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: 2025.08.27	**B. Review Method:** Site visit, direct observation of the facility, staff, and members; face-to-face interviews with support staff and program director, Medicaid members; chart reviews; policy and procedures review
C. Reviewer Name(s): Amy Sirivattha, Annilet Pingul	
D. Provider Information/Contact **Provider:** Leahi Adult Day Health Center **First Name:** Ira **Last Name:** Kazama **Street Address:** 3675 Kilauea Avenue **City:** Honolulu **Zip:** 96816	

	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 7:00am to 5:30pm. The center staff includes a program director, social worker, office secretary, activities coordinator, 6 CNAs, and 2 RNs. Twelve (12) Medicaid members are enrolled in this center. Seven members were present during this visit. There were 2 staff, 2 Medicaid members, and a program director who were interviewed during the site visit. The remaining five members were not interviewed due to limited communication and/or language barrier. Program director stated that he is familiar with My Choice My Way. However, no formal training was done. There is currently no policy available for My Choice My Way at this facility. Two support staff interviewed were able to summarize My Choice My Way. They also stated that they were not trained on this topic, however, they recalled hearing it briefly during an in-service. Support staff shared that they would be interested to learn more about this topic. Community integration

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			Per program director, community integration will begin in about 2 months. Prior to COVID-19, members and staff participated in community outings to the beach, zoo, parks, and shopping malls (Kahala). Support staff verified that there are no community outings currently but aware that there is a plan to resume. Members interviewed stated that they are not interested in going out in the community and they prefer to stay indoors. <u>Employment and work</u> Members shared that they used to work before. One member was a legal secretary. She also volunteered to make costumes for plays at the Diamond Head Theater. The second member interviewed stated that she used to work at Foodland. Expressed that employment and/or volunteering might be an option in the future. The support staff stated that if a member is interested in employment and/or volunteer opportunities, the families, RN, and program director will be notified for further exploration and support. <u>Public transportation</u> Per staff and program director, members are transported to the program via Handi-van and families. There is future plan to restart community outings and transportation will be provided by Leahi. <u>Control of personal resources</u> Members interviewed stated they keep their purses/belongings with them at the program. Staff also stated that members are allowed to bring their personal belongings with them. There is a locker available for members' use. Bins are also available to store members' personal supplies such as clothes and incontinence supplies. A

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			written document regarding personal belongings is provided to members on admission. **Action required:** 1) Demonstrate that all staff have gone through initial training on HCBS Setting Final Rule (aka My Choice My Way) (i.e., attendance sheet) and plans for on-going training. 2) Provide a policy/Update existing policy to demonstrate or elaborate 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, community integration). **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:** Per program director, the members' medical records do not have copies of the Health Action Plan and LTSS provider choice forms from the health plans. The members stated that they chose to come to this ADH center and don't want to explore another program. One member shared that she likes coming here and chooses when to attend. She also shared that she can leave whenever she wants to. Observed this member leaving the program early after lunch. Second member also expressed that she really likes attending this program. Staff interviewed both stated that members have choice to decide their ADH schedule (days, arrival time, departure time). Staff/program director can assist members if interested in other programs/services. The Kupuna Information & Assistance Handbook

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			has lists of different community resources, including other ADHs/ADCs. This handbook is available to members. Per program director, all members have person-centered meeting conducted every 6 months and as needed. Staff interviewed stated that the participant, family, RN, and program director are present during these meetings. The support staff do not participate in the person-centered meeting, however, they provide input and information about the members. Both members shared that they participate in their person-centered meeting along with their families. Members preferences and needs are always addressed. **Action required:** 1) Contact the health plans and request for 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 included 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/service plan report. 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:** Upon entrance to the center, there is a poster on the right wall of interpretation services available to the members such American Sign Language, Japanese, Tagalog, Mandarin, Korean, Vietnamese, Ilocano, Marshallese, Chuukese, Chamorro, etc. On the left wall, a laminated form on residents' right to file complaint was observed. This form is easily accessible to all members. Important phone

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			numbers such as Adult Protective Services, Ombudsman, and Hawaii Disability Rights are also visible and included in the Kupuna handbook. <u>Privacy</u> Members information, including medical records and medications, are stored in a locked and secured room. There are 3 restrooms present. Two bathrooms have few stalls with curtains for privacy, however, they are not lockable. One bathroom has a lockable door. Members have restroom options and can request for assistance if needed to ensure safety. One member shared that her care is provided privately. The other member expressed that she has option to choose her personal hygiene service (showering versus hair shampoo only). <u>Respect and Dignity</u> Observed respect and dignity between staff and members during their interactions. One member shared that staff is fabulous and considerate. Members are treated with respect. She also shared that she trusts everyone at program and knows that things are kept privately. Another member interviewed expressed she likes coming to this center and staff takes care of her well. She explained that her needs and preferences are always addressed and that she feels safer at program than at home by herself. <u>Coercion and Restraint</u> The use of coercion and restraint was not observed during the site visit.

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			If any member has issues or concerns, staff will notify the RN and program director for further follow-up. One member stated she will talk to the social worker if she encounters problems/issues. The other member stated she will notify her family first. **Action required:** None **Corrective action plan:** None
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. [42 CFR 441.301 (c)(4)(iv)]	☒**YES** ☐**NO**	**Findings:** There is an activities monthly calendar posted on the wall. The monthly activities is provided to the members/families. Upon arrival, observed members participating in various activities such as guided exercises, drawing, eating, sleeping/resting, singing karaoke, and browsing magazines. Although the center has a set schedule for daily activities, members have the option to join in or do their preferred activities. One member shared that she enjoys playing cards, bingo, and chair volleyball. Another member expressed that she enjoys exercising, singing, and dancing. Observed member sing Samoan love song during visit. The program director stated that different volunteers and organizations come to the program to provide various activities and entertainment such as hula, bon dance, music therapy, pet therapy, crafts & gift fair, taiko drums, etc. One member shared that Bruno Mars' uncle and his band performed at the center on 8/26/25. She expressed that she really enjoyed the performance. Per staff, despite the daily set schedule, members are encouraged to participate but not forced. Staff support member's preferred activities.

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			Members have the opportunity and choice to interact with others. One member stated that she likes making friends and talks to other people. One member approached MQD staff and program director stated that this member likes greeting people. **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 members stated that they chose to come to this ADH center and don't want to explore another program. One member shared that she likes coming here and chooses when to attend. She also shared that she can leave whenever she wants to. Observed this member leaving the program early after lunch. Second member also expressed that she really likes attending this program. Staff interviewed both stated that members have choice to decide their ADH schedule (days, arrival time, departure time). Staff/program director can assist members if interested in other programs/services. The Kupuna Information & Assistance Handbook has lists of different community resources, including other ADHs/ADCs. This handbook is available to members. Per program director, all members have person-centered meeting conducted every 6 months and as needed. Staff interviewed stated that the participant, family, RN, and program director are present during these meetings. The support staff do not participate in the person-centered meeting, however, they provide input and information about the members. Both members shared that they participate in their person-centered meeting along with their families. Members preferences and needs are always addressed. **Action required:** None **Corrective Action Plan:** None

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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:** There is a monthly activity calendar posted on the wall. The monthly activities is provided to the members/families. Observed members participating in various activities such as guided exercises, drawing, eating, sleeping/resting, singing karaoke, and browsing magazines. Although the center has a set schedule for daily activities, members have the option to join in or do their preferred activities. One member shared that she enjoys playing cards, bingo, and chair volleyball. Another member expressed that she enjoys exercising, singing, and dancing. Observed a member sing Samoan love song. Per staff, participation in the daily set schedule is not required, however, members are encouraged to participate. Staff support member's preferred activities. There is a set monthly menu at the program. A central kitchen at Leahi Hospital prepares meal for the ADH members and SNF patients. The daily menu consists of 3 different meal options to choose from. Morning and afternoon snacks are also provided. Per staff and program director, members have the option to bring their own snacks and sealed food if they choose to. Members can also access food at any time. One member stated she wants to eat more salad. Member's request was accommodated. Program director explained that the salad is prepared but there are days that the member is absent. Another

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			member expressed that she likes all the food at the program and does not have any special requests. **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 ADH center allows family and friends to visit at anytime. There are areas in the facility that allows members to meet privately with their visitors. One member shared that she has no visitors and that her son is in Thailand. Another member stated no family member comes to visit her but would be happy if they did. Per staff interviewed, there is a cell phone and a landline that members can use to contact their family/friends. One member uses her own personal phone to call. **Action required:** None **Corrective Action Plan:** None
8	Setting is physically accessible to the member. [42 CFR 441.301 I(4)(vi)(E)]	☒**YES** ☐**NO**	**Findings:** The facility is physically accessible to the member. There is no gate. The main entrance door is a push-through with a wall-mounted ADA push button. The entryways and hallways are wide and all area is clean and clutter-free. Walkers, wheelchairs, and Hoyer lifts are stored in areas that do not obstruct traffic flow. There is an emergency exit door next to the staff office located at the back. Walkers and wheelchairs are stored in areas that do not impede the traffic flow.

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			Members interviewed were observed walking with assistive device and stand-by assist. One member shared she is able to get around and prefers to have 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	Leahi ADH center is located in a building that also includes ICF/SNF facility under the same roof/corporation – Leahi Hospital. Although named Leahi Hospital, this facility does not have acute care services. Different areas of Leahi Hospital is rented out to different tenants such as Care Hawaii, Kapiolani Community College, Emergency Medical Services, North Shore Mental Health and Hansen Disease/ Hale Mohalu. Leahi Hospital building consist of the following: Ground/First Floor – Leahi ADH Center Second Floor – Acute tuberculosis and Hale Mohalu (separate units) Third, Fourth, and Fifth Floors – ICF/SNF The entrance doors to the ADH center and ICF/SNF are separate and not on the same floor. To get to the ICF/SNF floors, there are 3 elevator access located on the ground floor. Per program director, the ADH center and the ICF/SNF facility have designated staff members and do not overlap. Although under the same corporation, the ADH center and ICF/SNF facility operate separately. Patients in the ICF/SNF facility are not allowed to attend the ADH center. Per program director, there is a central kitchen at Leahi Hospital that prepares meals for the ADH members, ICF/SNF patients, and acute tuberculosis patients.

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		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?" For more information on heightened scrutiny, please refer to https://www.medicaid.gov/medicaid/hcbs/downloads/settings-that-isolate.pdf
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:

HCBS Rule	Action Required per Findings	Corrective Action Plan	Timeline/Date Corrected
[42 CFR 441.301 (c)(4)(i)]	**Action required:** Demonstrate that all staff have gone through initial training on HCBS Setting Final Rule (aka My Choice My Way) (i.e., attendance sheet) and plans for on-going training. Provide a policy/Update existing policy to demonstrate or elaborate compliance with all HCBS Setting Final Rule/My Choice My Way requirements (if the requirement is not	**Corrective action plan: All staff went through initial training with the executive director on the following topics from the HCBS website and reviewed or updated as changes occur.** **HCBS Final Rule 100 Overview** **HCBS Final Rule 101 Choice and Balance: Important TO and FOR** **HCBS Final Rule 102 Right Choice of Settings**	March 6, 2026; March 9, 2026;

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		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, community integration).	**HCBS Final Rule 200 Right to Privacy and Visitors** **HCBS Final Rule 201 Right to Access Food** **HCBS Final Rule 202 Right to Legal Agreement and Accessibility** **HCBS Final Rule 203 Dignity of Risk** **HCBS Settings Final Rule 300 Community Integration** **HCBS Final Rule 300 Overview Refresher and Ongoing Monitoring Recording** **HCBS Settings Final Rule 400 Community Integration** **HCBS Settings Final Rule 400 Community Integration Provider Compliance and Ongoing Monitoring** State response (6/30/26): Received Facility's response on 6/26/26. The facility's response is sufficient and aligns with the "DHS MCMW: HCBS Programs" policy and procedures. The facility also submitted an updated P&P and a completed signing sheet demonstrating how staff are trained on HCBS Final Rule requirements/DHS MCMW, and how they are equipped to support participants with their choices and preferences.	
	[42 CFR 441.301 (c)(4)(ii)]	**Action required:** 4) Contact the health plans and request for a copy of each Medicaid member's Health Action Plan (HAP) and Long-term Services and Supports (LTSS) Choice Form. The HAPs and	**Corrective action plan:** **Health plans were contacted and HAP and LTSS were received and placed in each participant's medical records. HAP were reviewed and incorporated into each**	March 2026

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		LTSS choice forms should be included in each member's own medical records. 5) 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/service plan report. 6) Demonstrate how members and/or authorized representatives are in charge of their person-centered care planning process.	**individual care plan with each participant's preferences and choices.** **Staff in each discipline will discuss with families and participants the care plan at the IDT meeting and make any changes to the care plan as needed should the participant's preferences or choices change or any health or medical changes are needed.** State response (6/30/26): Received facility's response on 6/26/26. The facility's response is sufficient and aligns with the "DHS MCMW: HCBS Programs" policy and procedures. The facility also submitted an updated P&P highlighting the processes used when developing and updating care plans. In addition, the facility provided copies of the HAP and LTSS choice forms.	