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MEMORANDUM

MEMO NOs.

QI-1821

CTR-1803

TO: QUEST Integration Health Plans
Department of Health, Developmental Disabilities Division

FROM:  Judy Mohr Peterson, PhD *UMN*
Med-QUEST Division Administrator

SUBJECT: COORDINATION OF SERVICES BETWEEN QUEST INTERGRATION AND THE
1915(c) HOME AND COMMUNITY BASED-SERVICES WAIVER FOR A MEMBER
UNDER THE AGE OF TWENTY-ONE (21) WITH INTELLECTUAL AND/OR
DEVELOPMENTAL DISABILITIES

The Department of Human Services, Med-QUEST Division (MQD) and the Department of Health, Developmental Disabilities Division (DDD) are committed to providing choice of services and supports for QUEST Integration (QI) members under the age of 21 with intellectual and/or developmental disabilities.

This document will serve to clarify the services that the QI health plans provide under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) within the scope of section 1905(a) of the Social Security Act and the services that the DDD provide under Home and Community Based Services (HCBS) Waiver for Individuals with Intellectual/Developmental Disabilities (I/DD) [hereafter called the I/DD Waiver] in the scope of the section 1915(c) of the Social Security Act.

All QUEST Integration members under the age of 21 years are eligible for and receive the EPSDT benefit. In addition to the EPSDT benefit, members under the age of 21 years may also receive additional services that add on to, but do not replicate services provided through the EPSDT benefit.

EPSDT and I/DD Waiver services may be delivered in tandem. Both services provide a comprehensive benefit for the member who would otherwise need the level of care provided in an institutional setting. The QI health plans are responsible for the delivery of medically necessary Medicaid coverable services available through EPSDT. The goal for EPSDT services is to assure preventive care so that health complications are identified, diagnosed and treatment provided before complications become complex and treatments more difficult and costly. The DDD shall be responsible for the delivery of HCBS approved under I/DD Waiver. The goal for HCBS is to support the member to live in their own home and participate in their community. HCBS approved under I/DD Waiver is considered a “wrap-around” to the EPSDT benefit, not a replacement.

1. QI Services Provided by the Health Plans for Members Under the Age of 21

a. Coverage

Health plans provide medically necessary services as defined in federal and state rules under EPSDT. The definition of medically necessary will follow the definition under Hawaii Revised Statutes (HRS) §432E-1.4 for medical necessity. Health plans will perform a comprehensive health and functional assessment and service plan to document services provided. Attachment B includes a list of services the health plans provide. The health plan Medical Director must review the request for any medically necessary services prior to any denial of requested services or reduction in existing services.

There should be no duplication of services between the QI health plan and I/DD Waiver.

b. Service Coordination

The health plans will provide service coordination, as indicated, to coordinate the member’s medical care. The health plans are responsible for coordinating all medically necessary services that the health plan has responsibility to provide. The member’s physician(s)/family, DDD case manager or clinical staff may request medically necessary services. In addition, the service coordinator may identify medically necessary services through a health and functional assessment.

Service coordinators will perform a health and functional assessment and create a service plan with the member. The service coordinator will provide a copy of the assessment and service plan to the DDD case manager.

Service coordinators may serve as the liaison between the health plan and the case manager. See #3 for more information on coordination between the service coordinator and DDD case manager. See Attachment A for more information.

c. QI Services

- *Acute and Primary Care Services*

The health plans will provide all medically necessary acute and primary care services, including EPSDT comprehensive exams and screenings. Attachment B includes a detailed list of primary and acute care services the health plans provide.

- *Behavioral Health and Substance Use Services*

The health plan will provide medically necessary behavior therapy. Psychiatric or psychological evaluation is also a health plan covered benefit. Behavior therapies include intensive behavioral therapy for members with autism spectrum disorder (ASD) that include applied behavioral analysis (ABA). Health plans also cover medically necessary treatment for substance use disorders.

- *Personal Assistance Services- Level II*

The health plans will provide any medically necessary personal assistance level II services (i.e., activities of daily living and health maintenance activities). Health plans will consider requests for personal assistance based on a comprehensive health and functional assessment of the member and using the 'personal assistance tool' in the context of medical necessity. The health plan's Medical Director must review any denial of personal assistance requests, including a reduction of previously approved hours. Health plans will not cover any personal assistance service that is not considered medically necessary or a parent or caregiver usually provides.

- *Private Duty Nursing*

Private duty nursing is the provision of nursing services on a continuous or full-time basis. The health plans will provide any medically necessary private duty nursing services. Health plans will consider requests for private duty nursing services based on a comprehensive health and functional assessment of the member and using the 'nursing tool' in the context of medical necessity. The health plan's Medical Director must review any denial of private duty nursing requests, including a reduction of previously approved hours. Health plans will not cover any private duty nursing service that is not medically necessary or a parent or caregiver usually provides.

- *Skilled Nursing*

Skilled nursing is the provision of nursing services on an intermittent or part-time basis. The health plans will provide any medically necessary skilled nursing services. Health plans will consider requests for skilled nursing services based on a comprehensive health and functional assessment of the member and using the 'nursing tool' in the context of medical necessity. The health plan's Medical Director must review any denial of skilled nursing requests, including a reduction of previously approved hours. Health plans will not cover any skilled nursing service that is not medically necessary or a parent or caregiver usually provides.

d. Adverse Action

The health plan Medical Director shall review any adverse actions including the denial or restriction of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; and the denial, in whole or in part, of payment for a service. The health plan shall provide the member and the referring provider a written notice of action within the time frames specified in health plan policies and procedures.

2. HCBS I/DD Waiver Services Provided by DDD for Participants Under the Age of 21

a. Coverage

The I/DD Waiver defines the coverage of HCBS and the criteria for coverage. The DDD will adjust and deliver services in response to a comprehensive assessment in accordance with the program policies and standards. Attachment C includes a list of approved services for participants under the age of 21. The I/DD Waiver will not supplant any service that is the responsibility of the Medicaid coverable services under QI health plans (i.e., medically necessary services under Medicaid State plan home health benefit or the EPSDT benefit), another state agency or other insurance.

There should be no duplication of services between the QI health plan and I/DD Waiver.

b. Case Management

The DDD case manager is the primary coordinator of services for the participant. The DDD case manager is the point of contact for I/DD Waiver, coordinates services for the participant/family, conducts regular assessments, and generates an Individualized Service Plan (ISP) for the participant. The DDD case manager will provide a copy of the ISP to the service coordinator.

For primary care needs, the DDD case manager will work with the service coordinator or health plan contact to coordinate the medically necessary services. See #3 for more information on coordination between the service coordinator or health plan contact and DDD case manager. See Attachment A for more information.

c. HCBS I/DD Waiver Services

- Assistive Technology
- Community Learning Services
- Discovery and Career Planning
- Environmental Accessibility Adaptations
- Individual Employment Supports
- Personal Assistance/Habilitation Services
- Respite
- Specialized Medical Equipment and Supplies
- Training and Consultation Services
- Vehicular Modifications
- Waiver Emergency Services- Out Reach

d. Adverse Action

The DDD shall review any adverse actions including the denial or restriction of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; and the denial, in whole or in part, of payment for a service. The DDD shall provide the participant a written notice of action within the time frames specified in policies and procedures.

3. Coordination between the QI health plans and the DDD is crucial for the participants and providers

QI health plans, service coordinators, DDD, and DDD case managers must coordinate with each other to ensure seamless care for the participant. The DDD case manager is the primary manager and ensures that there is good coordination with the QI health plan as well as non-Medicaid entities. The QI health plans and service coordinators, as indicated, may attend the multidisciplinary ISP meetings that the I/DD Waiver conducts for the participants, if invited by the participant. MQD will facilitate joint trainings for service coordinators and DDD case managers to ensure that policies and procedures for coordination of services are understood and consistently implemented by everyone.

4. Participants with complex circumstances should be jointly discussed among the medical directors of the QI health plan, MQD, and DDD as well as the service coordinators and DDD case managers

MQD and DDD will schedule meetings to provide a regular time and place for these discussions. However, MQD and DDD may schedule meetings more frequently with the appropriate QI health plan to discuss participants on a case-by-case basis.

5. Dispute Resolution between QI health plans and DDD

In the event that a QI health plan and the DDD cannot agree on the coverage of services, a joint committee, composed of a clinical and an administrator representative from the QI health plan, the DDD, and MQD, will determine the delineation of covered services between the QI health plan and the DDD. The decision of this group will be the final decision regarding delineation of covered services. The committee will designate someone to clarify and document all decisions. All three (3) parties will receive copies of the delineation for their records.

If you have any question(s) regarding this memorandum, please contact Aileen Manuel at 808-692-8109 or via e-mail at amanuel@dhs.hawaii.gov.

Attachments

**Role Delineation of QUEST Integration (QI) Service Coordinator and
Developmental Disabilities Division (DDD) Case Manager
For Individuals Under the Age of 21 with Intellectual and/or Developmental Disabilities (I/DD)**



Note: All of the information listed in the “Information to Share” should be shared between service coordinator and case manager except as identified

Coordination of Services

QI Health Plan Service Coordinator	DDD Case Manager
<ul style="list-style-type: none"> • The health plan will assign a service coordinator, as appropriate • Responsible for coordinating the medical-related issues (i.e., physician, hospital, home health, medication, etc) • Helps the member navigate the health care system • The service coordinator will: <ul style="list-style-type: none"> ○ Find physicians or specialists ○ Assure that member has medically necessary Durable Medical Equipment (DME) or medical supplies ○ Support client during a hospital discharge for new medication, home health, etc. • Coordinate benefits with primary insurance to assure that member has medically necessary services including medications • Coordinate for social determinates of health and medically necessary services • Coordinate with the Going Home Plus (GHP) program for services not covered by the I/DD waiver 	<ul style="list-style-type: none"> • The case manager coordinates home and community based services • Make referrals to health plan for medical related issues (i.e., physician, hospital, home health, medication, etc) • Make referrals to other Medicaid or federally funded programs including, but not limited to, dental services, etc. • The case manager is the liaison to other government programs other than Medicaid i.e., Early Intervention, Department Of Education, Child and Adolescent Mental Health Division, Adult Mental Health Division, Community Care Services, Child Welfare Services, Adult Protective Services, etc.
<p>Information to share:</p> <ul style="list-style-type: none"> ✓ Change in condition/status/contact information with/for the member/participant ✓ Invite the service coordinator/case manager to any meeting that DDD or the health plan attends (i.e., discharge planning meeting at hospital, meeting with provider/family on complex cases) ✓ Emergency department visits and hospital admissions, if able 	

Initial Assessment

QI Health Plan Service Coordinator	DDD Case Manager
<ul style="list-style-type: none"> • If member is new to Medicaid or is identified as special health care needs (SHCN), performs the health and functional assessment (HFA) • May authorize time limited services in place while referring to the I/DD Waiver 	<ul style="list-style-type: none"> • Performs the initial assessment prior to enrollment into the I/DD Waiver • Note: Enrollment into the I/DD Waiver may take up to 90 days. After enrollment, the delivery of services may also take up to 90 days (combined up to 180 days).
Information to share: <ul style="list-style-type: none"> ✓ Recommendation for additional services needed (i.e., health plan recommends to increase I/DD Waiver services or DDD recommends increase in health services) ✓ Health Plan to DDD- Copy of the HFA to case manager ✓ DDD to Health Plan- Copy of the Initial Assessment to service coordinator 	

Re-Assessments

QI Health Plan Service Coordinator	DDD Case Manager
<ul style="list-style-type: none"> • Performs re-assessment, if applicable <ul style="list-style-type: none"> ○ Every 12 months and more frequently as needed, e.g., after hospitalization, or change in condition, as indicated ○ Every 3 months (if health plan HCBS are in place while awaiting enrollment to the I/DD Waiver) ○ Every 6 months (if identified as SHCN and in I/DD Waiver) • Supports the case manager in accessing primary and specialty medical appointments 	<ul style="list-style-type: none"> • Performs the annual re-assessment and more frequent as needed
Information to share: <ul style="list-style-type: none"> ✓ Health Plan to DDD- Copy of the HFA re-assessment to case manager ✓ DDD to Health Plan- Copy of the re-assessment to service coordinator 	

Person Centered Service Plan

QI Health Plan Service Coordinator	DDD Case Manager
<ul style="list-style-type: none"> • Develops the initial person centered Service Plan with the member and circle of support (may include family, friends, caregivers, provider agency representative, case manager, etc.) • Developed within 15 business days (if identified as SHCN) • Updates Service Plan, if applicable 	<ul style="list-style-type: none"> • Develops the initial Individualized Service Plan (ISP) with the participant and circle of support (may include family, friends, caregivers, provider agency representative, service coordinator, etc.) • Updates ISP annually and as needed

Attachment A

<ul style="list-style-type: none"> ○ Every 3 months (if health plan HCBS are in place while awaiting enrollment to the I/DD Waiver) ○ Every 6 months (if identified as SHCN) 	
<p>Information to share:</p> <ul style="list-style-type: none"> ✓ Health Plan to DDD- Copy of the Service Plan to case manager ✓ DDD to Health Plan- Copy of the Individualized Service Plan to service coordinator 	

Planning Meetings

QI Health Plan Service Coordinator	DDD Case Manager
<ul style="list-style-type: none"> • Attends ISP meetings, if applicable 	<ul style="list-style-type: none"> • Assist participant with coordination of ISP meetings and encourages the participant to choose the circle of support to attend

Approval of Services

QI Health Plan Service Coordinator	DDD Case Manager
<ul style="list-style-type: none"> • The health plan approves services that are: <ul style="list-style-type: none"> ○ Based on medical necessity ○ Coordinated with members primary insurance ○ Services include primary and acute care benefit package, Attachment B • Note: The health plan provides QI services, as appropriate, in tandem with I/DD Waiver services. If the member chooses to receive HCBS through I/DD Waiver, the health plan may provide HCBS while awaiting enrollment to the program. 	<ul style="list-style-type: none"> • I/DD Waiver approves services within the guidelines developed for case managers; utilization review committee and clinical inter disciplinary team: <ul style="list-style-type: none"> ○ Services are appropriate and supports the participant to remain at home and community setting versus institutionalization ○ Approved services for I/DD Waiver, Attachment A ○ Services promote community integration and are home and community based
<p>Information to share:</p> <ul style="list-style-type: none"> ✓ Health Plan to DDD- Copy of the Service Plan to case manager when approved for DME, medical supplies, or personal assistance or nursing hours ✓ DDD to Health Plan- Copy of the Individualized Service Plan to service coordinator when approved to HCBS services 	

Denial of Services

QI Health Plan Service Coordinator	DDD Case Manager
<ul style="list-style-type: none"> Health plan denies services that are: <ul style="list-style-type: none"> Not medically necessary Should be covered by members primary health insurance Not part of the primary and acute care benefit package 	<ul style="list-style-type: none"> I/DD Waiver denies services within guidelines developed for case managers utilization review committee and clinical inter disciplinary team: <ul style="list-style-type: none"> Not needed by the participant Not included in the I/DD Waiver services
Information to share: <ul style="list-style-type: none"> ✓ Health Plan to DDD- Notify case manager when there is a denial for DME, medical supplies, or personal assistance or nursing hours and any item that DDD has requested ✓ DDD to Health Plan- Notify service coordinator when there is a denial of HCBS services 	

Grievances

QI Health Plan Service Coordinator	DDD Case Manager
<ul style="list-style-type: none"> Process member's grievance in accordance with the health plan policies and procedures Refers member to case manager if grievance is related to I/DD Waiver 	<ul style="list-style-type: none"> Works with the participant to try to resolve issues prior to becoming a grievance Process participant's grievance in accordance with policies and procedures Refers participant to the health plan if grievance is related to medical needs such as medically necessary services, equipment and supplies
Information to share: <ul style="list-style-type: none"> ✓ Health Plan to DDD- Notify case manager of grievance resolution that involves I/DD Waiver ✓ DDD to Health Plan- Notify service coordinator of grievance resolution that involves health plan 	

Appeals

QI Health Plan Service Coordinator	DDD Case Manager
<ul style="list-style-type: none"> Process member's appeal in accordance with the health plan policies and procedures Refers member to case manager if appeal is related to I/DD Waiver 	<ul style="list-style-type: none"> Supports DDD staff in development of response to the appeal Process participant's appeal in accordance with policies and procedures Refers participant to the health plan if appeal is related to medical needs such as medically necessary services and medical equipment and supplies
Information to share: <ul style="list-style-type: none"> ✓ Health Plan to DDD- Notify case manager of appeal resolution that involves I/DD Waiver ✓ DDD to Health Plan- Notify service coordinator of appeal resolution that involves health plan 	

Attachment B

QUEST Integration (QI) Services for Members Under the Age of 21

- Cognitive Rehabilitation Services
- Diagnostic Testing
- Dialysis
- Durable Medical Equipment and Medical Supplies
- Early and Periodic Screening, Diagnosis and Treatment services for members under age twenty-one years who require benefits for which either coverage has been exhausted or not described under the State Plan
- Emergency and Post Stabilization Services
- Family Planning Services
- Fluoride Varnish
- Habilitation Services
- Home Health Services (nursing and personal assistance)
- Hospice Care
- Immunizations
- Inpatient Hospital Services for Medical, Surgical, Psychiatric, Maternity/Newborn Care, and Rehabilitation
- Medical Services Related to Dental Needs
- Nutrition Counseling
- Other Practitioner Services
- Outpatient Hospital Services
- Physician Services
- Podiatry Services
- Pregnancy-Related Services- Services for Pregnant Women and Expectant Parents
- Prescription Drugs
- Preventive Services
- Rehabilitation Services
- Smoking Cessation Services;
- Sterilizations and Hysterectomies
- Sleep Laboratory Services
- Transportation Services
- Urgent Care Services
- Vision and Hearing Services

Attachment C

**1915(c) Intellectual and/or Developmental Disabilities (I/DD)
Home and Community Based-Services for Participants under the Age of 21**

List of Services	Brief Service Description
1 Assistive Technology	Assistive Technology device means an item, piece of equipment, or product system, whether acquired commercially, modified or customized, that is used to increase, maintain, or improve functional capabilities of participants. The assistive technology must be for the use of the participant and necessary as specified in the ISP to assist the participant in achieving identified measurable goals, has high potential to increase autonomy and reduce the need for physical assistance, and is the most cost-effective option.
2 Community Learning Services	Community Learning Services (CLS) support the participant's integration in the community. Services will meet the participant's needs and preferences for active community participation, including the participant's choice whether to do the activity individually or with a small group of others who share that interest. The intended outcome of CLS is to improve the participant's access to the community through increasing skills, improving communication, developing and maintaining friendships, gaining experience with the opportunities available in the community each as public events and enrichment activities, functioning as independently as possible, and/or relying less on paid supports. These services assist the participant to acquire, retain, or improve social and networking skills, develop and retain social valued roles, independently use community resources, develop adaptive and leisure skills, hobbies, and exercise civil rights and self-advocacy skills required for active community participation.
3 Discovery and Career Planning	Discovery & Career Planning (DCP) combines elements of traditional prevocational services with career planning in order to provide supports that are ongoing throughout the participant's work career. Discovery and Career Planning is based on the belief that all individuals with intellectual and developmental disabilities can work when given the opportunity, training, and supports that build on an individual's strengths, abilities and interests.
4 Environmental Accessibility Adaptations	Those physical adaptations permanently installed to the participant's home, required by the participant's ISP, that are necessary to ensure the health, welfare and safety of the participant and enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, environmental control devices that replace the need for physical assistance and increase the participant's ability to live independently, such as automatic door openers, or the installation of specialized electric and plumbing systems needed to accommodate the medical equipment and supplies that are necessary for the welfare of the participant and directly related to the participant's developmental disability.
5 Individual Employment Supports	Individual Employment Supports are based on the belief that all individuals with intellectual and developmental disabilities can work and that individuals of working age should be provided the supports necessary not only to gain access to and maintain employment in the community, but to advance in their chosen fields and explore new employment options as their skills, interests, and needs change. Individual Employment Supports are designed to maximize the participant's skills, talents, abilities and interests.
6 Personal Assistance/Habilitation	Personal Assistance/Habilitation (PAB) is a range of assistance or habilitative training provided primarily in the participant's home to enable a participant to acquire, retain and/or improve skills related to living in his or her home. PAB services are identified through the person-centered planning process and included in the Individualized Service Plan (ISP) to address measurable outcomes related to the participant's skills in the following areas: 1) Activities of Daily Living (ADL) skills: eating, bathing, dressing, grooming, toileting, personal hygiene and transferring; 2) Instrumental Activities of Daily Living (IADL): light housework,

Attachment C

		<p>laundry, meal preparation, arranging public transportation, preparing a grocery or shopping list, using the telephone, learning to self-administer medication and budgeting; 3) mobility; 4) communication; and 5) social skills and adaptive behaviors.</p> <p>Limitations: For participants under age 21, PAB may not be delivered if such services have been determined to be medically necessary EPSDT services to be provided through the QUEST Integration health plans.</p>
7	Respite	<p>Respite services are only provided to participants living in family homes and are furnished on a short-term basis to provide relief to those persons who normally provide uncompensated care for the participant for at least a portion of the day. If the participant requires nursing assessment, judgment and interventions during Respite, the service may be provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) under the supervision of a RN.</p> <p>Limitation: For participants under age of 21, Respite services provided by a RN or LPN are available only to participants receiving Private Duty Nursing (PDN) through QUEST Integration EPSDT services.</p>
8	Specialized Medical Equipment	<p>Specialized medical equipment and supplies include:</p> <p>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.</p>
9	Training and Consultation	<p>Training and consultation services assist unpaid caregivers, paid service supervisors, contractors and/or paid support staff in implementing the goals and outcomes developed from the person-centered planning process and included in the Individualized Service Plan (ISP). The goals and outcomes are necessary to improve the participant's independence and inclusion in their community.</p>
10	Vehicular Modifications	<p>Adaptations to a vehicle to accommodate the special needs of the participant. Vehicle adaptations are specified in the ISP as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p>
11	Waiver Emergency Services	<p>Waiver emergency services (outreach) shall be defined as the initial call requesting outreach and the immediate on-site crisis support for situations in which the individual's presence in their home or program is at risk due to the display of challenging behaviors that occur with intensity, duration, and frequency, that endangers his/her safety or the safety of others or that results in the destruction of property.</p>