

# APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

**Background:**

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. 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.<sup>1</sup> This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

## Appendix K-1: General Information

**General Information:**

A. State:       Hawaii      

B. Waiver Title(s): Hawaii 1915(c) Home and Community Based Services for People with Intellectual and Developmental Disabilities (I/DD Waiver)

C. Control Number(s): HI.0013.R07.05

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

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

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.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.).

**F. Proposed Effective Date: Start Date:** March 1, 2020 **Anticipated End Date:** February 28, 2021

**G. Description of Transition Plan.**

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

**H. Geographic Areas Affected:**

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus.

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

## 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.]

**ii. \_\_\_ Temporarily modify additional targeting criteria.**

[Explanation of changes]

**b. X Services**

**i.     Temporarily modify service scope or coverage.**

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

**ii.     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.**

**iii. X 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]

Adding new service – Medical Respite  
Modifications to existing services– Private Duty Nursing, Specialized Medical Equipment and Supplies

**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]:

Respite:  
Adding requirement that any non-institutional setting where the participant is located must meet the participant’s health and safety needs.

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

**c.     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.

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

**i. \_\_\_ Temporarily modify provider qualifications.**

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

**ii. \_\_\_ Temporarily modify provider types.**

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

**iii. \_\_\_ 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.]

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

**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.]

**g. \_\_\_ 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 Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

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

**i. X Temporarily allow for payment for services for the purpose of supporting waiver participants 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.]

Additional Residential Supports (ARS), Personal Assistance/Habilitation (PAB):  
Temporarily permit payment for certain waiver services provided to participants who are in a hospital or other short-term facility such as a nursing facility (excluding ICF/IID). Payments during a short-term institutional stay other than a hospital shall not exceed 30 consecutive days. For participants residing in their own home or their family's home, the authorized service is PAB. For participants residing in licensed or certified settings, the authorized service is ARS. These supports will include assistance with communication, behavior support, or intensive personal care needs. The State will verify that the supports being provided through the waiver are not otherwise available in the hospital or other short-term facility. The case manager will review the continued need for support monthly during the participant's stay in the hospital or short-term facility.

**j. \_\_\_ 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.]

Personal care/assistance is a component of all services for which retainer payments will be made.

Adult Day Health, Community Learning Services-Group and Individual Employment Supports-Job Coaching: In order to preserve shared day service programs and employment programs that include a personal care component and that providers may not be able to deliver during the declared public health emergency and to maintain a stable workforce, DDD will make retainer payments for Adult Day Health (ADH), Community Learning Service-Group (CLS-G), and Individual Employment Supports (IES)-Job Coaching. The retainer payments will be billed and paid based on a monthly unit of service with a rate equal to 90 percent of the difference of a provider's billing for a given participant in a baseline period (the average monthly billing for the months of October, November, and December 2019) and each month of the declared public health emergency. Such retainer payments will be limited to the lesser of 30 days or the number of days for which Hawaii authorizes bed-hold payments in nursing facilities. Since the retainer payments include the goal of maintaining a stable workforce, providers will need to attest that they did not layoff staff in any month for which they receive a retainer payment. This policy replaces the policy in HI.0013.R07.04.

**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 participant safeguards.]

**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]

**m. \_\_\_ 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]**

**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
  - 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]*:

- 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]*

Expand provider qualifications to include any provider agencies contracted with the Hawaii Department of Education performing similar work.

- 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.

## Contact Person(s)

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

**First Name:** Judy  
**Last Name:** Mohr Peterson, PhD  
**Title:** Administrator  
**Agency:** Hawaii Department of Human Services, Med-QUEST Division  
**Address 1:** 601 Kamokila Blvd.  
**Address 2:** Suite 506A  
**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:** Mary  
**Last Name:** Brogan  
**Title:** Administrator  
**Agency:** Hawaii State Department of Health, Developmental Disabilities Division  
**Address 1:** 1250 Punchbowl Street  
**Address 2:** Room 463  
**City:** Honolulu  
**State:** Hawaii  
**Zip Code:** 95813  
**Telephone:** 808-586-5840  
**E-mail:** Mary.brogan@doh.hawaii.gov  
**Fax Number:** 808-586-5844

## 8. Authorizing Signature



**Signature:**

**Date: 4/29/2020**

\_\_\_\_\_/S/\_\_\_\_\_  
State Medicaid Director or Designee

**First Name:** Pankaj  
**Last Name** Bhanot  
**Title:** Director  
**Agency:** Hawaii Department of Human Services  
**Address 1:** 1390 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** Click or tap here to enter text.

## 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 that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

## Service Specification

Service Title: Private Duty Nursing

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

**This service with modifications replaces the service in HI.0013.R07.04.**

Private Duty Nursing (PDN) services are defined as services determined medically necessary to support an adult (21 years of age and older) with substantial complex health management support needs. PDN services must be specified in the ISP. PDN services are within the scope of the State's Nurse Practice Act and require the education, continuous assessment, professional judgment, nursing interventions and skilled nursing tasks of a registered nurse (RN), or licensed practical nurse (LPN) under the supervision of an RN. The RN and LPN are licensed to practice in the State of Hawaii.

PDN services are provided to participants who meet all of the following:

- require continuous but less than 24 hours-per-day nursing care on an ongoing long-term basis;
- have complex health management support needs for their medical condition based on a functional needs assessment;
- PDN services have been determined medically necessary if it is recommended by the treating physician or treating licensed health care provider and is approved by DOH/DDD; and
- require a nursing care plan that is incorporated into the Individualized Service Plan, which determines the frequency of review for continued need of this service.

The nurse provides detailed notes of interventions, judgments and assessments and makes documentation available at the frequency specified in the ISP for the DOH/DDD case manager and upon request, review by DOH/DDD and DHS/MQD.

PDN services may be provided in the participant's home or at locations in the community.

Complex means scheduled, hands-on nursing interventions. Observation in case an intervention is required is not considered complex skilled nursing and is not covered by the Medicaid I/DD Waiver as medically necessary PDN services.

Continuous means nursing assessments requiring interventions are performed at least every two or three hours during the period PDN services are provided.

Substantial means there is a need for interrelated nursing assessments and interventions. Interventions not requiring an assessment or judgment by a licensed nurse are not considered substantial.

**During a declared public health emergency, the following are permitted:**

- 1. PDN may be provided to participants who have medical needs related to COVID-19 diagnosis, presumptive positive, exposure and/or recovery, without requiring a functional needs assessment;**
- 2. The requirement that the participant requires less than 24 hours-per-day on an ongoing long-term basis may be suspended; and**
- 3. PDN may be provided to participants residing in licensed or certified homes. The participant can receive hourly PDN services and Residential Habilitation (ResHab) during the same day.**

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

PDN services are provided to participants age 21 and older up to a limit maximum of 8 hours on average per day during the authorization period. PDN services are not intended to provide all of the supports a participant requires to live at home.

PDN services must be prior authorized by DOH/DDD.

PDN cannot be provided at the same time (same 15-minute period) as another waiver service, except when the participant has been assessed to require 2:1 supports based on the results of a functional needs assessment when a) the participant requires a nurse for health care needs and a second staff performing distinct and separate duties for training in activities of daily living; or b) requires a nurse while also receiving employment or adult day health activities; or c) requires a nurse while also participating in community learning activities.

The services under Private Duty Nursing are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

All medically necessary private duty nursing for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Private duty nursing in this waiver is only provided to individuals age 21 and over and only when the limits of this waiver service furnished under the approved state plan are exhausted.

PDN services must not duplicate services available to a participant under the Medicaid State Plan, any third-party payer, a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (30 U.S.C. 1401 et seq.).

PDN services shall not be provided during transportation to and from school or during all instruction activities specified in the Individual Education Plan.

PDN services may be provided by a qualified family member who is employed by a waiver provider or a qualified caregiver who is an independent contractor of Residential Habilitation services under a waiver provider. "Qualified" means the family member or caregiver must meet the requirements (licensed RN or LPN under the supervision of a RN).

PDN services shall not be used for respite services, companionship, or transportation to medical appointments.

PDN services shall not be authorized when the purpose of having a licensed nurse with the participant is only for observation or monitoring in case an intervention is required. PDN services shall not be used when the nursing care activities can be delegated to qualified direct support workers.

The participant receiving must also require at least one of the following habilitative services as specified in the ISP:

- Personal Assistance/Habilitation (PAB): The service must focus on a habilitative goal and outcome to improve or maintain abilities. Personal care may be a component but must not comprise the entirety of the service to meet the requirement for a habilitative service;
- Community Learning Service (CLS);
- Discovery & Career Planning;
- Individual Employment Supports; or
- Adult Day Health: The service must focus on a habilitative goal and outcome to improve or maintain abilities.

Personal care/assistance may be provided when incidental to the delivery of PDN as necessary to meet the needs of a participant but may not comprise the entirety of the service.

If DOH/DDD authorizes a short-term increase above the 8 hours-per-day limit, the authorized increase shall not exceed 30 days. The DOH/DDD case manager must be notified immediately when an exception request is made for a short-term increase in PDN hours above the limit.

A participant may be eligible for a short-term increase in PDN service when he or she meets one of the following significant changes in condition:

- a. participant has increased medical support needs, such as new trach or technology, immediately post discharge from hospital, to accommodate the transition and the need for training of informal caregivers. Services will generally start at a higher number of PDN hours and be reduced slowly over the course of the 30 days.
- b. An acute, temporary change in condition causing increased amount and frequency of nursing interventions.
- c. A family emergency or temporary inability of the informal caregiver to provide care due to illness or injury.

During a declared public health emergency, the following are permitted:

1. The functional assessment may be completed by telehealth and/or record review;
2. The participant may receive PDN without also being required to receive another service;
3. The 8-hours-per day limit and 30 day short-term limit are suspended if increases in amount or duration of PDN are needed to protect participant health and safety. **Such requests above these limits require exceptions review and approval by a DOH/DDD nurse;**
- 4. A participant may receive PDN and another waiver service at the same time when the second staff performs distinct and separate duties and the requirement that the second staff must perform training in activities of daily living is expanded to include supporting the participant’s communication, behavioral needs and/or intensive personal assistance needs; and**
- 5. PDN may be provided by any qualified RN or LPN who is member of the household (lives at the same address) and is employed by a waiver provider.**

**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:
				DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement
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
<b>Provider Qualifications</b> <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>	

DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement	Licensed Registered Nurse per Chapter 457, Hawaii Revised Statutes  Licensed Practical Nurse per Chapter 457, Hawaii Revised Statutes		Meet Standards in Provider Services Agreement, e.g., staff must be at least 18 years of age, pass criminal history check, be able to work in the United States, trained in the ISP/IP and be able to perform the assigned tasks. Each provider agency must be approved by DOH/DDD and DHS/MQD in order to provide the waiver service and adhere to staffing qualifications in terms of training, education and certification/licensure stated in waiver standards. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA); 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). Each agency must be able to enter into contracts with the State.
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement	DOH/DDD	Prior to and after service delivery OR 1st month of service for initial evaluation and every succeeding 12th month thereafter

**Service Delivery Method**

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

Service Title: Medical Respite \*new service\*

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

### Service Definition (Scope):

During a declared public health emergency, Medical Respite is a daily service for participants impacted by COVID-19, including those participants who have tested positive or are presumptive positive and require self-isolation, have been exposed to COVID-19 and require quarantine, and/or during recovery from the disease. Per the Centers for Disease Control (CDC) <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>:

“Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Someone in self-quarantine stays separated from others, and they limit movement outside of their home or current place.”

“Isolation is used to separate sick people from healthy people. People who are in isolation should stay home. In the home, anyone sick should separate themselves from others by staying in a specific “sick” bedroom or space and using a different bathroom (if possible).”

The intent of this service is to provide Respite services on a short-term basis when the participant has high health and safety needs due to the impacts of COVID-19 and requires staff with medical training.

For participants living in their family home or own home, Medical Respite may be provided in the participant’s private home or in any non-institutional setting where the participant is located, such as the home of a friend or relative, hotel or motel, or other setting that meets the participant’s health and safety needs. For participants living in a licensed or certified setting, Medical Respite may be provided in any non-institutional setting that meets the participant’s health and safety needs because the participant must temporarily move from the setting for health and safety reasons of the participant and other residents of the home.

Qualified providers of Medical Respite are Registered Nurses (RN) and Licensed Practical Nurses (LPN) and Certified Nurse Aides (CNA) under the supervision of an RN. Staff delivering Medical Respite must use appropriate personal protective equipment (PPE) and observe all infection control practices.

Participants who have continued habilitation needs and choose to receive other waiver services during the Medical Respite day can receive authorized waiver services during the Medical Respite day.

Other authorized waiver services are distinct and unique from Medical Respite services. Medical Respite addresses the participant’s health, medical and safety needs and provides assistance, but not training, with activities of daily living. Other authorized waiver services provides training to ensure the participant can maintain skills and continue working toward habilitation outcomes that meet the participant’s needs, such as Adult Day Health, Personal Assistance/Habilitation and Discovery & Career Planning. Participants may also receive consultative services from Training & Consultation providers.

Other authorized waiver services may be delivered in-person or by telehealth based on the participant’s needs.

Staff delivering other authorized waiver services in-person must use appropriate personal protective equipment (PPE) and observe all infection control practices.

When a participant begins receiving Medical Respite services, the case manager and circle of supports must begin developing the transition plan for the time when the participant’s health care provider has determined the need for quarantine and/or isolation is no longer required. The participant can receive Medical Respite services until a qualified health care professional has determined that the participant no longer requires isolation and the transition plan is implemented.

Respite care furnished in a facility approved by the state that is not a private residence will include room and board expenses.

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

Medical Respite is not provided in a licensed or certified home.  
 Medical Respite services must not duplicate services available to a participant under the Medicaid State Plan, QUEST Integration health plan or any third-party payer.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	x	Agency. List the types of agencies:
				DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement

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
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**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>
DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement	Licensed Registered Nurse per Chapter 457, Hawaii Revised Statutes  Licensed Practical Nurse per Chapter 457, Hawaii Revised Statutes  Certified Nurse Aide per Chapter 457, Hawaii Revised Statutes		Meet Standards in Provider Services Agreement, e.g., staff must be at least 18 years of age, pass criminal history check, be able to work in the United States, trained in the ISP/IP and be able to perform the assigned tasks. Each provider agency must be approved by DOH/DDD and DHS/MQD in order to provide the waiver service and adhere to staffing qualifications in terms of training, education and certification/licensure stated in waiver standards. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA); 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). Each agency must be able to enter into contracts with the State.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement	DOH/DDD	1st month of service for initial evaluation and every succeeding 12th month thereafter



**Service Specification**

Service Title: Specialized Medical Equipment and Supplies

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

**This service with modifications replaces the service in HI.0013.R07.04.**

Specialized medical equipment and supplies include:

- 1) devices, controls, appliances, equipment and supplies, specified in the plan of care, which enable participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live;
- 2) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items;
- 3) such other durable and non-durable medical equipment not available under the State Plan that are necessary to address participant functional limitations; and
- 4) necessary medical supplies.

There must be documented evidence that the item is the most cost-effective alternative to meet the participant's need. All items must be ordered on a prescription. An order is valid one year from the date it was signed.

All items shall meet applicable standards of manufacture, design and installation.

Nutritional diet supplements, such as Ensure and Pediasure, are only covered by the waiver if the participant is able to eat by mouth (no feeding tube) and is at risk for weight loss that will adversely impact the participant's health. Prior to authorization, the plan includes a request from a medical provider and measurable weight goals and a follow-up plan.

Additional diapers, pads and gloves over the amount covered by the State Plan may be covered by the waiver only on a temporary or intermittent basis. Temporary is defined as a period of three months or less. Intermittent is defined as occurring at irregular intervals, sporadic and not continuous.

Assessment and training related to the Specialized Medical Equipment and Supplies are completed under another waiver service, Training & Consultation and are not included in this service.

During a declared public health emergency, personal protective equipment (PPE) and infection control supplies may be purchased when not otherwise covered in the Medicaid state plan. The purchase of PPE and infection control supplies does not require a prescription.

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

Specialized Medical Equipment and Supplies under the waiver may not replace the medical supplies equipment and appliances covered by other insurances or under the State Plan through the home health benefit, including EPSDT medically necessary equipment and supplies for waiver participants under age 21. All applicable private insurance, Medicare and/or Medicaid requirements for the procurement of durable medical equipment and supplies must be followed. This service may not be used to purchase equipment or supplies that would have been covered by another program if the program's rules were followed, including using network providers that participate with that program and adhering to prior authorization requirements of that program.

Specialized Medical Equipment and Supplies exclude those items that are not of direct medical or remedial benefit to the participant or are considered to be experimental.

“Direct medical or remedial” benefit is a prescribed specialized treatment and its associated equipment or supply that are essential to the implementation of the ISP and without which the participant would be at high risk of institutional or more restrictive placement. "Experimental" means that the validity of the use of the adaptation and associated equipment has not been supported in one or more studies in a refereed professional journal.

Eye glasses, hearing aids, and dentures are not covered.

Payment for services is based on compliance with billing protocols and completed supporting documentation is required as proof of delivery of services as required by the Medicaid Waiver Standards.

During a declared public health emergency, the purchase of PPE and infection control supplies to address COVID-19 impacts does not require denials from other insurance or the State Plan. **The purchase of PPE and infection control supplies is limited to \$300.00 per quarter. An exceptions process is available if the participant has increased needs due to a positive test or presumptive positive for COVID-19.**

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	x	Agency. List the types of agencies:
				DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement

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
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**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>
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DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement			Meet Standards in Provider Services Agreement, e.g., staff must be at least 18 years of age, pass criminal history check, be able to work in the United States, trained in the ISP/IP and be able to perform the assigned tasks. Each provider agency must be approved by DOH/DDD and DHS/MQD in order to provide the waiver service and adhere to staffing qualifications in terms of training, education and certification/licensure stated in waiver standards. Each agency must be a registered business in the State of Hawaii through the Department of Commerce and Consumer Affairs (DCCA); 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). Each agency must be able to enter into contracts with the State.
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**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	x	Agency. List the types of agencies: Medical Supply Company
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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
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**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>
Medicaid Supply Company	State of Hawaii Department of Commerce & Consumer Affairs, if applicable  State General Excise Tax license		Must be licensed to do business in the State of Hawaii and able to enter into contracts with the State.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DOH/DDD Waiver Provider, i.e., agency with Medicaid provider agreement	DOH/DDD	Prior to and after service delivery OR 1st month of service for initial evaluation and every succeeding 12th month thereafter
Medical Supply Company	DOH/DDD	Prior to and after service delivery

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




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<sup>i</sup> Numerous changes that the state may want to make may 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; or (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.