

Money Follows the Person Rebalancing Demonstration

Operational Protocol

Appendix A: Self-Direction DD/MR

I. Participant Centered Service Plan Development

- a. **Responsibility for Service Plan Development.** Specify who is responsible for the development of the service plan and the qualifications of these individuals (*check each that applies*):

<input type="checkbox"/>	Registered nurse, licensed to practice in the State
<input type="checkbox"/>	Licensed practical or vocational nurse, acting within the scope of practice under State law
<input type="checkbox"/>	Licensed physician (M.D. or D.O)
<input checked="" type="checkbox"/>	<p>Case Manager. <i>Specify qualifications:</i></p> <p>Case managers must meet the qualifications of either social worker, human services professional, or registered professional nurse. Social Workers (SW) are those with a MSW or a BSW from a program of study accredited by the Council on Social Work Education, or a doctorate degree in social work from a college or university accredited by the Western Association of Schools and Colleges, or a comparable regional accreditation body. To qualify as a case manager, a SW with a bachelor's degree must have minimally 1 year of specialized experience in a social/human/health service type of setting. Minimum qualification requirements for a Human Service Professional (HSP) is graduation from an accredited 4 year college or university with a bachelor's degree which included a minimum of 12 semester credit hours in courses such as counseling, criminal justice, human services, psychology, social work, social welfare, sociology or other behavioral sciences. For the level required by case managers, the HSP must also have minimally 1.5 years of specialized experience in a social/human/health service type of setting.</p>
<input type="checkbox"/>	<p>Social Worker. <i>Specify qualifications:</i></p>
<input type="checkbox"/>	<p>Other (<i>specify the individuals and their qualifications</i>):</p>

- b. **Service Plan Development Safeguards.** *Select one:*

<input checked="" type="checkbox"/>	Entities and/or individuals that have responsibility for service plan development <i>may not provide</i> other services to the participant.
<input type="checkbox"/>	<p>Entities and/or individuals that have responsibility for service plan development <i>may provide</i> other direct services to the participant. The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. <i>Specify:</i></p>

- c. **Supporting the Participant in Service Plan Development.** Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

(a) Participants receive information regarding person-centered planning in both written and oral formats. The DOH DDD Case Management and Information Services Branch (CMISB) self advocates (Individual Mentors) offer informational and discussion settings for other self advocates and case managers. CMISB training and case management staff also provide informational sessions in the community to interested stakeholders. Family members receive "A Guide to Person-Centered Planning for Families" brochure, a bookmark describing Self Determination; a version on person-centered planning for self advocates is pending. DDD trainers have also been invited to do presentations in the community as well as for provider agencies.

Recipients of DDD services also receive information on the types of supports and services offered by DDD and other public and private agencies. The CMISB brochure outlines the supports and services funded by DDD. Many participants also receive the "Home and Community Based Services for persons with developmental disabilities and/or mental retardation Medicaid Waiver Program" brochure which provides information on eligibility and services offered under the waiver program as well as other services offered in the community, including IDEA, EPSDT, and D.V.R. and other natural support and community resources.

(b) The participant is the center of the planning process. Hawaii Revised Statutes (HRS) § 333F governing services for people with developmental disabilities and/or mental retardation provides the statutory mandates for person-centered planning and self-determination. HRS § 333F-1 defines the individualized service plan (ISP) as the "written plan required by HRS § 333F-6 that is developed by the individual, with the input of family, friends, and other persons identified by the individual as being important to the planning process. The plan shall be a description of what is important to the person, how any issue of health and safety shall be addressed, and what needs to happen to support the person in the person's desired life."

- d. Service Plan Development Process** In three pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how the MFP demonstration and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; (g) assurance that the individual or representative receives a copy of the plan. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

(a) The DOH case manager assists in the development of the individualized service plan (ISP). According to statute, the ISP is the written plan required by HRS § 333F-6. Participants in the planning process, or circle of supports, include those persons identified by the individual as parents/guardians, siblings, friends, service provider [HRS § 333F-1,6,7]. The plan is initiated after eligibility for services administered by the DOH DDD has been determined. Plans are reviewed at least quarterly with the recipient and/or guardian; updates are done minimally annually and at any time when a participant's needs change.

(b) Assessment information is gathered from persons whose professions, disciplines, or service areas are relevant to identifying the individual's needs and designing services and supports to meet the needs and goals of the participant. Sources can include information/reports/status updates/recommendations from the individual him- or herself, family members, medical/health professionals, residential care providers, service providers, friends, etc.

Types of assessments used by the case managers include a health assessment, ICAP, and the ISP which addresses the individual's positive reputation, how the individual communicates, what is important to the person, what makes sense and doesn't make sense from the perspective of the individual as well as circle of supports, priority goals and dreams. The health assessment will assist in identifying the participant's health needs and record changes in his/her health status. Based on the results of the health assessment, the case manager may refer the participant to his/her primary care physician and other medical specialists for further follow-up and/or evaluation. The case manager can provide a copy of the health assessment to the health professional as needed and authorized by the participant and/or legal guardian. The ICAP identifies general needs and behaviors of concern to be addressed. In addition, the case manager also uses the information/reports and assessments completed by the service provider agency on a quarterly and annual basis.

(c) Participants are informed of services available through the waiver in a variety of ways. The case manager reviews the HCBS brochure with each participant. The HCBS brochure lists the waiver services, eligibility criteria, other available services, and the process and timelines for admission into the waiver program. Each participant receives a copy of this brochure.

Participants are also given a copy of the DD/MR Medicaid Waiver Providers in Hawaii pamphlet, which lists the services and the agencies that provide each service, including the geographic areas served by each agency. The pamphlet also contains questions the

participant and/or legal guardian may want to ask the potential provider agency to help with service and agency choices. The pamphlet is updated periodically to reflect changes in waiver services and provider agencies.

Waiver services are also listed on the CMISB website. Recently, the Council on Developmental Disabilities, in collaboration with DDD, DHS, and service providers created a folder for individuals and families describing waiver services and procedures, “A Better Life at Home, A Better Life in Your Community, A Guide for the Home and Community Based Services for Persons with Developmental Disabilities/Mental Retardation Medicaid Waiver.”

The DD Division provides outreach and informational sessions to various community groups, including the Council on Developmental Disabilities “Partners in Policy Making” participants.

- (d) Based on the goals identified in (b), the plan shall be a written description of what is important to the participant, how any issue of health and safety shall be addressed, and what needs to happen to support the participant in the participant’s desired life. The plan shall include an identified support team (chosen by the participant as important to the planning process) who collaboratively identifies what is important to the participant; how the participant communicates; describes a brief profile (positive reputation) of the eligible participant; identifies what makes and doesn’t make sense in the participant’s life (identifies health and safety issues/concerns); lists the participant’s dream(s) and priority goal(s); develops a service plan that identifies the services and activities needed to meet the eligible participant’s goals. The service plan identifies the service(s), the provider(s) of service(s), the start date and the frequency of the services. Inherent in the planning process is a discussion of the roles and responsibilities of each of the circle members in assuring person-centered planning.

Plans are approved by the participant and/or guardian. Reviews of plans are done by the case manager’s supervisor.

- (e) Services are authorized based on the identified needs identified in the plan that cannot be supported by natural supports or other available or mandated services. HRS § 333F-2 mandates that the “department shall ensure the provision of an array of individually appropriate services and supports to persons with developmental disabilities or mental retardation through the utilization of existing resources within the community, through coordination with supports and services provided under other federal, state, or county acts, and through specific funding when no other resources are available within the limits of state and federal resources allocated or available for the purposes of this chapter. The department shall not supplant or duplicate services provided under other federal, state, or county acts.”

Under the standards and requirements for case management, the case manager is required to assist participants in gaining access to needed social, medical, legal, educational, and other services, including:

- (1) Monitoring services which assure, through a continuing relationship between an agency or provider and an eligible participant and the participant's parent, if the participant is a minor, or guardian, if a guardian has been appointed for the purpose, that the changing needs of the person and the family are recognized and appropriately met.
 - (2) Coordinating and monitoring services provided to participants when these services are provided by two or more persons or agencies.
 - (3) Providing information to participants about the availability of services (Medicaid Waiver funded services, 100% state funded services or natural supports in the participant's home and community)
 - (4) Assisting the eligible participants in obtaining the services regardless of funding source while ensuring non-duplication of services.
- (f) The service plan identifies: *who* will do *what* by *when* and/or *how often*. Service plans are given to the individual and/or legal guardian for approval – i.e., to verify agreements made during the planning process. Service authorizations are valid for 90 days. A copy of the service plan is also given to circle of support members to verify agreements/assignments and conditions of what needs to happen. Case managers are responsible for monitoring and coordinating the service plan.
- (g) As stated in (a) the plan is initiated after eligibility for services is determined by DDD. Following the administrative rules governing targeted case management (HAR 1738), case managers are required to monitor (assess/re-assess the participant's status) at least quarterly at face-to-face contacts and on periodic telephone contacts with the participant and/or collaterals. Plans are revised minimally annually and can be updated at any time when a participant's needs change or there is a change in service providers.

e. **Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

- Chapter 333, HRS, and Hawaii Administrative Rule Chapter 1738 identify the critical case management functions of assessment, planning, and ongoing monitoring and service coordination.
- Assessments are used to identify existing or potential risk factors:

The assessments, which are done at least annually, identify the participant's abilities, deficits and needs, including potential or existing risk factors or conditions that are then addressed in the participant's service plan. For example, the Health Assessment will identify the participant's general health status and identifiable health risk factors which are in turn addressed in the individual's service plan. Other assessments as the ICAP identify the maladaptive behaviors, cognitive and communication abilities; these are used to identify potential or existing behavior issues and concerns. The quarterly reports from providers and AERs may also identify other issues which need to be addressed in service planning review or update meetings.

- Mitigation of risk factors incorporated into the individual service plan:

Depending on the nature and/or potential severity of the identified risk factor, the approach/intervention identified in the service plan could range from contacting the participant's personal physician for an examination (e.g., follow up on the change in condition identified in the Health Assessment (copy of which could be given to the physician)) to referring for an individual behavior assessment or re-assessment (which may include a psychological and/or psychiatric evaluation). The results of these evaluations and assessments, as well as the participant's goals, must be addressed in the individualized service plan.

In situations where the individual's preference may be at odds with the recommendations of medical/health professionals, the individual and/or guardian and/or case manager may use the DDD Human Rights Committee as a forum for discussion of issues representing ethical dilemmas.

- Provision of "back up" service in the individual plan of care:

Service plans include "contingency plans" developed to ensure identification of persons or agencies responsible for various actions and activities; as part of person-centered planning, the roles and responsibilities of the circle of support members may include the identification of a natural support (e.g., family member or neighbor) willing to provide back-up supports. Particularly for individuals with challenging behaviors, a crisis contingency plan is developed to ensure that there is clear communication of what needs to happen in a crisis.

The provider agreements include the requirement that the agency must have available reliever or back up staff when the primary direct service worker assigned to the participant is unavailable. Further, when necessary, a second provider agency (which is also authorized to render the service required by the service plan) may be identified as "back up" provider agency at the service plan meetings at which time the details of contacts and other arrangements are clarified. This second agency would be used when the primary agency, as a result of unforeseen circumstances, may be unable to serve the participant – copies of the service plan are provided to each agency.

- f. Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the services in the service plan.

Case managers provide supports to potential participants and participants by providing information as well as assistance as necessary. Participants receive information regarding the availability of qualified providers of each service in each geographic location. As described in Appendix D-1d(c) participants are informed of services available through the waiver in a variety of ways. The case manager reviews the HCBS brochure to each participant. The HCBS brochure lists the waiver services, eligibility criteria, and the process and timeline for admission into the waiver program. Each participant receives a copy of this brochure. Participants may also use the DD/MR Medicaid Waiver Providers in Hawaii Pamphlet, which lists the services and the agencies that provide each service. Waiver services are also listed on the CMISB website. Case managers encourage participants to call and visit agencies and to discuss particulars with agency representatives; the

DD/MR Waiver Providers in Hawaii pamphlet includes a list of questions participants or potential participants may wish to ask. In the past, DDD has also offered “waiver fairs” as a means of introducing participants to various service agencies.

The DD Division provides outreach and informational sessions to various community Groups, including the Council on Developmental Disabilities “Partners in Policy Making” participants.

Participants may choose one or more service providers for one or more services. The choice of providers is presented during the ISP. Participant’s choice of providers is documented on the Service Provider Authorization Form. Information on the availability and choice of qualified providers is given to prospective and current participants at a various community meetings.

In the future, DDD is intending to use a news bulletin and its website to inform participants and/or legal guardians of results of quality assurance efforts.

g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency. Describe the process by which the service plan is made subject to the approval of the Medicaid agency or other agency operating the MFP demonstration project:

DHS, as the State Medicaid Agency, will review all the service plans for MFP participants admitted to the DD/MR waiver prior to admission. DHS will review service plan development and implementation of services by waiver providers.

h. Maintenance of Service Plan Forms. Written copies or electronic facsimiles of service plans are maintained for the duration of time that the state is operating the Money Follows the Person project plus one year. For example, if the state enrolls individuals into the MFP program for three years the state must retain all service plans for four years time (the three years of the demo plus one additional year.) Service plans are maintained by the following (*check each that applies*):

<input type="checkbox"/>	Medicaid agency
<input checked="" type="checkbox"/>	Operating agency
<input type="checkbox"/>	Case manager
<input type="checkbox"/>	Other (<i>specify</i>):

II. Service Plan Implementation and Monitoring

- a. Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

(a) DOH DDD Case Managers will monitor the implementation of the service plan and participant's health and welfare

(b) DOH DDD case managers at minimum do quarterly face-to-face visits with the participant and make collateral contacts (with care givers, parents, guardians, providers, teachers, employers) to assess/review the participants' health, welfare, and services authorized in the individualized service plan. During these contacts, case managers monitor on the implementation of the service plan with the recipient and/or legal guardian, service and care providers, and other persons and entities involved with the person. Case managers are required, by HAR § 1738, to do "periodic observations of service delivery to ensure that quality service is being provided" as well as "evaluate whether a particular service is effectively meeting the needs of the recipient." Case managers obtain information from the participant and service provider (waiver or other service provider) to make their assessments whether there are positive outcomes for the participant

In addition, for waiver services, quarterly reports are provided by the HCBS providers to the case managers which are used as information for review and discussion. The DOHBI system will be generating Explanation of Benefits reports for case managers and recipients for periodic review and follow up.

Adverse Event reports sent to the case managers are reviewed for critical event, actions taken (or not taken), and corrective action plans. Upon notification of an adverse event which may pose jeopardy to health and welfare, the case manager will immediately follow up to ensure appropriate action(s) taken to ensure health and welfare. In situations where there is an informal report or question concerning appropriate action to be taken, case managers will follow up with the person(s) or agency(ies) as necessary.

Completed Adverse Event reports are sent to the DDD QA staff who review the actions and plans of corrections. DDD QA staff may also do follow up reviews with case managers and providers (residential and/or waiver). DDD QA staff also work with DHS staff (APS, CPS, and QA) to address issues of common concern. Joint visits may be done to review and address a situation of concern with the provider.

The DDD Consumer Services Office is responsible for receiving complaints and concerns about DDD services. These issues may include complaints against case managers and about processes or services.

(c) Monitoring of service plans is done at three levels: 1) at the individual level, by the DOH DDD case manager who reviews the ISP - updating assessments, status, progress towards achieving outcomes; 2) at the program level, by the DOH QA/QI monitors; and 3) at the system level, by the DOH and DHS Interagency QA Committee, DOH DDD Administration, and DHS SSD.

Monitoring at the individual level by case managers is done with minimally quarterly face-to-face visits and periodic contacts with collaterals to address the above. Case managers assess information obtained on participant's status (e.g., health/medical, ADLs, IADLs), progress towards achieving outcomes (e.g., vocational, residential, program, and satisfaction of services delivered to determine benefits of the services and supports being provided or the need for additional or other types of services. Case managers also follow up whether referrals for services have been accepted and whether follow up by the participant and/or family/guardian has been completed; this includes accessing

entitlements and generic community resources. If necessary, case managers advocate and assist as needed to ensure that needed services are accessed and utilized appropriately.

Case managers (and other DDD staff) may make follow up visits or calls in response to issues identified by a recipient, legal guardian, interested party, or provider at any time, particularly in response to notifications of issues of concern as Adverse Events reports. Case managers follow up to ensure the individual's health and welfare, making referrals for programmatic follow-up as needed. DDD and/or DHS staff may identify issues of concern for follow up as needed, including providing client related information to case managers for their follow up, requiring corrective action plans and follow up to ensure that corrective action plans have been implemented. Status of identified issues of concern and corrective action plans are discussed at Interagency QA committee meetings to identify systemic issues requiring training or technical assistance or operational/procedural changes.

DOH and DHS will also monitor samples of the service plans on an annual basis (see quality management strategy). In addition, the Interagency Committee also receives reports from the Medication Education Committee and Utilization Review Committee, which may include identification of service plan issues. Programmatic and systemic reviews are completed by DOH and DHS to identify issues of concern. These include revision of operational procedures, modifying forms or training procedures, identifying new training topics. The Interagency QA Committee is the forum for such discussions on identification, remediation strategies, and methods to monitor and document sustained improvement.

b. Monitoring Safeguards. Select one:

<input checked="" type="radio"/>	Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare <i>may not provide</i> other direct waiver services to the participant.
<input type="radio"/>	Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare <i>may provide</i> other direct waiver services to the participant. The State has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. <i>Specify:</i>

III. Overview of Self-Direction

a. Description of Self-Direction. In no more than two pages, provide an overview of the opportunities for participant direction in the demonstration, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the demonstration's approach to participant direction.

(a) Under the Consumer Directed Service option, participants and/or their guardians may hire, train, supervise, and fire their direct support workers. In this application, the Consumer Directed Services option will include personal assistance/habilitation and respite.

(b) When the State first implemented the Consumer Directed Personal Assistance service option, informational sessions were presented statewide with distribution of a Consumer Directed Service brochure and informational packet available to case managers. The DOH established a position to oversee this service option and to provide supports to both the case managers and individuals utilizing this service option on an ongoing basis. DOH continues to do informational outreach on this option to stakeholder groups at various community meetings on different islands.

Participants and/or their guardians are informed of this option during the planning process. The Consumer Directed Services brochure is provided and reviewed. If the participant is interested, the case manager and/or the Consumer Directed Specialist will review the materials and required forms with this participant and/or his designated representative. As needed, support is provided to the participant to complete necessary forms. Information is also provided regarding techniques and examples to recruit, screen, and hire potential direct support workers. The Consumer Directed Specialist also encourages the submission of appropriate forms (e.g., I-9, tax forms, agreements) to ensure proper employment practices and the timely payments for the direct support workers.

(c) Participants receive ongoing support from case managers and the DDD Consumer Directed Specialist to complete monthly vouchers, add, or delete employees. If the participant is unable to direct his/her workers, they may use the support of a designated representative. The designated representative may be a family member or friend who will support the administrative employer requirements as well as respect client preferences regarding service implementation. Financial management services are provided through a fiscal agent contracted by the state Medicaid agency for its Consumer Directed Services (i.e., Nursing Home Without Walls waiver) to process paychecks, withhold employee taxes, pay employer taxes, and mail the paycheck to the participant to disseminate to his/her worker.

(d) The DDD has coordinated its efforts in generating awareness of the consumer directed option with the CPASS grant which is administered by the Center for Disability Studies at the University of Hawaii. Training initiatives have been created by the CPASS staff to support employment related issues. The HCBS brochure which is shared with participants and/or legal guardians as part of the service planning process also identifies consumer directed service options.

b. Participant Direction Opportunities. Specify the participant direction opportunities that are available in the demonstration. *Select one:*

<input checked="" type="checkbox"/>	Participant – Employer Authority. As specified in <i>Appendix E-2, Item a</i> , the participant (or the participant’s representative) has decision-making authority over workers who provide demonstration services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
<input type="checkbox"/>	Participant – Budget Authority. As specified in <i>Appendix E-2, Item b</i> , the participant (or the participant’s representative) has decision-making authority over a budget for demonstration services. Supports and protections are available for participants who have authority over a budget.
<input type="checkbox"/>	Both Authorities. The demonstration provides for both participant direction opportunities as specified in <i>Appendix E-2</i> . Supports and protections are available for participants who exercise these authorities.

c. Availability of Participant Direction by Type of Living Arrangement. *Check each that applies:*

<input checked="" type="checkbox"/>	Participant direction opportunities are available to participants who live in their own private residence (whether owned or leased) or the home of a family member.
<input checked="" type="checkbox"/>	Participant direction opportunities are available to individuals who reside in other community-based living arrangements where services (regardless of funding source) are furnished to four or fewer persons unrelated to the proprietor.
<input checked="" type="checkbox"/>	The participant direction opportunities are available to persons residing in a leased apartment, with lockable access and egress, and which includes living, sleeping, bathing and cooking areas over which the individual or individual’s family has domain and control.

- d. Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

✓	The demonstration is designed to afford every participant (or the participant’s representative) the opportunity to elect to direct demonstration services. Alternate service delivery methods are available for participants who decide not to direct their services.
○	The demonstration is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria. <i>Specify the criteria:</i>

- e. Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant’s representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

	<p>(a) Information about participant direction opportunities are provided by the DOH case managers when discussing services and supports available, particularly in developing or reviewing the ISP. The Consumer Directed – Personal Assistance (CD-PA) Brochure is shared with participants. This option is also described in the HCBS brochure. The Developmental Disabilities Council, in collaboration with the Division, also created a folder describing waiver services.</p> <p>Information regarding the benefits of participant direction, participant responsibilities, and potential liabilities is provided for decision-making to the participant (and/or the participant’s designated representative) in a face-to-face meeting. This information is also available in a slideshow format and print out. If the participant direction is selected, the participant receives a formal one-on-one training to review the benefits of participant direction, participant responsibilities, and potential liabilities. Materials are provided to the participant and/or designated representative. Ongoing support from the case manager and DDD Consumer Directed Specialist is provided. The participant receives a personal binder that includes all of the required forms to enroll as an employer and to hire employees. Handbooks are also provided for the employee and employer.</p> <p>(b) The DOH DDD Consumer Directed Specialist and/or Case Manager furnish the necessary information to the participant and/or designated representative and employee(s).</p> <p>(c) Upon the initial approval of this option through a waiver amendment, information on this option was provided to interested participants statewide. As an ongoing effort, information is presented at service planning meetings, or upon any information request. As stated, this option is included in HCBS brochure which is also distributed on an ongoing basis.</p> <p>Referrals for assistance by the Consumer Directed Specialist are made by the case managers when a potential participant is identified. The Consumer Directed Specialist arranges, with the case manager, for a meeting with the potential participant at the first mutually available date. Follow up meetings with parties and telephone contacts are made as needed or requested.</p>
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f. **Participant Direction by a Representative.** Specify the State’s policy concerning the direction of demonstration services by a representative (*select one*):

○	The State does not provide for the direction of demonstration services by a representative.
✓	The State provides for the direction of demonstration services by a representative. Specify the representatives who may direct demonstration services: (<i>check each that applies</i>):
✓	Demonstration services may be directed by a legal representative of the participant.
✓	<p>Demonstration services may be directed by a non-legal representative freely chosen by an adult participant. Specify the policies that apply regarding the direction of demonstration services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:</p> <p>During the person-centered planning process, the choice of consumer directed services may be made. In such situations, if there is no legal representative of the person or if the adult person freely chooses a non-legal representative, the circle members should assist to ensure that this non-legal representative chosen by an adult participant is someone who supports choices and decisions by the participant and who will not directly (or indirectly) benefit financially – e.g., residential care providers as foster parents or DD domiciliary care providers who already have a financial interest, and to an extent, control of the individual. Ideally, the non-legal representative is one who has a personal interest and relationship with the adult participant.</p> <p>In order to minimize potential conflict of interest, the DDD has effected policies and procedures defining who may not be designated representatives. For example, the representatives who may direct waiver services on behalf of the participant may not also be paid to provide waiver services to the participant through the consumer directed option. In addition, case managers may bring their ethical dilemmas for discussion with the DDD’s Human Rights Committee – for example, when a non-guardian spouse requests to provide CD services when a guardian spouse is the designated representative. DDD is evaluating on a case by case basis the various scenarios raised by the case managers, taking into consideration insights and ideas from the Human Rights Committee. As situations arise, DDD provides technical assistance and supports to the case manager to address how and what supports may be provided to ensure that the participant receives quality services in a manner desired by the individual and in the individual’s best interests.</p> <p>The DDD’s DD/MR Consumer Directed Specialist provides assistance to case managers and individual participants and/or designated representatives regarding procedures for enrollment and payment. In addition, the DD/MR Consumer Directed Specialist conducts annual reviews of the DD/MR consumer directed option, similar to those completed by DHS’ NHWW program. These reviews include surveying participants and/or designated representatives on satisfaction of services and identification of issues of concern. The DDD is also planning to conduct interviews with participants and/or designated representatives, observe delivery of services and supervision and training of services, and to interview direct support workers of consumer directed services.</p>

- g. Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each demonstration service. (*Check the opportunity or opportunities available for each service*):

Participant-Directed Demonstration Service	Employer Authority	Budget Authority
Personal Assistance/Habilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chore	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Respite	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

- h. Financial Management Services.** Generally, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the demonstration participant. *Select one:*

<input checked="" type="checkbox"/>	Yes. Financial Management Services are furnished through a third party entity. (<i>Complete item E-1-i</i>). Specify whether governmental and/or private entities furnish these services. <i>Check each that applies:</i>
<input type="checkbox"/>	Governmental entities
<input checked="" type="checkbox"/>	Private entities
<input type="checkbox"/>	No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used. <i>Do not complete Item E-1-i.</i>

- i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a demonstration service or as an administrative activity. *Select one:*

<input type="checkbox"/>	FMS are covered as a Demonstration service	Fill out i. through iv. below:
<input checked="" type="checkbox"/>	FMS are provided as an administrative activity. Fill out i. through iv. below:	
i.	Types of Entities: Specify the types of entities that furnish FMS and the method of procuring these services: DHS contracts with a private vendor to serve as the payroll processing agent for the consumer directed services. This contractor, based on Oahu, provides all payroll processing functions for the consumer-directed service participants throughout the state. Procurement was effected in accordance with the Hawaii State Procurement code.	
ii.	Payment for FMS. Specify how FMS entities are compensated for the activities that they perform: The agent is paid a flat fee per check issued. Compensation to the payroll agent is fully state-funded.	
iii.	Scope of FMS. Specify the scope of the supports that FMS entities provide (<i>check each that applies</i>): <i>Supports furnished when the participant is the employer of direct support workers:</i>	
<input type="checkbox"/>	Assist participant in verifying support worker citizenship status	
<input type="checkbox"/>	Collect and process timesheets of support workers	
<input checked="" type="checkbox"/>	Process payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance	
<input checked="" type="checkbox"/>	Other (<i>specify</i>):	

	Generate and mail paycheck to the participant for distribution.
	<i>Supports furnished when the participant exercises budget authority:</i>
<input type="checkbox"/>	Maintain a separate account for each participant's self-directed budget
<input type="checkbox"/>	Track and report participant funds, disbursements and the balance-of participant funds
<input type="checkbox"/>	Process and pay invoices for goods and services approved in the service plan
<input type="checkbox"/>	Provide participant with periodic reports of expenditures and the status of the self-directed budget
<input type="checkbox"/>	Other services and supports (<i>specify</i>):
	<i>Additional functions/activities:</i>
<input type="checkbox"/>	Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency
<input type="checkbox"/>	Other (<i>specify</i>):
iv.	Oversight of FMS Entities. Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.
	Fiscal oversight is provided by the DHS Fiscal Management Office which reviews various summary reports that are produced in conjunction with the monthly payroll process

j. Information and Assistance in Support of Participant Direction. In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

<input checked="" type="checkbox"/>	Case Management Activity. Information and assistance in support of participant direction are furnished as an element of Medicaid case management services. <i>Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the demonstration:</i>
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	<p>During the person centered planning process, case managers explain services and service options including consumer directed personal assistance. They provide a referral to the Consumer Directed Specialist, a position within the State Case Management and Information Services Branch (CMISB), if the participant has any interest in either using the service or hearing more about the option. The Consumer Directed Specialist will meet with the participant and his/her guardian or designated representative to provide a detailed orientation on the option as well as training if the participant chooses to use this delivery option. The Consumer Directed Specialist will provide ongoing support to the participant and his/her case manager throughout the participant's use of this option to process and submit required documentation.</p> <p>The participant may use consumer directed personal assistance exclusively or in conjunction with agency managed personal assistance. They may change their selection at any time.</p> <p>On islands other than Oahu, the case managers or the Consumer Directed Specialist may provide the orientation and training – this is at the discretion of the case manager and/or participant. Case managers have received training regarding the consumer directed option. The Consumer Directed Specialist is available to provide technical assistance on an ongoing basis, particularly in the processing of requisite paperwork to DHS.</p>
<input type="checkbox"/>	<p>Demonstration Service Coverage. Information and assistance in support of participant direction are provided through the demonstration service coverage (s) entitled: _____</p>
<input type="checkbox"/>	<p>Administrative Activity. Information and assistance in support of participant direction are furnished as an administrative activity. <i>Specify: (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the demonstration; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:</i></p> <p>_____</p>

k. Independent Advocacy (select one).

<input type="radio"/>	<p>Yes. Independent advocacy is available to participants who direct their services. <i>Describe the nature of this independent advocacy and how participants may access this advocacy:</i></p> <p>_____</p>
<input checked="" type="checkbox"/>	<p>No. Arrangements have not been made for independent advocacy.</p>

l. Voluntary Termination of Participant Direction. Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

<p>The case manager works with the participant during the person centered planning process to identify the amount of supports that a person needs. The participant may use consumer directed personal assistance exclusively or in conjunction with agency managed personal assistance. They may change their delivery method at any time; in general, back-up plans are strongly encouraged for participants using the consumer directed option, including identifying back-up agency provider(s). If a participant voluntarily terminates the consumer directed option, the number of authorized service hours will be shifted to the participant's agency(s) of choice.</p>
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The case manager will assure health and welfare of the participant and no services are terminated until needed substitute services, either by an agency or natural supports are being provided.

- m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

Circumstances:

- (a) When participant’s preferred direct support worker is unable or unwilling to provide the service and there are no options desired by the participant
- (b) When participant’s preferred direct support worker has been confirmed as a perpetrator of abuse (including financial) and/or neglect of the participant
- (c) When the participant’s preferred direct support worker(s) do not or cannot provide appropriate services, potentially endangering the participant’s health and welfare.
- (d) When there is no back-up available.

For participants who utilize the consumer directed option, the case manager generally is the first line of quality assurance, providing regular ongoing monitoring. Back-up plans include use of other agencies and other potential direct support workers to assure ongoing supports – it is preferable that more than one worker and/or an agency provides services . In situations where the participant’s health and welfare may be in jeopardy, the case manager may immediately effect the implementation of the back-up plan after discussion with the participant and/or designated representative; the case manager may take other appropriate action if necessary (including referral for protective services assistance). The case manager will, during the transition, facilitate access, coordinate, monitor and assess the need for supports (e.g., other waiver services or other types of services).

The case manager will assure health and welfare of the participant, arranging for agency provided services or natural supports as soon as case manager is aware of the need.

- n. Goals for Participant Direction.** In the following table, provide the State’s goals for each year that the demonstration is in effect for the unduplicated number of demonstration participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their demonstration services.

Table E-1-n		
	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Demonstration Year	Number of Participants	Number of Participants
Year 1	0	
Year 2	0	
Year 3	1	
Year 4	12	
Year 5	12	

Participant Employer

a. **Participant – Employer Authority** (Complete when the demonstration offers the employer authority opportunity as indicated in Item E-1-b)

i. **Participant Employer Status.** Specify the participant’s employer status under the demonstration. Check each that applies:

<input type="checkbox"/>	Participant/Co-Employer. The participant (or the participant’s representative) functions as the co-employer (managing employer) of workers who provide demonstration services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions. <i>Specify the types of agencies (a.k.a., “agencies with choice”) that serve as co-employers of participant-selected staff:</i>
<input checked="" type="checkbox"/>	Participant/Common Law Employer. The participant (or the participant’s representative) is the common law employer of workers who provide demonstration services. An IRS-approved Fiscal/Employer Agent functions as the participant’s agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

ii. **Participant Decision Making Authority.** The participant (or the participant’s representative) has decision making authority over workers who provide demonstration services. Check the decision making authorities that participants exercise:

<input checked="" type="checkbox"/>	Recruit staff
<input type="checkbox"/>	Refer staff to agency for hiring (co-employer)
<input type="checkbox"/>	Select staff from worker registry
<input checked="" type="checkbox"/>	Hire staff (common law employer)
<input checked="" type="checkbox"/>	Verify staff qualifications
<input checked="" type="checkbox"/>	Obtain criminal history and/or background investigation of staff. Specify how the costs of such investigations are compensated: If desired by the participant, criminal history checks may be viewed at no cost using local registry sites.
<input checked="" type="checkbox"/>	Specify additional staff qualifications based on participant needs and preferences
<input checked="" type="checkbox"/>	Determine staff duties consistent with the service specifications
<input type="checkbox"/>	Determine staff wages and benefits subject to applicable State limits
<input checked="" type="checkbox"/>	Schedule staff
<input checked="" type="checkbox"/>	Orient and instruct-staff in duties
<input checked="" type="checkbox"/>	Supervise staff
<input checked="" type="checkbox"/>	Evaluate staff performance
<input checked="" type="checkbox"/>	Verify time worked by staff and approve time sheets
<input checked="" type="checkbox"/>	Discharge staff (common law employer)
<input type="checkbox"/>	Discharge staff from providing services (co-employer)
<input type="checkbox"/>	Other (specify):

b. Participant – Budget Authority (Complete when the demonstration offers the budget authority opportunity as indicated in Item E-1-b)

i. Participant Decision Making Authority. When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Check all that apply:*

<input type="checkbox"/>	Reallocate funds among services included in the budget
<input type="checkbox"/>	Determine the amount paid for services within the State’s established limits
<input type="checkbox"/>	Substitute service providers
<input type="checkbox"/>	Schedule the provision of services
<input type="checkbox"/>	Specify additional service provider qualifications
<input type="checkbox"/>	Specify how services are provided,
<input type="checkbox"/>	Identify service providers and refer for provider enrollment
<input type="checkbox"/>	Authorize payment for demonstration goods and services
<input type="checkbox"/>	Review and approve provider invoices for services rendered
<input type="checkbox"/>	Other (<i>specify</i>):

ii. Participant-Directed Budget. Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for demonstration goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

iii. Informing Participant of Budget Amount. Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

iv. Participant Exercise of Budget Flexibility. *Select one:*

<input type="radio"/>	The participant has the authority to modify the services included in the participant-directed budget without prior approval. Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:
<input type="radio"/>	Modifications to the participant-directed budget must be preceded by a change in the service plan.

v. Expenditure Safeguards. Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

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