

**REPORT TO THE TWENTY-SIXTH HAWAII STATE
LEGISLATURE 2011**

**IN ACCORDANCE WITH THE PROVISIONS OF HOUSE
CONCURRENT RESOLUTION 256, ADOPTED BY THE
2010 HAWAII STATE LEGISLATURE**

**DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION
January 2011**

**REPORT SUBMITTED BY THE DEPARTMENT OF HUMAN SERVICES TO
THE 2011 LEGISLATURE PURSUANT TO H.C.R. 256, ADOPTED BY THE 2010
HAWAII STATE LEGISLATURE.**

H.C.R. 256 requested the Department of Human Services to examine and evaluate the veracity, extent, and effect of certain allegations of shortcomings of programs for adults with special needs.

Specifically, the allegations are:

- (1) One-to-one aides are not provided or are not paid to assist adult individuals who require their support.

Response: In QUEST Expanded Access (QExA), each individual with special needs receives a Functional Health Assessment and has a service plan that is developed to respond to the needs of the individual that are medically necessary, as defined by section 333F-, Hawaii Revised Statutes.

In the 1915(c) Medicaid Waiver for Mentally Retarded and Developmentally Disabled, which provides home and community-based services for eligible clients, each client is provided with an individualized service plan, consistent with HRS 333F-6 that is developed, with the input of family, friends and other persons identified by the individual as being important to the planning process. The plan describes what is important to the person, how any issues of health and safety shall be addressed, and what needs to happen to support the person in the person's desired life.

If one-to-one aides were prescribed in the person's individualized service plan in any of these programs, then the service would be paid for using a combination of federal and state Medicaid funding.

One-to-one aides are not usually provided in a congregate setting such as a skilled nursing facility or intermediate care facility, since needed care is part of the required services provided at a daily rate.

- (2) Aides are not provided on Handi-Van transport vehicles when transporting adults with special needs.

Response: The Handi-Van transport vehicles are a City and County of Honolulu program and as such, the policies and procedures of the Handi-Van program are the responsibility of the City and County of Honolulu.

By request from the Med-QUEST Division, the City and County of Honolulu Handi-Van Eligibility Center responds to this item as follows:

“Per the ADA, TheHandi-Van allows eligible riders to have a Personal Care Attendant (PCA) travel with them at no charge. A PCA is someone who assists the consumer before, during or after the trip.

From Topic Guides on ADA Paratransit Eligibility, page 13-14: The need for a PCA may occur during the ride or at the destination. A PCA can be another person with a disability, as well as another person who is eligible for ADA paratransit. A child of the eligible person (although not an infant) may also serve as an attendant, as he or she can assist in a number of ways, such as shopping or as a language interpreter.

In Honolulu, at the time of the in-person eligibility interview, applicants will be asked if they will use a PCA. If the answer is yes, PCA status will be entered into our database and PCA status will be indicated on TheHandi-Van ID card.

If an applicant indicates s/he does not need or want a PCA at this time, this will be entered into the database. However, applicants can request a change in PCA status from no to yes at any time during their eligibility by calling the Eligibility Center.

Because of space requirements on TheHandi-Van, riders should always tell the reservationist at TheHandi-Van when booking a trip that a PCA will be accompanying them on the trip.

PCAs are not companions. Companions are people who ride with the eligible individual but who do not provide assistance. At least one companion may ride with the eligible individual and will be required to pay a fare.

TheHandi-Van does not provide PCAs. The consumer must provide his or her own PCA. As I indicated above, the PCA does not pay a fare.”

- (3) Various programs provided by the different agencies are not able to accept individuals who require the one-to-one support services due to the following:
- a. Expectations of the individual
 - b. Standards set by the agency/directors of the programs.
 - c. Location
 - d. Staffing

Response: The clients have the right to choice of provider. Likewise, private sector providers have a right to choice of client as long as they are not discriminatory. Every effort is made to respect the wishes of the recipient and her/her family especially when indications are given of language and/or cultural preferences. The MedQUEST sets the standards of its participating providers and audits and monitoring are done to preserve the integrity and quality of our programs. Location is another important indicator when making placement choices. If a developmentally delayed adult attends a day program in Pearl City

and has family in Kalihi, the preference may be to try and find placement in or near Pearl City or Kalihi versus a placement on the North Shore, Hawaii Kai or Waianae. Staffing considerations are also considered when making placements. If the recipient has high requirements for assistance with daily living (ADLs), then a program capable of providing the required level of staffing for that individual would be sought.

- (4) Aides and caregivers for adults with special needs are not required to obtain cardiopulmonary resuscitation and first aide certification.

Response: In QUEST Expanded Access, all credentialed health care workers, to include Certified Nurse Aides, Licensed Practical Nurses or Registered Nurses are required to receive certification in cardiopulmonary resuscitation and first aide certification.

Other providers may perform other Home and Community Based Services (HCBS) such as home cleaning, shopping, or laundry, etc.. If these other providers work for an agency, they must have active cardiopulmonary resuscitation and first aide certification.

Clients may waive the requirement for their consumer directed providers (i.e., a client's family member, neighbor, or friend) to have cardiopulmonary resuscitation and first aide certification. It is the client's choice.

- (5) Age appropriate programs are not required for adults with special needs.

Response: Each recipient is required to receive a complete assessment and individualized care plan developed with age appropriate Level of Care services and activities. Hawaii Administrative Rules (HAR) 17-1721.1-52.

- (6) Gender discretion is not considered for adults with special needs.

Response: When requested, every effort is made to honor gender requests. For example, if an individual requests that they only be placed in a home of the same gender, every effort is made to match the request among the several other considerations.

- (7) Continuing education for those individuals who may benefit from it is not required.

Response: Department of Commerce and Consumer Affairs (DCCA) licensing requirements of different providers vary. Additionally, the various facilities can have different requirements. However, all certified health care workers are either required to fulfill annual or biannual continuing education requirements. The exception is for nurses who are required to meet annual review as required by the facility at which they are employed.

- (8) On-going training and continued support from a behavioral specialist is not required.

Response: Behavioral health services are required to be covered if medically necessary. All certified health care workers, to include behavioral health specialists, are required fulfill annual continuing education requirements and/or meet the annual review requirements by the facility at which they are employed.

- (9) Guidelines and provisions of other support services such as speech, occupational, and physical therapy are not formalized.

Response: The Med-QUEST Division requires that its providers follow the federal guidelines as outlined in 42 CFR Section 485.713 as it relates to speech, occupational and physical therapy. Additionally, the best practice guidelines are outlined in the Hawaii Administrative Rules, Chapter 17-1737-77, as it relates to speech therapy and in Chapter 17-1737-79, as it relates to occupational and physical therapy.