or supplies that need to be repaired or replenished;
- n) Reporting changes in the member's behavior, functioning, condition, or self-care abilities which necessitate more or less service; and
- o) Maintaining documentation of observations and services provided.

When personal assistance services Level II activities are the primary services, personal assistance services Level I activities identified on the service plan, which are incidental to the care furnished or that are essential to the health and welfare of the member, rather than the member's family, may also be provided. **Chore services will not be provided to individuals receiving Personal Assistance Level II services only.**

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Personal assistance services Level I is limited to ten (10) hours per week for individuals who do not meet institutional level of care. **Service limitation shall be waived during the COVID-19 pandemic.**

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Home Care Agency
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p>Home Care Provider (Provider type 24) with a current Medicaid provider agreement</p>	<p>Licensed by the Department of Health, Office of Health Care Assurance in accordance to HAR 11-700 for Home Care Agencies</p>		<ol style="list-style-type: none"> 9. Meet Medicaid Provider Services Agreement, e.g., staff must be at least 18 years of age 10. Pass Fingerprinting Criminal Background Check (FCBS). criminal history check 11. Able to work in the United States 12. Trained in the person-centered service plan and be able to perform the assigned tasks 13. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA) 14. Possess the applicable tax licenses in the State of Hawaii through the Department of Taxation and have a tax license for General Excise Tax (GET) 15. IRS Form W-9 16. Each agency must be able to enter into contracts with the State and MCOs 17. General Liability Insurance (Optional)
<p>I/DD Waiver Provider (Provider type H1) with a current Medicaid provider agreement</p>			<ol style="list-style-type: none"> 1. Meet Medicaid Provider Services Agreement, e.g., staff must be at least 18 years of age 2. Pass Fingerprinting Criminal Background Check (FCBS). criminal history check 3. Able to work in the United States 4. Trained in the person-centered service plan and be able to perform the assigned tasks 5. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA) 6. Possess the applicable tax licenses in the State of Hawaii through the Department of Taxation and have a tax license for General Excise Tax (GET) 7. IRS Form W-9 8. Each agency must be able to enter into contracts with the State and MCOs 9. General Liability Insurance (Optional)

			<p>10. I/DD Waiver Provider agency must be approved by DOH/DDD and DHS/MQD in order to provide waiver HCBS or similar HCBS service</p> <p>11. I/DD Waiver Provider agency must adhere to staffing qualifications in terms of training, education and certification/licensure stated in 1915(c) waiver standards</p> <p>12. I/DD Waiver Provider agency must have an approved FFS rate schedule for chore services</p>
--	--	--	---

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Home Care Provider (Provider type 24)	Department of Human Services, Med-QUEST Division		Initial, Annually, and as Needed	
I/DD Waiver Provider (Provider type H1)	Department of Human Services, Med-QUEST Division		Initial, Annually, and as Needed	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Member-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification				
Service Title:	Private Duty Nursing			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):	<p>Skilled nursing is a service provided to individuals requiring ongoing nursing care (in contrast to Home Health or part time, intermittent skilled nursing services under the Medicaid State Plan) listed in the service plan. The service is provided by licensed nurses (as defined in Chapter 16-89, HAR) within the scope of State law and authorized in the member's service plan. Skilled nursing services may be self-directed under Personal Assistance Level II/Delegated using registered nurse delegation procedures outlined in Chapter 16-89, Subchapter 15, HAR. In certain circumstances related to COVID-19 pandemic, alternative settings for service delivery may include the home of a relative, hotel, cruise ship, etc.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Provider Specifications				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Nursing Agency
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Private Duty Nursing Provider (Provider type 46) with a current Medicaid provider agreement	Licensed by the Department of Health, Office of Health Care Assurance in accordance to HAR Chapter 11-97	Certified by the Department of Health, Office of Health Care Assurance	<ol style="list-style-type: none"> 1. Meet Medicaid Provider Services Agreement, e.g., staff must be at least 18 years of age 2. Pass Fingerprinting Criminal Background Check (FCBS). criminal history check 3. Able to work in the United States 4. Trained in the person-centered service plan and be able to perform the assigned tasks 5. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA) 6. Possess the applicable tax licenses in the State of Hawaii through the Department of Taxation and have a tax license for General Excise Tax (GET) 7. IRS Form W-9 8. Each agency must be able to enter into contracts with the State and MCOs 9. General Liability Insurance (Optional) 10. All professional staff (RN and LPN) must be licensed by the Hawaii Board of Nursing
I/DD Waiver Provider (Provider type H1) with a current Medicaid provider agreement			<ol style="list-style-type: none"> 1. Meet Medicaid Provider Services Agreement, e.g., staff must be at least 18 years of age 2. Pass Fingerprinting Criminal Background Check (FCBS). criminal history check 3. Able to work in the United States 4. Trained in the person-centered service plan and be able to perform the assigned tasks 5. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA) 6. Possess the applicable tax licenses in the State of Hawaii through the Department of Taxation and have a tax license for General Excise Tax (GET) 7. IRS Form W-9

			8. Each agency must be able to enter into contracts with the State and MCOs 9. General Liability Insurance (Optional) 10. All professional staff (RN and LPN) must be licensed by the Hawaii Board of Nursing 11. I/DD Waiver Provider agency must be approved by DOH/DDD and DHS/MQD in order to provide waiver HCBS or similar HCBS service 12. I/DD Waiver Provider agency must adhere to staffing qualifications in terms of training, education and certification/licensure stated in 1915(c) waiver standards 13. I/DD Waiver Provider agency must have an approved FFS rate schedule for private duty nursing services
--	--	--	--

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Private Duty Nursing Provider (Provider type 46)	Department of Human Services, Med-QUEST Division	Initial, Annually, and as Needed
I/DD Waiver Provider (Provider type H1)	Department of Human Services, Med-QUEST Division	Initial, Annually, and as Needed

Service Delivery Method				
Service Delivery Method (check each that applies):	X	Member-directed as specified in Appendix E	X	Provider managed

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

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management/Service coordination
 - ii. Personal care services that only require verbal cueing
 - iii. In-home habilitation
 - iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - v. Other *[Describe]:*

Adult Day Care and Adult Day Health services in the scope outlined in Section A.

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*



- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. Adjust prior approval/authorization elements approved in waiver.
- d. Adjust assessment requirements
- e. Add an electronic method of signing off on required documents such as the person-centered service plan.