

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.ⁱ 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.R08.01

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

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	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.

COVID-19 pandemic. The state is using a combination of existing state appropriations and funds made available through section 9817 of the American Rescue Plan Act of 2021 (ARP) to increase rates for waiver services for the period from July 1, 2021 through six (6) months after the conclusion of the public health emergency. The state is clarifying that the rates for the remote delivery of services established on March 1, 2020 were based on the approval of the Appendix K to deliver services remotely and were consistent with the approved rate methodology. This Appendix K is additive to the previously approved Appendix K and applies to the services listed in section K-2 below for waiver HI.0013.

F. Proposed Effective Date: Start Date: March 1, 2020 Anticipated End Date: Six (6) months after the conclusion of the public health emergency

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 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. 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.

The individual supports budgets described in Appendix C-4 of the approved base waiver are adjusted to reflect the higher rates described in K-2-f to ensure that participants are able to receive the same amount of services.

The range of individual supports budgets are increased as follows:

LIVING IN LICENSED OR CERTIFIED SETTING

Level 1: \$17,933 - \$23,910 (\$20,768 - \$27,690 on the Big Island)

Level 2: \$19,073 - \$25,430 (\$22,064 - \$29,418 on the Big Island)

Level 3: \$23,844 - \$31,792 (\$27,387- \$36,516 on the Big Island)

Level 4: \$23,844 - \$31,792 (\$27,387- \$36,516 on the Big Island)

Level 5: \$27,243 - \$36,324 (\$31,100 - \$41,466 on the Big Island)

Level 6: \$28,158 - \$37,544 (\$31,928 - \$42,570 on the Big Island)

Level 7: \$29,007 - \$38,676 (\$33,075 - \$44,100 on the Big Island)

LIVING IN A FAMILY SETTING

Level 1: \$33,419 - \$44,559 (\$38,223 - \$50,964 on the Big Island)

Level 2: \$45,486 - \$60,649 (\$52,150 - \$69,534 on the Big Island)

Level 3: \$55,101 - \$73,467 (\$62,997 - \$83,996 on the Big Island)

Level 4: \$61,281 - \$81,707 (\$70,145 - \$93,526 on the Big Island)

Level 5: \$82,288 - \$109,717 (\$94,180 - \$125,574 on the Big Island)

Level 6: \$95,287 - \$127,050 (\$108,130 - \$144,173 on the Big Island)

Level 7: \$96,031 - \$128,042 (\$109,523 - \$146,031 on the Big Island)

LIVING IN OWN HOME

Level 1: \$38,606 - \$51,474 (\$45,227 - \$60,302 on the Big Island)

Level 2: \$48,398 - \$64,530 (\$56,529 - \$75,372 on the Big Island)

Level 3: \$56,388 - \$75,184 (\$65,721 - \$87,628 on the Big Island)

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. ___ 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]:

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. X 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.]

The rate increases are funded through a combination of existing state appropriations and the temporary increased federal medical assistance percentage (FMAP) for home and community-based services (HCBS) under section 9817 of the American Rescue Plan Act of 2021 (ARP).

The temporary rate increase supports the provider network to address reduced revenues due to lower service utilization and higher costs associated with smaller group sizes, the purchase of personal protective equipment and infection control supplies, as well as invests in the direct support professional (DSP) workforce in order to ensure that essential services are available to participants. The temporary rate increase also includes consumer-directed (CD) services to maintain the stability of this workforce.

The rate increases are based on the provider rate study conducted in 2020, which is described in Appendix I-2-a of the approved waiver. The following services were included in the rate study and received a rate increase: Personal Assistance/Habilitation, Residential Habilitation, Additional Residential Supports, Adult Day Health, Community Living Service, Discovery and Career Planning, Individual Employment Supports, Respite, Chore, Non-Medical Transportation, Private Duty Nursing, Training and Consultation, and Waiver Emergency Services. Rates are equal to one-half of the difference between current rates and the rates recommended by the 2020 rate study, producing increases between approximately 1% and 40%. The state attests that the accumulative rate increases in the COVID-19 Appendix Ks do not exceed 50% of the base waiver rates. The state will not implement any reductions recommended by the rate study.

This rate increase applies to services provided between July 1, 2021 and six (6) months after the conclusion of the public health emergency. CD service rate increases are implemented prospectively to provide CD employers with information and assistance to increase their employees' wages if they choose to do so.

The individual supports budgets described in Appendix C-4 of the approved waiver are adjusted to reflect the higher rates to ensure that participants are able to receive the same amount of services. Please see section K-2-b-ii for additional information.

Since a primary purpose of the rate increase is to support the recruitment and retention of DSPs, the state requires providers to report on wages and benefits for its workforce to monitor how the increases are being implemented by providers.

The state is clarifying through this Appendix K that the rates for the remote delivery of services established on March 1, 2020 were based on the approval of the Appendix K to deliver services remotely and were consistent with the approved rate methodology. Therefore in the development of the rate those components in the rate methodology that factored to zero resulted in a decrease in the rate from the delivery of services in person. The base rates for services delivered remotely are:

Adult Day Health 1:1 - \$7.06 per 15 minutes

Adult Day Health Group - \$3.64 per 15 minutes

Adult Day Health by an RBT 1:1 Big Island - \$17.37 per 15 minutes
 Adult Day Health by an RBT 1:1 Other Islands - \$15.00 per 15 minutes
 Personal Assistance/ Habilitation (PAB) 1:1 - \$6.71 per 15 minutes
 Personal Assistance/ Habilitation (PAB) 1:2 - \$3.90 per 15 minutes
 Personal Assistance/ Habilitation (PAB) 1:3 - \$2.87 per 15 minutes
 Personal Assistance/ Habilitation (PAB) by an RBT 1:1 Big Island - \$17.37 per 15 minutes
 Personal Assistance/ Habilitation (PAB) by an RBT 1:1 Other Islands - \$15.00 per 15 minutes
 Individual Employment Support, Job Development - \$10.92 per 15 minutes
 Individual Employment Support, Job Coaching - \$9.45 per 15 minutes
 Discovery and Career Planning, Benefit Counseling - \$12.49 per 15 minutes
 Discovery and Career Planning - \$10.74 per 15 minutes
 Training and Consultation by a Psychologist Big Island - \$101.06 per hour
 Training and Consultation by a Psychologist Other Islands - \$86.16 per hour
 Training and Consultation by a Behavior Analyst Big Island - \$173.73 per hour
 Training and Consultation by a Behavior Analyst Other Islands - \$150.00 per hour
 Training and Consultation by a Registered Nurse Big Island - \$93.59 per hour
 Training and Consultation by a Registered Nurse Other Islands - \$79.56 per hour
 Training and Consultation by Other Professionals Big Island - \$82.89 per hour
 Training and Consultation by Other Professionals Other Islands - \$70.10 per hour
 Waiver Emergency Services - Crisis Intervention Outreach - \$27.50 per 15 minutes

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. ___ 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.]

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.]

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]*

- 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 808-692-8155

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: 10/11/2021

_____/S/_____
State Medicaid Director or Designee

First Name: Cathy
Last Name Betts
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 cbetts@dhs.hawaii.gov
Fax Number 808-586-4890



ⁱ 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.