State of Hawai'i Department of Human Services
Med-QUEST Division Health Care Services Branch
P.O. Box 700190 Kapolei, Hawaii 96709-0190

HCBS Non-Residential Provider Setting Validation Tool

A. Review Date: 2025.08.05	**B. Review Method:** Site visit, direct observation of the facility, staff, and members; face-to-face interviews with support and admin staff/program director/executive director, Medicaid members; chart reviews; policy and procedures review
C. Reviewer Name(s): Dina Agngarayngay, Annilet Pingul	
D. Provider Information/Contact **Provider:** Maluhia Adult Day Health Center **First Name:** Stacy **Last Name:** Honma **Street Address:** 1027 Hala Drive **City:** Honolulu **Zip:** 96817	

	E. HCBS Requirements	F. Meets	G. Explain
1	The setting is integrated in and supports full access of members receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as members not receiving Medicaid HCBS. [42 CFR 441.301 (c)(4)(i)]	☐**YES** ☒**NO**	**Findings:** The program is open Monday thru Friday from 7:30am to 5:30pm. The facility has eighteen (18) Medicaid participants. There were four (staff), two (2) management team, and four (4) Medicaid participants that were interviewed during the site visit. Staff training Per program manager, the center offers training on HCBS Setting Final Rule/My Choice My Way to its staff. Training is incorporated within their Relias learning management system. It is part of the orientation packet for new staff and staff are required to complete the training annually thereafter. In addition, direct care staff are all required to review the training materials posted on the Med-QUEST website annually. The newer staff acknowledged that they have heard about it but not fully aware of the different requirements. The older staff are well-versed on the different requirements. Per program manager, there is a policy and procedure in place for this training. Community integration Employment and work

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			The participants appeared elderly and of retired age. Per staff, most have dementia. Nevertheless, if anyone expresses interest in working and/or volunteering, it will be accommodated and staff will inform the program's supervisor. <u>Community life</u> One participant expressed that they rarely go out while in the center and would like to go to the zoo. Another participant, though with pronounced s/s dementia, shared going out to watch a movie, watch street dancing, and meeting other people outside. Per staff, participants are allowed to celebrate their birthday in the center where families are also invited. Per program manager, community outings are scheduled 1-2x/month and open to all participants. Participants who have scheduled insulin injections will have their caregiver meet them where they are going. Community activities include watching movies, shopping, and eating out. Recreational therapists/activities staff conduct meetings with the participants and ask them what activities they want to do. If participants have different choices, the group will vote for which activity they will schedule and for what day. Currently, mostly ambulatory participants join due to staffing shortage. Two staff are allowed to supervise the participants while out in the community. The facility will provide their own van for community outings. The transport van can only accommodate four (4) participants at a time, so the participants get rotated. <u>Public transportation</u> Per staff, they will assist participants to have access to public transportation. In the center, staff assist with picking up/dropping off/to the designated area. Families also can drop off/pick up by the entrance area.

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			Several types of transportation that the participants use include private (family) and public (Handi-van) <u>Control of personal resources</u> Lockers were observed in the center. Per participants, they are allowed to bring their money and personal belongings. One participant brings $5.00 with her. One participant prefers not to carry money. Per staff, participants have access to their money and may keep their own money if they are able to (i.e., if they can count). If they are not able, assigned staff handles the money of participants. There is a designated container/ folder per member to safely keep their funds per staff. They ask families for money to use when they go shopping. Per staff, the alert participants can keep their own personal bags with them in their wheelchair. Nothing that is valuable in the bags that's left in the hallways or in the wheelchair. These bags only consist of emergency items such as extra incontinence supplies and extra changing clothes per staff. Valuables like phones, iPads, and money stays with the participants. Per policy, participants are allowed to bring personal belongings, and a locked cabinet is provided if requested. **Action required:** 1) Demonstrate that all staff have gone through initial training on HCBS Setting Final Rule (aka My Choice My Way) (i.e., by providing an attendance sheet or an attestation).

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			2) Provide a policy that demonstrates or elaborates compliance with all HCBS Setting Final Rule/My Choice My Way requirements (if the requirement is not already covered in any of the existing policies (i.e., access to visitors, access to public transportation options, supporting members who express interest in seeking employment). 3) Demonstrate that all participants, including those who are wheelchair-bound, have the opportunity to participate in community outings for wheelchair-bound participants. **Corrective Action Plan:** Complete the table provided at the end of this document.
2	The setting is selected by the member from among setting options, including non-disability specific settings. The settings options are identified and documented in the person-centered plan and are based on the member's needs and preferences. [42 CFR 441.301 (c)(4)(ii)]	☐**YES** ☒**NO**	**Findings:** The participants stated that they chose to come to this ADC. They expressed satisfaction and preference not to transfer to a different ADC. They know to let either their caregivers/families or the center's staff if they are interested in exploring other ADC settings. Per staff, they have had participants expressed concerns/ dissatisfaction. The staff notify direct RN supervisor, and supervisor will triage based on the event. They never had any participant wanting to move to a different center. If in the future any of the participants will express interest in transferring to a different day program, they know how to report to the management/supervisor. Included in the ADC's application/admission process is a list of other day care/day health centers given to applicants that are also encouraged to review the referral list and inquire/visit other programs before deciding to enroll at this ADC. The ADC staff can assist with referrals if any participant expresses interest in

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			transferring to a different ADH center. Phone numbers of agencies that can help are posted on the communication board as well. One participant shared that he attends care plan meetings every chance he gets. One participant said she is invited to the care plan meetings. One participant said he would like to attend. One participant shared that she doesn't attend but her family does but would like to join the meetings. Per staff, participants are invited to care planning meetings, and they are involved and allowed to express preferences, choices, issues, and concerns. If a participant has dementia, family is also involved. If any staff notice a change, e.g., any changes in skin like breakdown, changes in condition like decline as evidenced by decreased participation with activities (not active as before), or any s/s of sickness, they will notify the RNs on duty. And a family meeting is called for update. Per program manager, the activity aides do not attend the care plan meetings. They do have staff meeting daily where she updates the staff with what's going on with participants. Team will also discuss newly admitted participants after admission to discuss their needs. The ADC conducts admission assessments which inform the individualized care plan, then care plan meeting is initiated to review care plan. An initial meeting for newly admitted participants is being held to update the participant and the family. Then, care plan meetings are conducted on a quarterly basis for those who may be new to day centers and need extra help, annually, and as needed if there is any change in participant's condition or interests or any new issues.

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			Per program manager, meetings are conducted in person and also offered via telephone/zoom. Families are encouraged to prepare any questions they may have ahead of time before the meeting. Per program manager, the participants' medical records do not have copies of the Health Action Plan and LTSS provider choice forms from the health plans. **Action required:** 1) Contact the health plans and request a copy of each Medicaid member's Health Action Plan (HAP) and Long-term Services and Supports (LTSS) Choice Form. The HAPs and LTSS choice forms should be filed in each member's own medical records. 2) Review each member's HAP and ensure that the member's preferences and choices reflected on the HAP are also incorporated in the facility's individualized care plan. 3) Demonstrate how members and/or authorized representatives are in charge of their person-centered care planning process. **Corrective Action Plan:** Complete the table provided at the end of this document.
3	The setting ensures member's right of privacy, dignity, and respect and freedom from coercion and restraint. [42 CFR 441.301 (c)(4)(iii)]	☐**YES** ☒**NO**	**Findings:** The participants rights are posted on the Communication Board by the entrance. It is also included in the Participant Handbook. Since there is a diversity among the participants (i.e., Chinese, Thai, Japanese, Filipino, Laotian, Korean), there are interpreters available for non-English speakers and that the participant's rights can be provided in other languages, if requested.

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			The phone numbers for the APS and HDRC are included in the Participant Handbook. <u>Privacy</u> Participants information, including medical records, is stored in a locked and secure room. There are also enclosed workstations available for staff. There are multiple bathrooms in the center. There is one (1) for men and one (1) for women bathroom with multiple stalls. Each stall has curtain for privacy. The main door for each bathroom is not lockable. There is also another bathroom with a lockable door outside the center by the exit door and can be used by men and women. Per participants, they are okay with just the curtains providing them with privacy. They stated that the care is provided privately. One participant was aware that she calls for and needs assistance due to risk of falling so her preference is to have a staff with her when using the bathroom. One participant wasn't aware that there is a bathroom with a lockable door but stated that he did not need it. Per staff, there are participants that require mechanical lift for toilet transfers. <u>Respect and Dignity</u> Observed respect and dignity between staff and participants during their interactions. Per participants, staff are "wonderful", "always nice", and treats them "well". One participant described her experience at the center as "very good". They did not express any issues or concerns with staff or other participants. They know how to inform their

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			caregivers/families and nurse in charge of any concerns or issues that they might experience with staff. Per staff, they are aware that the reason for participants attending the center is "to give family respite, so when they come here, we entertain them, to help them relax". <u>Coercion and Restraint</u> The use of coercion and restraint was not observed during the site visit. One staff member stated that she has not encountered any use of restraints during her 28 years of employment at the program. Staff try to manage any behavioral issues (i.e., sundowning and anxious to go home) by redirecting the participant using distraction with different activities. If a situation is not manageable and participant can put himself or others at risk for harm, the caregiver or family is contacted, and participant is brought home. Per staff, if any participant expresses any issues or concerns, staff will notify their supervisor for further follow up. **Action required:** 1) Regarding privacy, demonstrate that individual care plan reflects the rationale for modification of rights to privacy due to safety risks, e.g., risk falls. **Corrective Action Plan:** Complete the table provided at the end of this document.
4	The setting optimizes, but does not regiment, member initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.	☒**YES** ☐**NO**	**Findings:** There is a monthly activity calendar posted on the wall upon entry and is disseminated to the participants at the beginning of each month.

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	[42 CFR 441.301 (c)(4)(iv)]		Participants were mostly alert and verbally responsive, with some noticeable signs and symptoms of cognitive impairment. All participants stated that they are allowed to pick the activities they like. Some of the preferred activities include arts and crafts, exercising, playing bingo, karaoke/singing. Some of the activities that they would like to explore includes visiting a zoo – this was shared with the management who were open to exploring possibilities to make these request happen. One participant said that she could pick activities that she likes. She also enjoys being in group i.e., group exercise/dancing, playing Bingo. One participant was observed drawing and painting. He shared that he is "good with my hands … likes to make things" and gets to learn new skills from YouTube. One participant stated that he gets bored playing the same game every time but is aware that he can choose different activities for the day. He stated that he lets the staff know if he wants other activities. He likes/plays Bingo and drawing. Per staff, participants may refuse to participate in the set activities. They also ask the participants what their preferred activities are and accommodate as able. If participant is unable or chooses not to answer, they offer activities based on participant's interests and preferences in the past. Some participants prefer to have sensory stimulation activities only. Some also prefer quiet times. One participant said he doesn't know if each participant has a designated chair and sometimes, he's being told that he cannot move around. This participant was reminded that he is free to move around freely. Most participants knew they could move around if

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			they wanted to, choose their seats, and choose whom they interact with, but they did not have preference at this time. One participant shared that he needs assistance to move around for safety purposes (i.e., at risk of falling secondary to history of stroke). **Action required:** None **Corrective Action Plan:** None
5	The setting facilitates member choice regarding services, supports, and who provides them. [42 CFR 441.301 (c)(4)(v)]	☒**YES** ☐**NO**	**Findings:** The participants stated that they chose to come to this ADC. They expressed satisfaction and preference not to transfer to a different ADC. They know to let either their caregivers/families or the center's staff know if they are interested in exploring other ADC settings. Included in the ADC's application/admission process is a list of other day care/day health centers given to applicants that are also encouraged to review the referral list and inquire/visit other programs before deciding to enroll at this ADC. The ADC staff can assist with referrals if any participant expresses interest in transferring to a different ADH center. **Action required:** None **Corrective Action Plan:** None
6	Members have the freedom and support to control their schedules and activities [42 CFR 441.301 (c)(4)(vi)(C)] to have access to food anytime [42 CFR 441.301 (c)(4)(vi)(C)]	☒**YES** ☐**NO**	**Findings:** See item #4 for how the facility supports participants' freedom in choosing their schedules and activities. There is a set of 5-week menus that are used on rotation. The center has a kitchen (that they share with the SNF/ICF) that prepares the participants' meals. Breakfast is not normally served; however, the participants have the option to purchase meals that are catered to their diet/choice. Lunch time is usually at 12:30pm, but participants

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			will be accommodated if they want to eat early or later than the scheduled time. If a participant is scheduled to leave the facility around lunch time, they have the option to pack and take the lunch with them. There are also different options for snacks and drinks that are available throughout the day. Per participants, they would eat any food that is served to them because it is "good" and they "like" it. They know that they can bring food from home or request an alternative if they want. The policy has a no outside food policy due to an incident involving food allergies in the past. However, if the kitchen doesn't provide supplementations for the participants, family may bring. For example, one participant can only have Activia yogurt and kitchen doesn't provide so family provides it. Staff understand that participants may have different food preferences and restrictions (i.e., due to difficulty chewing). Per staff, participants can choose their food and staff inform/request the kitchen for the participants' food preference. The ADC has their own in-house dietician who also discusses participants' food preferences with them and their families. **Action required:** None **Corrective Action Plan:** None
7	Members have the right to visitors and access to family and friends. [42 CFR 441.301 (c)(4)(vi)(D)]	☐**YES** ☒**NO**	**Findings:** The center allows visitors, and they have multiple areas for participants and visitors to stay to maintain privacy (i.e., nursing offices, conference room at the back). Privacy curtains are also available when needed.

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			One participant shared that her daughter visits but prefers to sit in the activity room and never asks to have a private room. One participant shared that she doesn't have any visitors, that her family drops her off and picks her up only. One participant shared he doesn't have families come and he doesn't have a preference whether or not he wants visitors. Wi-Fi and phones are available for participants to use. One participant shared that she doesn't use a phone or the internet. One participant would like to explore the use of computer – this was relayed to the program manager. One participant shared that she has a cellphone and an iPad that she uses only at home because she doesn't know how to use it independently and requires assistance from her family. One participant shared that he has a computer at home but is not interested in using it. One participant shared that she has access to the phone and internet but is not interested in using them Per staff, participants may have visitors anytime. One staff member shared that there was a gathering (BBQ) the week before the site visit where families and participants were invited. Participant/caregiver/family is responsible for notifying the Center ahead of time about any scheduled visits. **Action required:** 1) Demonstrate flexibility without requiring advanced notice and approval for visitations to support member's preferences. **Corrective Action Plan:** Complete the table provided at the end of this document.

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8	Setting is physically accessible to the member. [42 CFR 441.301 I(4)(vi)(E)]	☒**YES** ☐**NO**	**Findings:** There is no gate. The entryways and hallways are wide. Unlocked sliding door at the entrance. The exit doors are not locked and anyone can open anytime safely, however, there is a door alarm that alerts the staff each time a door is opened. The whole space is clean and uncluttered. The activity/dining area, where participants spend most of their stay, is safe for ambulation, with or without a device. Spaces between tables and chairs are wide enough for wheelchairs. Walkers and wheelchairs are stored in areas that do not impede the traffic flow. Observed movements in the center – participants ambulating with standby or physical assist, with or without device. Participants needing wheelchairs are also able to move around with assistance but without difficulty. Per staff, there is one (1) participant who is independent with his ambulation. They shared that participants are allowed to go in and out (i.e., patio) of the center anytime, but staff provide supervision/ assistance for safety. **Action required:** None **Corrective Action Plan:** None

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Heightened Scrutiny HCBS Requirement - Physical Location: Home and community-based settings do not include nursing facilities, institutions for mental diseases, intermediate care facilities for individuals with intellectual disabilities, hospitals, settings that isolate members from the broader community, or any other locations that have qualities of an institutional setting. [42 CFR 441.301(c)(5)(v)]

E. HCBS Requirements	F. Meets	G. Explain
A. The setting is located in a building, attached to a building, on the grounds of, or immediately adjacent to a publicly or privately operated facility that provides inpatient institutional treatment (e.g., nursing home, hospital)	☒**YES** ☐**NO**	Maluhia ADH is located in a building that also includes ICF/SNF facility under the same roof/corporation. Per staff, Social Workers (SWs) from ICF/SNF are currently helping the ADC center for social services, including reviewing admission assessments to determine needs of participants, mostly for elderly with behaviors. The frequency of SWs helping the ADC is unknown. Historically, ADC had their own SW. An on-call SW was just hired and is currently on training. The ADC is also in the process of hiring a full-time SW. Per staff, the ADC participants only stay within the ADC center and do not participate in the ICF/SNF activities. Per staff, ICF/SNF staff are expected to float to the ADC to help when there is an emergency situation, i.e., calamity. There are entrance and exit doors and parking lot for the ADC that are separate from the ICF/SNF units. However, there are also doors that are connected to the ICF/SNF floors but separated by long hallways. **Action Required:** Submit an Evidence Packet for review by **December 12, 2025.** Please refer to the attached state guidance, "What to Submit for the Heightened Scrutiny Evidence Packet?"

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		For more information on heightened scrutiny, please refer to https://www.medicaid.gov/medicaid/hcbs/downloads/settings-that-isolate.pdf **State response (3/31):** The facility did not respond to the Non-Residential Exploratory Questions. Requesting the facility to send responses to the non-residential exploratory questions. **Maluhia (4/10/26 Response):** Response for Non-Residential Exploratory Questions Attached and emailed on 4/10/26. **State response (4/22):** Please confirm that all Medicaid participants (or their authorized representatives) have consented to the use of cameras. Also, please provide an update and confirm whether the day program now has its own social worker and no longer shares one with the ICF/SNF. **Maluhia (4/28/26 Response):** "The Center does not utilize cameras (audio or video) monitoring within any program areas where Medicaid participants receive services. Accordingly, the use of cameras does not impact participant rights to privacy, dignity, or autonomy as required under Home and Community-Based Services (HCBS) standards. For general security and safety purposes, the Center maintains visible (non-concealed) discreet cameras in the interior hallway and on the exterior of the building only. These cameras are limited to the front entrance and parking lot and are not used to monitor participants or the provision of services. Cameras are not located in exam rooms, bathrooms, multipurpose rooms, or any areas

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		where participants have a reasonable expectation of privacy or participation in program. The exterior security cameras are not used as part of any participant's service plan, nor do they constitute a modification of participant rights under HCBS requirements. Importantly, no recordings from these exterior security cameras are part of any participant's electronic health record (EHR). The recordings are stored separately, securely, and maintained using a loop recording system that automatically overwrites footage after a designated retention period. Access to recordings is restricted to authorized personnel and is used solely for security-related purposes. This approach ensures compliance with HCBS setting requirements by maintaining a non-institutional environment and fully protecting participant rights" **State response (6/29):** The facility's response is sufficient. As confirmed by CMS, general security cameras used for building security purposes that are not used to monitor individuals, and are in typical areas in similar community settings where people are not receiving Medicaid HCBS, would not require specific consent from each individual, but as good practice they should be informed of their presence in the lobby area via signage or other notification. **State response (4/22):** Please provide an update and confirm whether the day program now has its own social worker and no longer shares one with the ICF/SNF. **Maluhia (4/28/26 Response):** At this time, the Adult Day Health program does not have a dedicated full-time social worker assigned exclusively to the program. Social work services continue to be shared with the ICF/SNF, primarily to support continuity of care and participant

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		transitions from Day Health to long-term care services when needed. To ensure that all Adult Day Health participants have appropriate and timely access to social work services in accordance with care planning standards and licensing requirements, structured boundaries have been implemented to clearly distinguish services between the programs. The social worker has designated, scheduled hours assigned specifically to the Adult Day Health, during which they are exclusively available to Day Health participants and families. This scheduling approach supports programmatic separation and ensures focused attention on the unique needs of Day Health participants. In addition, the following measures are in place to reinforce separation between the Adult Day Health program and the ICF/SNF: • Separate documentation is maintained for Adult Day Health participants, including care plans, assessments, and service notes, in accordance with program-specific requirements. • Social work services for Day Health participants are provided based on individualized care plans and are not contingent upon ICF/SNF needs or priorities. • Communication channels and case management processes are structured so that Day Health participant needs are addressed independently of LTC operations. The social worker participates in Adult Day Health interdisciplinary team meetings during designated hours, ensuring active involvement in participant care specific to the program. Physical and operational workflows are organized to minimize overlap, with clear delineation of responsibilities during assigned Day Health service times. These practices ensure that, while the social worker role is shared, Adult Day Health participants receive

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		dedicated, program-specific social work services that meet regulatory expectations and support person-centered care. **State response (6/29):** The facility's response is sufficient. As confirmed by CMS, if individuals are receiving case management/person-centered planning services from a conflict free entity, and the social worker is performing work related to the day program setting and is not a stand in for those case management services, this is acceptable as long as the interconnectedness between the institution and the setting, including administrative or financial interconnectedness, in question does not exist or is minimal; and to the extent any institutional staff are assigned to support or back up the HCBS staff, the institutional staff are cross trained to meet the same qualifications as the HCBS staff. The Social workers should be trained in HCBS and the settings rule, to ensure the services are delivered in accordance with HCBS. The facility confirmed that the SW did take the training.
B. The setting is located where there are multiple settings serving people with disabilities co-located and operated or controlled by the same provider agency (e.g., a street with multiple care homes, in a row, owned by same provider)	☒**YES** ☐**NO**	Refer to item A.
C. The setting is surrounded by high walls, high fences, security locks or gates.	☐**YES** ☒**NO**	
D. The setting is located in a community with other private homes, retail businesses, food establishments, and other community resources.	☒**YES** ☐**NO**	

Provider Corrective Action Plan (including timelines, if not already implemented) & State Oversight to Verify Implementation:

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My Choice My Way – Home and Community-Based Services (HCBS) Setting Final Rule August 5, 2025 On-Site Validation Visit
Maluhia Adult Day Health Center Corrective Action Plan - January 6, 2026

HCBS Rule	Action Required per Findings	Corrective Action Plan	Timeline/Date Corrected
[42 CFR 441.301 (c)(4)(i)]	Demonstrate that all staff have gone through training on HCBS Setting Final Rule (aka My Choice My Way) Provide a policy that demonstrates or elaborates compliance with all HCBS Setting Final Rule/My Choice My Way requirements (if the requirement is not already covered in any of the existing policies (i.e. access to visitors, access to public transportation options, supporting members who express interest in seeking employment).	To demonstrate compliance with the HCBS Setting Final Rule (also known as My Choice, My Way) and ensure ongoing staff awareness, a comprehensive training policy has been established for both new and current employees. This training will be mandatory and include the following components: HCBS Final Rule 100: Overview Presentation This foundational training will be uploaded to employees' Relias accounts as part of their annual training requirements. It provides an overview of the HCBS Final Rule, ensuring staff have a thorough understanding of the rule's purpose and scope. HCBS Final Rule 102: Right Choice of Setting Employees will complete this mandatory annual training, which focuses on recognizing and supporting individuals' preferences for community-based activities, as well as those activities available through Medicaid Home and Community-Based Services. HCBS Final Rule 300: Community Integration This training, also included in employees' Relias accounts, will educate staff on how to support	Completed by 2/1/26

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			individuals who wish to explore employment opportunities, engage in competitive integrated settings, and participate in flexible program schedules that align with their personal preferences. Program Handbook for Participants The program handbook and application, provided to all participants, outlines our commitment to the HCBS Setting Final Rule/My Choice My Way requirements, ensuring transparency and clarity about their rights and opportunities within the program. This training initiative ensures that staff are fully equipped to support individuals in accordance with the HCBS Final Rule and fosters a culture of compliance and respect for individual choice. **State response (3/31):** The facility's response is sufficient and aligns with the "DHS MCMW: HCBS Programs" policy and procedures, except for the requirement regarding flexibility with visitations. Additional remediation is requested—please see requirement 42 CFR 441.301(c)(4)(vi)(D) below. **Maluhia (4/10/26 Response):** **Response included in 42 CFR 441.301(c)(4)(vi)(D) below.** **State response (4/22):** The facility's response is sufficient.	

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	[42 CFR 441.301 (c)(4)(i)]	Demonstrate that all participants, including those who are wheelchair-bound, have the opportunity to participate in community outings for wheelchair-bound participants.	To ensure that all participants, including those who are wheelchair bound, have equal opportunities to participate in community outings and activities, the program will implement the following steps: Pre-Admission Accessibility Assessment: During the pre-admission assessment, the Center's Interdisciplinary Team (IDT), the potential participant, and their caregiver will collaborate to identify and address any accessibility needs. This includes discussing any physical, logistical, or communication barriers that might affect participation in community outings. Feedback from both the participant and caregiver will be essential in understanding any potential challenges or limitations regarding outings and activities. Customized Service Plan Development: Based on the feedback gathered during the assessment, the IDT will create a personalized Service Plan for each participant prior to admission. This plan will be reviewed and updated annually. The Service Plan will focus on removing or accommodating barriers that could hinder full participation in community outings. These barriers may include: Inaccessible Transportation: Ensuring transportation options such as buses, vans, or other vehicles are wheelchair-friendly.	Completion by 2/1/26

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			Inaccessible Event Venues: Ensuring that event locations are equipped with ramps, elevators, and other necessary accommodations to support wheelchair access. Accessible Facilities: Verifying that public restrooms and other essential facilities at outing locations are wheelchair-accessible. Adequate Support Services: Ensuring that the necessary personnel or support systems are in place to assist participants with specific mobility needs. Ongoing Communication and Collaboration: The Center will establish regular, open communication between the care team, the participant, and their caregiver or authorized representative. This includes face-to-face interactions, phone calls, meetings, and follow-up emails to ensure all parties are informed and involved in decision-making. This collaborative approach will help ensure that the participant's needs are understood, and their concerns are addressed in a timely manner, making sure they feel heard and supported throughout the process. By taking these proactive steps, the Center aims to create an environment where all participants, regardless of mobility limitations, can engage in community outings with confidence and equal opportunity. **State response (3/31):** The facility's response is sufficient and compliments what is stated in the "DHS MCMW: HCBS Programs" policy and procedures.	

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	[42 CFR 441.301 (c)(4)(ii)]	1. Contact the health plans and request a copy of each Medicaid member's Health Action Plan (HAP) and Long-term Services Support (LTSS) Choice Form. The HAPs and LTSS choice forms should be filed in each member's own medical records. 2. Review each member's HAP and ensure that the member's preferences and choices reflected on the HAP are also incorporated in the facilities individualized care plan. 3. Demonstrate how members and/or authorized representatives are in charge of their person-centered care planning process.	Requesting and Filing HAP and LTSS Forms To ensure compliance with regulations, the participant's Health Action Plan (HAP) and Long-term Services and Supports (LTSS) forms will be added to the admission checklist. This step ensures that these forms are received before the participant enters the program. Acknowledging the challenges in obtaining these forms from health plans, requiring them upfront during admission will streamline the process and ensure we meet this requirement. The Social Worker or Program Manager will be responsible for auditing and confirming receipt of the HAP and LTSS forms prior to admission. Incorporating Member Preferences into Individualized Care Plans To ensure the integration of member preferences from the HAP into each participant's individualized care plan, all members of the Interdisciplinary Team (IDT) will be required to complete an annual training on "Tips for Creating Person-Centered Support Plans." This training will focus on the principles of person-centered care and will emphasize how to actively involve members and their authorized representatives in the care planning process. To reinforce participant involvement, HAP preferences will be consistently reflected in each participant's individualized care plan. A	Completion by 02/28/26

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			robust person-centered care planning process will be established, ensuring that members and/or their authorized representatives are actively involved in the assessment, goal setting, and service selection stages. This participation will be clearly documented in the care plan. Participants and their authorized representatives will fully understand their role in the care planning process and will actively engage from the beginning. Transparent communication will be established between the IDT, and the member/representative, including face-to-face interaction, regular phone calls, meetings, and follow-up emails. Ongoing feedback from members and/or representatives will inform adjustments and improvements in care planning. Upon completion of this corrective action plan, we will ensure that the care planning process is more inclusive, empowering participant and their representatives to take an active role in decisions regarding their care. **State response (3/31):** The facility submitted a policy and procedure document titled "DHS My Choice My Way: HCBS Programs," which outlines the initial and ongoing service planning process; however, it does not reflect the procedures noted above. Nevertheless, the "Participant Handbook" explains that participants and their representatives are active in the person-centered planning process, have the opportunity to comment on the individualized plan of care, and	

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			may request a meeting to discuss their care at any time. Requesting an updated policy that reflects remediation as described above. Requesting attestation from the facility that the IDT has completed initial training on "Tips for Creating Person-Centered Support Plans" and that they understand and follow the person-centered service planning process described in the Participant Handbook. Requesting confirmation that HAPs and LTSS Choice Forms are now included in all Medicaid participants' medical records. **Maluhia (4/10/26 Response):** **The setting policy & procedures titled "DHS My Choice My Way: Home and Community Based Services (HCBS) Programs" has been updated to include new procedures.** **It is important to note that the process of obtaining HAPs and LTSS from Service Coordinators is often challenging. Many Service Coordinators do not automatically include these documents when issuing authorizations, which can lead to significant delays in admission—sometimes up to a month or longer. Additionally, several Service Coordinators have indicated that they are not permitted to share LTSS documentation, further complicating and prolonging the process.**	

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			State response (4/22): The State received a completion list for the Provider HCBS Final Rule Trainings (100, 102, and 300). However, "Tips for Creating Person-Centered Support Plans" is a separate training. Please confirm whether this training is included as part of the HCBS Final Rule Trainings but was simply not listed. Please confirm whether HAPs and LTSS Choice Forms are now included in all Medicaid participants' medical records. If not, please provide an updated timeline and a tracking log demonstrating progress. The tracking log should include the participant's name, health plan, health coordinator (if known), specific barriers to obtaining these documents, and the dates/times of outreach to the health plan along with their responses. Noting that a communication has been sent to all health plans to assist in ensuring these documents are provided to Maluhia for Medicaid participants at your center. **Maluhia Response (4/28/26):** Yes. "Tips for Creating Person-Centered Support Plans" training was completed by all staff during the same training period as the HCBS Final Rule Trainings (100, 102, and 300). While it was not listed on the original completion document, it was included as part of our overall HCBS training efforts and completed in full. Additionally, to date, all Medicaid participants have their HAPs and LTSS Choice Forms included	

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			in their medical records. We have implemented a standardized process to ensure these documents are obtained concurrently with the initial service authorization, which has improved timeliness and consistency. To support ongoing compliance, we have also established direct points of contact with care management managers at each of the health plans. This has strengthened communication and allowed for more efficient follow-up in cases where HAPs or LTSS Choice Forms were not received promptly from service coordinators. As a result, we are able to effectively track and resolve any delays, and at this time, no outstanding documents remain. **State response (5/5):** The facility's response is sufficient.	
	[42 CFR 441.301 (c)(4)(iii)]	Regarding privacy, demonstrate that individual care plan reflects the rationale for modification of rights to privacy due to safety risks, e.g., risk falls. For example, a participant who is requesting a restroom stall with a lock	To ensure that a participant's care plan reflects the rationale for modifying privacy rights due to safety risks, such as fall risks, the following steps will be taken: Initial Care Plan Development: At the time of admission, a comprehensive care plan will be developed for each participant. This plan will specifically assess and identify potential safety risks (e.g., risk of falls, mobility limitations) that may require modifications to privacy rights. Any such risks will be clearly documented in the care plan.	Completion by 2/1/26

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			Ongoing Review and Audits: Annual audits of care plans will be conducted to ensure that any modifications to privacy rights remain appropriate and aligned with the participant's current safety needs. Adjustments will be made as necessary to reflect changes in the participant's condition or safety concerns. Regular Safety Risk Reporting: Staff will be required to report any new or ongoing safety risks to their supervisors during daily meetings. Supervisors will then ensure these risks are promptly documented in the participant's care plan, ensuring that all necessary privacy modifications are addressed. **State response (3/31):** While the facility addressed the modification of rights within its internal processes and procedures, it did not consider other available resources, specifically the Health Action Plan (Section L), where modifications of rights also need to be addressed. Please confirm how the facility will incorporate modification of rights addressed in the Health Action Plan into your ongoing policy or procedures. **Maluhia (4/10/26 Response):** **To address this, the facility has implemented a revised process to ensure that any modification of rights is consistently documented across all required documents, including the Health Action Plan. Effective immediately, when a**	

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			modification of rights is identified on the HAP, the Center's Multidisciplinary Team and/or Service Coordinator will ensure that the modification is clearly documented in Section L of the HAP in addition to the facility's internal records. The facility has updated its policies and procedures to require staff to review the HAP upon admission and during ongoing assessments to confirm that any rights modifications are accurately reflected and consistent across all documentation. Additionally, the setting will collaborate with Service Coordinators to request and verify that the most current HAP, including Section L, is obtained prior to or at admission. If the HAP does not include required documentation of rights modifications, the setting will follow up promptly with the Service Coordinator to ensure compliance. Staff have been re-educated on these requirements, and ongoing audits will be conducted to ensure that modifications of rights are properly documented in both internal records and the Health Action Plan. **State response (4/22):** The facility's response is sufficient.	
	[42 CFR 441.301 (c)(4)(vi)(D)]	Demonstrate flexibility without requiring advanced notice and approval for visitations to support member's preferences.	To demonstrate flexibility without the need for advanced notice or approval for visitations, staff will proactively and autonomously respond to the preferences and needs of participants. The visitation program will include: 1. Flexible time windows that can easily accommodate varying schedules.	Completed on 1/6/26

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			2. Real-time communication through the program's dedicated cellular system, enabling participants and visitors to schedule visits instantly and seamlessly. 3. An option for a private meeting space if requested by participant. **State response (3/31):** While the facility has addressed that it will proactively and autonomously respond to the preferences and needs of participants, the Participant Handbook hasn't been revised/updated and still states, "It is the responsibility of the participant/caregiver/family to notify the Center ahead of time about any scheduled visits." Please confirm how the facility will incorporate remediation into your ongoing policy or procedures. **Maluhia (4/10/26 Response):** **The setting acknowledges the need to ensure that visitation practices fully align with HCBS requirements regarding individual rights and personal preferences. In response, the setting has revised its visitation policy, added welcoming visitor signage, and updated the Participant Handbook to clearly state that individuals may receive visitors of their choosing at any time, without the requirement for advanced notice or prior approval.**	

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			The handbook has been updated to reflect a flexible, person centered approach to visitations: *"You have the right to choose who visits you and when. You may receive visitors at any time based on your preferences. You do not need to schedule visits in advance or get approval to have visitors. We support your relationships with family, friends, and others who are important to you. Our goal is to make visits as comfortable and flexible as possible. In rare situations, there may be limits on visitation if needed to protect your health and safety or the safety of others. If this happens, it will be discussed with you and your caregivers"* **Staff are instructed that visitors must be permitted in accordance with each participant's preferences, and that no prior authorization or scheduling is required. Any limitations on visitation will be based solely on individualized health and safety needs, will be discussed with the participant & caregivers, and will be documented in the participant's record.** **The center has provided re-education to all staff regarding these updated expectations and the importance of supporting participant rights. This standard will also be incorporated into new staff orientation and ongoing training.** **State response (4/22):** The facility's response is sufficient.	

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