Department of Human Services
Med-QUEST Division

Community Integration Services Plus (CIS+)
Medical Respite Provider Attestation Form

(Appendix K)

Part 1: Background

This Medical Respite Provider Attestation Form serves two purposes:

(1) Medical Respite Providers seeking registration through MQD Approval (option 1c below) must complete Parts 3 through 5 and Part 7.
(2) Medical Respite Providers seeking reimbursement at the MQD Level 3/4 Care Model (MQD Level 3/4) rate, in addition to the MQD Level 1/2 Care Model (MQD Level 1/2) rate, must complete Parts 3, 6, and 7, regardless of how they qualified for registration. Medical Respite Providers may do both in one submission.

Medical Respite Providers are required to adhere to the standards and processes set forth in the most recent CIS+ Guidance Memo: Community Integration Services Plus (CIS+) Implementation Updated Guidelines (https://medquest.hawaii.gov/en/plans-providers/provider-memo.html). Health Plans are responsible for verifying that providers meet Medical Respite and CIS+ program requirements. Medical Respite Providers found to be non-compliant with self-attestations of compliance with requirements may face penalties, be suspended, and/or be terminated from participation in the Hawai‘i Medicaid Program.

Provider Registration

To become a Medical Respite Provider registered with Medicaid (Provider Type A8), providers must demonstrate the ability to deliver Medical Respite services through one of the following three options:

1a. *National Institute for Medical Respite Care (NIMRC) Certification:* Proof of certification by NIMRC;

1b. *Documented Experience:* Evidence of providing Medical Respite services through public contracts (e.g., state, Health Plan, hospital, or city/county) for at least one (1) year; or

1c. *MQD Approval:* Attestation that the Medical Respite Provider meets the NIMRC Level 1 requirements for a Coordinated Care Model as well as the CIS+ Provider requirements. **To do this, Medical Respite Providers must complete, sign, and return this Medical Respite Provider Attestation Form.**

In addition to one of the three options above, each organization must submit a confirmation letter from Partners in Care (PIC - O‘ahu) or Bridging the Gap (BTG - Neighbor Islands) indicating its participation in the homeless services network. Only one letter is required per organization, even if the Medical Respite Provider operates multiple sites.

Community Integration Services Plus (CIS+)
Medical Respite Provider Attestation Form

(Appendix K)

(Optional) Eligibility for MQD Level 3/4

MQD Level 3/4 incorporates elements of the Integrated Clinical Care and Comprehensive Clinical Care Models in the NIMRC Models of Medical Respite Care (2025) and MQD's level of care standards. Beginning February 1, 2027, Medical Respite Providers that meet the requirements in Part 6 of this form may bill the MQD Level 3/4 rate for services delivered on or after the date of Health Plan approval, and only for members whose level of care determination in Part 7 of Appendix I - Medical Respite Authorization Form indicates clinical need for MQD Level 3/4.[1] Medical Respite Providers must keep supporting documentation on file for review by MQD and Health Plans, including staffing schedules, completed staff timesheets, clinical staff licenses, clinical and medication management policies, the on-call and emergency department protocol, and contracts or memoranda of understanding (MOUs) with formal partners, as well as clinical documentation that justifies member need for MQD Level 3/4. Documentation may also include evidence of NIMRC certification at the Integrated Clinical Care Model (Level 3) or higher, if available.

Part 2: Instructions

Please carefully read and populate the *Provider Attestation of Compliance* column in the tables shown below. The form must be populated on behalf of each Medical Respite facility location applying to serve Medicaid members. Please follow HOKU instructions or submit your attestation form to HCSBInquiries@dhs.hawaii.gov with your HOKU application ID. Medical Respite Providers requesting the MQD Level 3/4 rate must also submit this form, including Part 6, to the Health Plan conducting their compliance review. Medical Respite Providers approved for the MQD Level 3/4 rate must resubmit Part 6 each renewal.

Part 3: Basic Information

Medical Respite Provider Legal Name	
HOKU Application ID	
Organization NPI	
Physical Address of Medical Respite Site	
Primary Contact Name	
Primary Contact Email Address	
Primary Contact Phone Number	

[1] Appendix I – Medical Respite Authorization Form (DHS 1214).

Department of Human Services
Med-QUEST Division

Community Integration Services Plus (CIS+)
Medical Respite Provider Attestation Form

(Appendix K)

Part 4: NIMRC Standards for Medical Respite Care Programs

The standards below (Table 1) outline the eight NIMRC Standards for all Medical Respite Providers. Please reference the NIMRC Standards for Medical Respite Care Programs, 2025[2] to confirm that the facility and programming meet all the criteria associated with each standard to qualify for reimbursement for providing any Medical Respite services (either MQD Level 1/2 [Coordinated Care or Coordinated Clinical Care] or MQD Level 3/4 [Integrated or Comprehensive Clinical Care]) to members.

Table 1: NIMRC Standards for all Medical Respite Providers

Medical Respite Provider Requirement	Provider Attestation of Compliance
Standard 1: Medical Respite program provides safe and quality accommodations.	Does your Medical Respite facility/program meet Standard 1? ☐ Yes ☐ No
Standard 2: Medical Respite program provides quality environmental services.	Does your Medical Respite facility/program meet Standard 2? ☐ Yes ☐ No
Standard 3: Medical Respite program manages timely and safe care transitions to Medical Respite from acute care, specialty care, and/or community settings.	Does your Medical Respite facility/program meet Standard 3? ☐ Yes ☐ No
Standard 4: Medical Respite program administers high quality post-acute clinical care.	Does your Medical Respite facility/program meet Standard 4? ☐ Yes ☐ No

[2] https://nhchc.org/wp-content/uploads/2025/03/Standards-for-Medical-Respite-Programs_2025.pdf

Community Integration Services Plus (CIS+)
Medical Respite Provider Attestation Form

(Appendix K)

Standard 5: Medical Respite program assists in health care coordination, provides wrap-around services, and facilitates access to comprehensive support services.	Does your Medical Respite facility/program meet Standard 5? ☐ Yes ☐ No
Standard 6: Medical Respite program facilitates safe and appropriate care transitions out of Medical Respite care.	Does your Medical Respite facility/program meet Standard 6? ☐ Yes ☐ No
Standard 7: Medical Respite care personnel are equipped to address the needs of people experiencing homelessness.	Does your Medical Respite facility/program meet Standard 7? ☐ Yes ☐ No
Standard 8: Medical Respite care is driven by quality improvement.	Does your Medical Respite facility/program meet Standard 8? ☐ Yes ☐ No
Is your Medical Respite facility/program in complete compliance with other relevant criteria outlined in the 2025 NIMRC Standards for Medical Respite Care Programs? ☐ Yes, the Medical Respite facility, program, and policies are in complete compliance with the 2025 NIMRC Standards for Medical Respite Care Programs. ☐ No - if no, please describe:	

Part 5: Guidance Requirements

All Medical Respite Providers must meet the requirements outlined in the most recent CIS+ Guidance Memo: Community Integration Services Plus (CIS+) Implementation Updated Guidelines (available at: https://medquest.hawaii.gov/en/plans-providers/provider-memo.html). These standards have been established to meet federal Section 1115 Demonstration requirements.

Department of Human Services
Med-QUEST Division

Community Integration Services Plus (CIS+)
Medical Respite Provider Attestation Form

(Appendix K)

Table 2: Guidance Requirements

Medical Respite Provider Requirement	Provider Attestation of Compliance
Possess Knowledge of CIS+ Program Housing Services Medical Respite Providers must have knowledge of principles, methods, and procedures of housing services covered under the CIS+ program, including Medical Respite and Housing Navigation.	Does your Medical Respite facility/program possess knowledge of CIS+ program housing services? ☐ Yes ☐ No
Comply with CIS+ Guidance Requirements Medical Respite Providers must comply with the most recent CIS+ Guidance Memo, including Appendix A - CIS+ Responsibilities.	Please indicate whether your Medical Respite facility/program has read and will comply with the requirements outlined in the most recent CIS+ Guidance Memo. ☐ Yes ☐ No
Meet Responsibilities Outlined in Appendix A - CIS+ Responsibilities Medical Respite Providers must meet the responsibilities for all Medical Respite Providers and for each CIS+ Medical Respite service they provide, as described in Appendix A - CIS+ Responsibilities of the most recent CIS+ Guidance Memo.	Does your Medical Respite facility/program meet the responsibilities outlined in Appendix A - CIS+ Responsibilities for all Medical Respite Providers and for each Medical Respite service you provide? ☐ Yes ☐ No

Meet Facility Environmental and Safety Minimum Qualifications
Medical Respite Providers must meet the following facility and safety minimum qualifications:
• Follows regulations for the storage, handling, security, and disposal of patient medications as described in HRS § 328-119;
• Adheres to NIMRC standards for Medical Respite Care Programs; and
• Has written protocols on the following topics:
  ○ Reporting adverse events using the Adverse Event Report (AER) Form described in **memo QI-2513**;
  ○ Connecting members to physical and behavioral healthcare;
  ○ Connecting members to other needed benefits; and
	Does your Medical Respite facility/program meet the environmental and safety qualifications?
	☐ Yes
	☐ No

Community Integration Services Plus (CIS+)
Medical Respite Provider Attestation Form

(Appendix K)

Medical Respite Provider Requirement	Provider Attestation of Compliance
○ Discharging individuals from Medical Respite, including a policy that members are given a minimum of 24 hours' notice prior to being discharged from the program (exceptions for administrative discharges as determined by admissions, discharge, and program safety policies).	
Excluded Service Setting Medical Respite CANNOT be provided in the following settings: • Congregate sleeping spaces; • Facilities that have been temporarily converted to shelters (e.g., gymnasiums or convention centers); • Facilities where sleeping spaces are not available to residents 24 hours a day; • Facilities without private or semi-private sleeping space; • Licensed or certified facilities where treatment is the primary purpose, including Special Treatment Facilities (STFs) and Therapeutic Living Programs (TLPs); or • Settings in which housing is contingent upon receiving onsite clinical treatment services.	Is your Medical Respite facility one of the excluded service settings listed? ☐ No, the Medical Respite facility is not an excluded setting ☐ Yes, the Medical Respite facility is an excluded setting
Housing Requirements • A private or semi-private sleeping space available to the member 24 hours a day. Medical Respite facilities may offer semi-private rooms, defined as rooms with beds for two (2) to four (4) individuals that afford the member a sleeping space with privacy; • Onsite showering and laundering facilities; • Clean linens upon admission; • Secured storage for personal belongings and medications; and • At least three meals a day provided, with monitoring and support of nutrition and diet for members receiving Short-Term Recuperative Care or Short-Term Post-Hospitalization Housing.	Does your Medical Respite facility/program meet the housing requirements? ☐ Yes ☐ No

Community Integration Services Plus (CIS+)
Medical Respite Provider Attestation Form

(Appendix K)

Medical Respite Provider Requirement	Provider Attestation of Compliance
Is your Medical Respite facility/program compliant with all other criteria outlined in the CIS+ Guidance Memo? ☐ Yes, the Medical Respite facility, program, and policies are compliant with the CIS+ Guidance Memo. ☐ No - if no, please describe:	

(Optional) Part 6: MQD Level 3/4 Requirements

Complete Part 6 only if seeking eligibility for the MQD Level 3/4 rate, which applies only to members with determined clinical need. Table 3 lists the five required service elements of MQD Level 3/4, and Medical Respite Providers must meet every component to be eligible for reimbursement at the MQD Level 3/4 payment rate. The documentation and notification requirements for MQD Level 3/4 appear in Part 1 and Part 7. Services may be delivered by Medical Respite program staff or through a formal partnership. A formal partnership is a contract, MOU, or other written agreement under which a community-based partner delivers services onsite or through direct access, meaning members receive the service without leaving Medical Respite, or program staff facilitate access to it by providing transportation.

Table 3: MQD Level 3/4 Requirements

Medical Respite Provider Requirement	Provider Attestation of Compliance
1. Onsite Medical/Clinical Monitoring and Evaluation **[Required]** The program provides onsite clinical care to every member determined to need MQD Level 3/4. The program must provide: • A **prescribing provider** (e.g., physician, Nurse Practitioner [NP], or Physician Assistant [PA]) who evaluates each member determined MQD Level 3/4 at least weekly, more often when the care plan calls for it, and within 24 hours of a reported change in condition. Evaluations may occur onsite or by telehealth	Does your Medical Respite facility/program meet all components of this element? ☐ Yes ☐ No *How is this service delivered? (check all that apply)* ☐ Medical Respite program staff ☐ Formal partnership (contract, MOU, or other written agreement)

Department of Human Services
Med-QUEST Division

Community Integration Services Plus (CIS+)
Medical Respite Provider Attestation Form

(Appendix K)

Medical Respite Provider Requirement	Provider Attestation of Compliance

• **Clinical monitoring and support** for members completing intensive outpatient treatment (e.g., dialysis, chemotherapy, complex wound care), including:
  ○ Monitoring the member's condition and treatment progress, as directed by discharge instructions and the member's clinical care plan
  ○ Transportation to and from treatment appointments
  ○ Communicating changes in the member's condition to the member's designated medical provider
  ○ Communicating with outside treating providers to follow up on any changes to the member's care plan
• Routine case conferencing between internal clinical and non-clinical providers
• Capacity to provide **more intensive medical treatment** onsite (e.g., complex wound care) to members who need it, or to support those members, including transportation, in getting the treatment from an outpatient provider partner
• **Before discharge, referral and transition to a primary care provider** or health home for every member determined to need MQD Level 3/4	

2. Medication Management **[Required]** The program has capacity to provide: • Access to long-acting injectable (LAI) antipsychotic prescribing by a psychiatrist, behavioral health NP, or PA practicing in psychiatry, onsite or through a formal partnership • Administration of medications, including LAI medications, onsite by qualified clinical staff, or support, including transportation, for members to receive LAI injections from an outpatient provider partner	Does your Medical Respite facility/program meet all components of this element? ☐ Yes ☐ No *How is this service delivered? (check all that apply)* ☐ Medical Respite program staff ☐ Formal partnership (contract, MOU, or other written agreement)

Community Integration Services Plus (CIS+)
Medical Respite Provider Attestation Form

(Appendix K)

Medical Respite Provider Requirement	Provider Attestation of Compliance
• Support from qualified clinical staff for members who self-administer medications, and monitoring of members receiving IV medications • Administration of IV medications by qualified clinical staff or an outpatient provider partner, onsite or at the partner's location	
3. Behavioral Health Care **[Required]** The program offers behavioral health care to every member, which may include screening, initial evaluation and short-term support, connection to ongoing community behavioral health services, referral to community substance use treatment (including recovery, harm reduction, and Medication for Addiction Treatment [also referred to as medication-assisted treatment, or MAT] programs), recovery-focused group education, and harm reduction education, supplies, and services. The program must have capacity to provide: • Onsite psychiatric medication management by a psychiatrist, behavioral health NP, or PA practicing in psychiatry. Telehealth satisfies this requirement only for a Medical Respite Provider located in a rural area with an approved waiver, as described in the most recent CIS+ Guidance Memo • Support, including transportation, for members to access other behavioral health services, such as MAT prescribing through a formal partnership, telehealth, or referral	Does your Medical Respite facility/program meet all components of this element? ☐ Yes ☐ No ☐ Rural waiver approved by Health Plan (attach approval) *How is this service delivered? (check all that apply)* ☐ Medical Respite program staff ☐ Formal partnership (contract, MOU, or other written agreement)

Department of Human Services
Med-QUEST Division

Community Integration Services Plus (CIS+)
Medical Respite Provider Attestation Form

(Appendix K)

Medical Respite Provider Requirement	Provider Attestation of Compliance
4. 24-Hour Program Staffing **[Required]** The program must provide: • Program staff onsite 24 hours a day, 7 days a week • At least one clinical staff member (licensed practical nurse [LPN] or higher) on every shift, trained to recognize and respond to changes in condition among higher-acuity members	Does your Medical Respite facility/program meet both requirements? ☐ Yes ☐ No Describe staffing on each shift (number and role of staff, including licensed clinical staff):
5. On-Call Medical Support **[Required]** The program must provide: • 24/7 access to a clinician (e.g., physician, NP, PA) who can advise program staff, reachable by call line or direct phone • A written protocol for assessing and managing a member's need for emergency department care	Does your Medical Respite facility/program meet both requirements? ☐ Yes ☐ No Describe how program staff reach a clinician after hours and attach the written protocol:

Department of Human Services
Med-QUEST Division

Community Integration Services Plus (CIS+)
Medical Respite Provider Attestation Form

(Appendix K)

Medical Respite Provider Requirement	Provider Attestation of Compliance
Does your Medical Respite facility/program meet all required elements in Table 3? ☐ Yes, the Medical Respite facility, program, and policies meet all required MQD Level 3/4 elements. ☐ No - if no, please describe:	

Part 7: Attestation

I hereby attest that the information provided in this form is accurate and complete under penalty of perjury. I understand that providing any false or misleading information may result in termination of my ability to provide CIS+ services, administrative penalties, and potential criminal charges. I attest the Medical Respite Provider does not engage in fraud, waste, or abuse, as defined in 42 CFR § 455.2 and CMS program integrity guidance, in delivering or billing for CIS+ Medical Respite services under the Hawai'i QUEST Integration Section 1115 Demonstration. If requesting eligibility for the MQD Level 3/4 payment rate, I further attest that the Medical Respite Provider meets all required elements in Part 6 and will notify MQD and contracted Health Plans within 30 days of any change that affects its ability to meet those requirements. After such a change, the Medical Respite Provider will bill only the MQD Level 1/2 rate until a Health Plan confirms it again meets the MQD Level 3/4 requirements, and will submit corrected claims at the MQD Level 1/2 rate to any affected Health Plan within thirty (30) days of its notice for any services delivered on or after the date of the change that were billed at the MQD Level 3/4 rate.

Medical Respite Provider authorized signatory name (print): _____

Medical Respite Provider authorized signatory position: _____

Signature: _____ Date: _____