DAVID Y. IGE
GOVERNOR

RACHAEL WONG, DrPH
DIRECTOR

PANKAJ BHANOT
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 6, 2015

Ms. Hye Sun Lee
Acting Associate Regional Administrator
Department of Health and Human Services
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)
San Francisco, California 94103-6706

Dear Ms. Lee:

Re: Submission of Hawaii's My Choice My Way Transition Plan

Pursuant to 42 C.F.R. 441.301(c)(B), the Department of Human Services (DHS), is submitting Hawaii's transition plan called "My Choice My Way", which describes how the DHS is in compliance with the regulation requirements for home and community-based setting at 42 C.F.R. 441.301(c)(4) and (5).

In addition, the My Choice My Way transition plan provides a summary of activities that the DHS has undergone to assure full and on-going compliance with the home and community-based setting requirements, with specific timeframes for identified actions and deliverables.

Please contact Ms. Patricia M. Bazin, Health Care Services Branch Administrator via e-mail at pbazin@medicaid.dhs.state.hi.us or call her at 808-692-8083 should you have any questions.

Sincerely,

Rachael Wong, DrPH
Director

Enclosures

Summary of Hawaii's "My Choice My Way" Transition Plan for
Centers for Medicare & Medicaid Services (CMS) Home and Community Based Services (HCBS) Rules

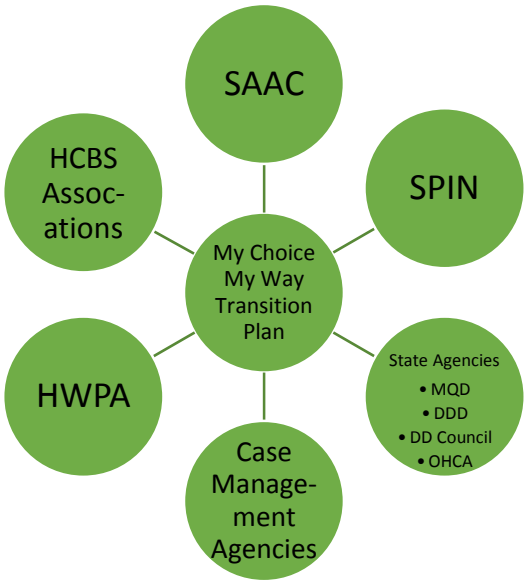
Summary of the CMS Home and Community Based Services Final Rule

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued new regulations that require home and community-based waiver services to be provided in community like settings. (See *www.medicaid.gov* and search for home and community based services for a copy of the regulations.) The new rules define settings and that are not community-like and after a transition period, those settings that do not meet the new rules cannot be used to provide federally-funded home and community based services (HCBS). The purpose of these rules is to ensure that people who receive home and community-based waiver services have opportunities to access the benefits of community living and receive services in the most integrated settings. States will be allowed a maximum of five years (until March 2019) to make the transition. Hawaii intends to implement its transition plan by July 2017.

The requirements for submitting a transition plan to CMS rest with the single-state Medicaid agency. In Hawaii, the Department of Human Services, Med-QUEST Division (MQD) has taken the lead for meeting the requirements for the transition plan. Hawaii proposes the My Choice My Way transition plan with the following time table and deliverables to come into compliance with CMS' revised HCBS rules.

Hawaii's "My Choice My Way" Advisory Group

Hawaii's transition plan is called "**My Choice My Way**." MQD convened an advisory group called My Choice My Way to develop Hawaii's transition plan. Self-Advocacy Advisory Council (SAAC participates on the My Choice My Way advisory group. At the formation of the group, SAAC chose the name, My Choice My Way, for the transition plan and advisory group.



The Department of Human Services (DHS) is partnering with various organizations in Hawaii that includes SAAC, Special Parent Information Network (SPIN), Department of Health, Developmental Disabilities Division (DDD), Office of Health Care Assurance (OHCA), State Council on Developmental Disabilities (DD Council), Case Management Agencies, Hawaii Waiver Provider Association (HWPA), Adult Foster Homes of the Pacific, and Big Island Adult Foster Home Operators. These organizations represent Medicaid waiver participants, waiver families, provider associations, advocates, other State agencies, and other stakeholders throughout this process to develop the plan, receive input, and assure that everyone has access to needed information to assist with transition activities. The organizational structure for the My Choice My Way advisory group is found to the right of this paragraph.

The MQD is committed to engaging with stakeholders through this process and looks forward to continuing to receive feedback. The outcome of this process will be that Medicaid waiver participants will receive services in a way that enables them to live and thrive in truly integrated community settings.

Summary of Hawaii's "My Choice My Way" Transition Plan for
Centers for Medicare & Medicaid Services (CMS) Home and Community Based Services (HCBS) Rules

The My Choice My Way advisory group had its first meeting in October 2014. This advisory group has met at least monthly to develop the transition plan, review the public comments, and incorporate public comments into the transition plan. The My Choice My Way advisory group will continue to meet for implementation of the transition plan.

Components of My Choice My Way transition plan

Hawaii's My Choice My Way transition plan is attached to this document (Attachment A). Below is a summary of the components of the transition plan.

Assessment (both residential and non-residential settings)

- Process for assessing and analyzing all HCBS settings for compliance
- Individuals who have access to HCBS will have an opportunity to participate in assessing their settings
- The assessment may be completed alone or with help from family/friends
- Case managers and service coordinator may help complete assessment as well
- Providers will be given an opportunity for self-assessment of their settings
- State agencies perform an analysis of both individual and provider assessments
- State agencies will perform validation assessments of providers
- State agencies perform mandatory site visits for all providers that offer services in a setting that may isolate
- Update transition plan based upon assessments

Remediation

- Modify State Statutes, Rules, Regulations, Standards, or Other Requirements to meet new HCBS rules
- Inform providers of room for improvement to meet rules based upon assessments
- State agencies submit justification for heightened scrutiny to CMS for settings that may isolate but are in fact HCBS and do not have the qualities of an institution, if applicable
- Develop operational procedures with providers to implement changes to meet new HCBS rules

Key Stakeholder Engagement and Public Comment

- Posted a public notice and conducted a comment period from December 16, 2014 to January 30, 2015 (Attachment B)
- Tribal consultation letter with draft transition plan was sent to Ke Ola Mamo on December 12, 2014 (Attachment C)
- Ke Ola Mamo did not provide comments on the transition plan to MQD
- Public Forum at Queen's conference center and at video teleconference sites on January 14, 2015
- Informational session twice a year: one for participants/families and one for providers. Informational settings will occur in January and July of each year.

Location of My Choice My Way Transition Plan

- Posted in the News and Events section (middle of the page) at www.med-quest.us (Attachment D)

Summary of Public Comments

MQD received public comment from a public forum as well as through its formal public comment period. Attached is a copy of the flyer that MQD posted on its website for the public forum (Attachment E). In addition, several organizations from the My Choice My Way advisory group distributed to their membership information about the forum to include SPIN, HWPA, DDD, MQD, and Case Management Agencies. MQD has copies of all of the public comments that we received for submission to CMS, if indicated. In addition, below is a summary of the public comments that MQD received since publishing its draft My Choice My Way transition plan as well as changes that MQD made to the transition plan based upon public comment.

Public Forum

- Approximately 200 individuals statewide attended the public forum to include in person and video teleconference (VTC) sites on the following islands: Hawai'i (one in Hilo and one in Kona), Kaua'i, Maui, Moloka'i, O'ahu (one in person and one VTC)
- The attendees included waiver participants, their families, providers to individuals receiving HCBS, state agencies that provide services to waiver participants, and other stakeholders
- The forum provided an overview of the HCBS rules and a summary of the draft transition plan. Attached is a copy of the presentation of the public forum (Attachment F). Afterwards the My Choice My Way advisory group (or panelists) answered questions from the attendees. The event was moderated by Hilopa'a, Hawaii's Family to Family Health Information Center
- For questions that were related to the transition plan, the panelists referred individuals to components of the My Choice My Way transition plan (i.e., process for assessments)
- Many of the questions were not related to the My Choice My Way transition plan

Summary of Public Comments

- MQD received public input from the public forum as well as four written comments: one stakeholder organization, two parents, and one provider association
- The My Choice My Way advisory group reviewed all of the public comments
- MQD has posted a question and answer on its website that responds to all of questions posed through public comment process
- My Choice My Way advisory group revised the transition plan to include additional steps to assure continued public input throughout implementation of the transition plan
- The timeframes for several functions were delayed by a month to allow increased public input
- Below is a table that provides information on the comment type, date received, comment summary, state response, and impact on transition plan

#	Comment Type	Date	Comment Summary	State Response	Impact on Transition Plan
1	Public Forum	1/14/15	Assure safety of individuals when they are making choices	The MQD understands this concern and will make changes to the transition plan to address it.	MQD updated the summary at the start of the transition plan that describes that the State of Hawaii will implement this plan in a manner that assures the health and

#	Comment Type	Date	Comment Summary	State Response	Impact on Transition Plan
					safety of the individuals receiving HCBS.
2	Public Forum	1/14/15	Assessments that have already been conducted remain part of their individual service plan (ISP)	The MQD understands this concern and will make changes to the transition plan to address it.	MQD updated the summary at the start of the transition plan to include that this transition plan does not replace previous assessments that an individual receiving HCBS may have had.
3	Public Forum	1/14/15	Questions about how assessments will be conducted	Questions were answered based upon information described in Section 1: Assessment- Residential Settings and Section 2: Assessment Non-Residential Settings of the transition plan.	No change to plan.
4	Public Forum	1/14/15	MQD did not provide adequate detail regarding the transition plan at the public forum	The information provided at the public forum in the slide show was at a high level to promote overall understanding by the community. The details of the transition plan are posted on the MQD website.	No change to plan.
5	Public Forum	1/14/15	Concern about the cost of implementing the transition plan and not reducing services to implement	The MQD understands this concern and will be aware of areas for increased costs through implementation of the transition plan.	No change to plan.
6	Public Forum	1/14/15	Assuring that providers have standards and training to implement the transition plan	Questions were answered based upon information described in #4 and #5 of Section 3: Remediation of the transition plan.	No change to plan.
7	Written Comment- Parent of individual receiving home and community based services	1/30/15	One parent expressed concern that offering choice may adversely affect the safety of the individual.	The MQD understands this concern and will make changes to the transition plan to address it.	MQD updated the summary at the start of the transition plan that describes that the State of Hawaii will implement this plan in a manner that assures the health and safety of the individuals receiving HCBS.

#	Comment Type	Date	Comment Summary	State Response	Impact on Transition Plan
8	Written Comment-Parent of individual receiving home and community based services	1/30/15	Parent described that previous assessments should not be disregarded in implementation of the transition plan.	The MQD understands this concern and will make changes to the transition plan to address it.	MQD updated the summary at the start of the transition plan to include that this transition plan does not replace previous assessments that an individual receiving HCBS may have had.
9	Written Comment-Provider to individuals receiving home and community based services	1/30/15	A provider expressed concern about the safety of allowing choices that adversely affect their client.	The MQD understands this concern and will make changes to the transition plan to address it.	MQD updated the summary at the start of the transition plan that describes that the State of Hawaii will implement this plan in a manner that assures the health and safety of the individuals receiving HCBS.
10	Written Comment-Stakeholder submission	1/30/15	In addition to member surveys, are there plans to conduct consumer and stakeholder focus groups?	Not at this time. The state does not have resources to conduct consumer and stakeholder focus groups statewide. However, the informational sessions described in Section 4: Key Stakeholder Engagement and Public Comment (#10) is an opportunity for consumers and stakeholders to provide feedback to the state.	No change to plan.
11	Written Comment-Stakeholder submission	1/30/15	Will the state conduct an additional session on the HCBS statewide transition plan? Are there future meetings planned?	No. However, the My Choice My Way transition plan Section 4: Key Stakeholder Engagement and Public Comment (#10 and #11) describes informational sessions with Waiver Participants, Families, and Advocates as well as informational sessions with providers. These informational sessions will be conducted twice a year to provide education as well as input into the development and implementation of home	No change to plan.

#	Comment Type	Date	Comment Summary	State Response	Impact on Transition Plan
				and community based services (HCBS) final rule.	
12	Written Comment-Stakeholder submission	1/30/15	How will the State follow-up with the public on comments it receives on its 14-page Transition Plan Draft? Does it intend to distribute a revised draft for public review, or will it just submit its final Plan to CMS?	The Department of Human Services (DHS) submitted its plan to the Centers for Medicare & Medicaid Services (CMS) after including public input into its draft transition plan on March 9, 2015. The CMS submission is posted on the Med- QUEST Division (MQD) website at www.med-quest.us.	No change to plan.
13	Written Comment-Stakeholder submission	1/30/15	How soon and how will the State make public all the deliverables?	All deliverables will be posted on the MQD website. In addition, MQD will send an e-mail to anyone interested in the My Choice My Way transition plan when the website is updated.	No change to plan.
14	Written Comment-Stakeholder submission	1/30/15	Is it the State's intent that consumers have to wait until the final Transition project so that c o n s u m e r s do not have to wait two years or more?	MQD has timelines outlined in the plan for completion of activities so that consumers do not have to wait two years for full implementation.	No change to plan.
15	Written Comment-Stakeholder submission	1/30/15	Will there be public comment into changes to rules and regulations?	Yes. The state will follow requirements for public comment when making changes to administrative rules.	No change to plan.
16	Written Comment-Stakeholder submission	1/30/15	People with disabilities and other stakeholders need to be involved before policies become final.	The MQD understands this concern and will make changes to the transition plan to address it.	MQD added #9 to the My Choice My Way transition plan Section 4: Key Stakeholder Engagement and Public Comment to address this suggestion.
17	Written Comment-Stakeholder submission	1/30/15	Prior to the Assessors being selected (step 3. In Plan), could the developed process for assessing and	The MQD understands this concern and will make changes to the transition plan to address it.	MQD added public comment as a step into #3 and #4 of the My Choice My Way transition plan Section 1: Assessment – Residential Setting and

#	Comment Type	Date	Comment Summary	State Response	Impact on Transition Plan
			analyzing the HCBS settings.		Section 2: Assessment-Non-Residential Setting.
18	Written Comment-Stakeholder submission	1/30/15	Will selected assessors include non-state employees?	Yes. Agencies that are part of the My Choice My Way advisory group will participate in the validations.	No change to plan.
19	Written Comment-Stakeholder submission	1/30/15	Will employed State case managers or State – contracted case managers being used as Assessors?	MQD will not use State case managers or State-contracted case managers to support the assessment process.	No change to plan.
20	Written Comment-Stakeholder submission	1/30/15	Is a multi-disciplined team that includes consumers under consideration for doing Assessments? If not, why not?	Consumers that receive a survey may request help from whomever they choose. This may include their multi- disciplinary team.	No change to plan.
21	Written Comment-Stakeholder submission	1/30/15	How will services provided in a person's home be assessed to ensure that such settings comply with the requirements for all settings, including person-centered planning and community access?	CMS focused its HCBS final rules on changes to both residential and non-residential settings. The final rules do not require going into individuals private homes to assure their final rules are enacted. However, the requirements surrounding person-centered planning will address community access.	No change to plan.
22	Written Comment-Stakeholder submission	1/30/15	How will additional resources needed by consumers (affordable housing, transportation, competitive employment) be addressed to support mandated changes, particularly for transitioning consumers changing LOC settings?	The state will develop these processes for addressing this question with public input through the assessment, remediation, and public comment phases of the My Choice My Way transition plan.	No change to plan.
23	Written Comment-	1/30/15	How will individual choice be supported for consumers in	The state will develop these processes for addressing this question with public	No change to plan.

#	Comment Type	Date	Comment Summary	State Response	Impact on Transition Plan
	Stakeholder submission		pursuit of competitive employment? DVR was not on the list of State department "partners".	input through the assessment, remediation, and public comment phases of the My Choice My Way transition plan.	
24	Written Comment-Stakeholder submission	1/30/15	How does the state intend to educate the physician network that treats these consumers of the mandated changes as they can play a significant role in LOC changes and/or needed resource decisions?	The State will develop these processes for addressing this question with public input through the assessment, remediation, and public comment phases of the My Choice My Way transition plan.	No change to plan.
25	Written Comment-Stakeholder submission	1/30/15	What is considered a reasonable statistical sample of consumers that will receive surveys and how will that selected percentage of consumers be assured to respond?	MQD is in the process of compiling the number of individuals receiving services in a residential and non-residential setting to determine the representative sample size. MQD and the Department of Health (DOH), Developmental Disabilities Division (DDD) will compile a team of DDD case managers and health plan service coordinators to reach out to individuals who have been sent a survey to offer assistance in completing the surveys. MQD and DDD anticipate that will help with completion of the surveys, the response rate will be higher.	No change to plan.
26	Written Comment-Stakeholder submission	1/30/15	How will the State assure that the sample size of consumers contacted will be the actual individuals who complete the survey (rather than	MQD and the Department of Health (DOH), Developmental Disabilities Division (DDD) will compile a team of DDD case managers and health plan service coordinators to reach out to individuals who have been sent a survey to offer	No change to plan.

#	Comment Type	Date	Comment Summary	State Response	Impact on Transition Plan
			family, case workers, or their care home operators)?	assistance in completing the surveys. MQD and DDD anticipate that will help with completion of the surveys, the response rate will be higher.	
27	Written Comment-Stakeholder submission	1/30/15	How will the final list of community providers with category settings 1-4 be communicated to the public? How will that list be maintained and who/what department will be responsible for its accuracy? Can individuals comment on it?	DHS (in the MQD) will be the primary department responsible for maintain this list, though DOH (in the DDD) will have responsibilities to update it as well. The state has a process for providing information into all aspects of implementation of the transition plan.	MQD will release this list for public input (see #2 of Section 3: Remediation).
28	Written Comment-Stakeholder submission	1/30/15	Will members, families and disability advocates be involved in the development of the Provider Self-Assessment tool?	The MQD understands this concern and will make changes to the transition plan to address it.	The provider survey (both residential and non-residential) went out for public comment on March 3, 2015 with a response date by March 17, 2015.
29	Written Comment-Stakeholder submission	1/30/15	How will the state determine whether to submit evidence about a presumptively non-HCBS setting to CMS for consideration through the "heightened scrutiny" process?	Through assessment and public input. See #17 of the My Choice My Way transition plan Section 1: Assessment- Residential Setting and Section 2: Assessment- Non-Residential Setting.	No change to plan.
30	Written Comment-Stakeholder submission	1/30/15	How will the State deal with provider settings that might need to be removed from the HCBS programs if they cannot meet the standards of the new	The state will develop these processes for addressing this question with public input through the assessment, remediation, and public comment phases of the My Choice My Way transition plan.	No change to plan.

#	Comment Type	Date	Comment Summary	State Response	Impact on Transition Plan
			regulation? Will the Category 3 and 4 settings be monitored differently than how they are currently?		
31	Written Comment-Stakeholder submission	1/30/15	Will corrective action plans for non-compliant providers change from that which is currently used?	Until Hawaii Administrative Rules are changed to align with the My Choice My Way transition plan, the corrective action plans (CAP) for providers will remain as they are currently. The CAPs for changes to comply with My Choice My Way will be in addition to or separate from their current CAPs.	No change to plan.
32	Written Comment-Stakeholder submission	1/30/15	What is the appeals and grievance processes for providers that disagree with a finding?	The state will develop these processes for addressing this question with public input through the assessment, remediation, and public comment phases of the My Choice My Way transition plan.	No change to plan.
33	Written Comment-Stakeholder submission	1/30/15	Who is responsible for monitoring non-compliant settings and are there timeframes and benchmarks in place for measuring level of compliance improvements? How will this information be made public?	The state will develop these processes for addressing this question with public input through the assessment, remediation, and public comment phases of the My Choice My Way transition plan.	No change to plan.

Information on My Choice My Way Transition Plan

Individuals may continue to obtain information on Hawaii's My Choice My Way transition plan or submit questions or comments to:

- Website: www.med-quest.us (News and Events Section- see Attachment D
- Email: mychoicemyway@medicaid.dhs.state.hi.us
- Mailing address: Department of Human Services, Med-QUEST Division
  Attention: Health Care Services Branch
  P.O. Box 700190
  Kapolei, Hawaii 96709-0190
- Telephone: 808-692-8094
- Fax: 808-692-8087

Attachment A

HAWAII MY CHOICE MY WAY STATEWIDE TRANSITION PLAN FOR HOME AND COMMUNITY BASED SERVICES (HCBS)

The State of Hawaii has prepared this statewide transition plan in accordance with the new Home and Community Based Services (HCBS) regulations in 42 CFR Section 441.301(c)(4)(5) and Section 441.710(a)(1)(2). This plan addresses settings where home and community based services are provided through the Med-QUEST Division's QUEST Integration program and the 1915(c) waiver for persons with intellectual/developmental disabilities. Hawaii's plan outlines the activities to be undertaken by the State in partnership with the individuals who receive home and community based services, their families, friends, advocates, providers, and other stakeholders. The State of Hawaii will implement this plan in a manner that assures the health and safety of the individuals receiving HCBS. In addition, this transition plan does not replace previous assessments that an individual receiving HCBS may have had. The plan is organized into three sections: Assessment, Remediation, and Stakeholder Engagement/Public Input. Action steps, timeframes and the products of the steps are included with each area of the HCBS Plan.

Section 1: Assessment- Residential Settings

This area focuses on two key areas: 1) a system-level analysis of the State's regulations, standards, policies, licensing requirements, and other provider requirements that ensure settings to ensure full and on-going compliance with the federal requirements; and 2) an analysis of settings where HCBS are delivered to assess readiness to meet the federal regulations. The Assessment Phase employs a number of strategies to fully assess and determine compliance

#	Action Item	Description	Proposed Start Date	Proposed End Date	Responsible Agency(s)	Key Stakeholders	Sources or Documents	Outcome
Assessment Activities								
1	Review State Statutes, Rules, Regulations, Standards, or Other Requirements	State will review current statutes, rules, regulations, standards, or other requirements to identify any needed changes for full compliance with the HCBS settings requirements.	10/17/14	04/01/15	DOH-OHCA, DHS-DDD, DOH-DDD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HRS, HAR, Waiver Standards, contracts, HCBS rules, CMS guidance	Identified areas where current language needs to be strengthened or revised for full compliance with the HCBS settings requirements.
2	Compile list of all licensed homes where HCB services are provided (residential only)	Build database with information on every home that provides HCB services: • Provider name; • Address; • Numbers of participants;	01/01/15	01/30/15	DOH-OHCA DOH-DDD	My Choice My Way team are the decision makers on the factors to gather	DOH-DDD-OCB, DOH-DDD-CMB, DOH-OHCA	Obtain comprehensive list of all licensed homes

		• Names of HCBS participants by setting; • Other						
3	Develop Process for Settings Analysis and Identify the Assessors	My Choice My Way workgroup advises State on development of the process for assessing and analyzing all HCBS settings. Workgroup develops a matrix for determining settings for on-site review in addition to the mandatory Category 3 settings. State is responsible for identifying assessors of selected sites. The public will have input into the process for setting analysis.	03/01/15	04/30/15	DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	Written process and training module for assessor. Share process and tools with providers.
4	Develop the Settings Analysis Tool	The tool will assist in identifying current settings and classifying them into categories: • *Category 1*- Yes, meets requirements • *Category 2*- Not Yet, can meet with remediation • *Category 3*- Not yet, presumed not HCBS but State will require heightened scrutiny • *Category 4*- No, does not meet requirements • The public will have input into the setting analysis tool.	03/01/15	04/30/15	DHS-MQD	Providers	HCBS rules, CMS guidance	Share tool with providers.
5	Revise transition plan to include assessment	Transition plan will be updated to incorporate information found from assessment of	11/01/15	12/31/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN,	HCBS rules, CMS guidance	Remediation phases of transition plan are updated to

	information as described below	providers and participants/consumers. Stakeholders will review transition plan for input.				DHS, OHCA, DOH-DDD, DD Council, Providers		include additional information gathered from assessments.
Participants/Consumers								
6	Develop the Participant/ Consumer Experience Survey	HCBS participants and consumer advocacy entities will receive the survey. The survey will provide the participant/consumer the opportunity to report their experience with their current HCBS settings. Survey will: - Formatted in larger font size (i.e., 18 point); - Include pictures; - Plain language; and - Reading level; and - Referred to SAAC for input prior to issuing.	01/01/15	02/01/15	DHS-MQD	Participants, families, SAAC, SPIN DD Council	Crosswalk document of NCI and HCBS Rule. Other states' surveys and CMS exploratory questions	A draft copy of the survey is submitted as a component of the transition plan.
7	Select a Statistically Significant Sample of HCBS Participants	State will select a statistically significant sample of HCBS Participants who live in provider-owned or controlled settings to complete the Consumer Experience Survey	02/01/15	02/28/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN	Compiled database (Assess-ment #2)	Identify a statistically significant sample of HCBS participants residing in provider-owned or -controlled settings.
8	Conduct a Participant/ Consumer Experience Survey	State will conduct an assessment using the Participant Experience Survey: • Identify organization(s) that help participant/consumer complete survey (i.e., Case	04/01/15	05/31/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN DD Council	HCBS rules, CMS guidance	Identified current level of compliance with the HCBS settings requirements.

		Management Agencies, DDD Case Managers, DD waiver agencies that do not provide residential services); • Utilize family members who have active contact with their relative to interpret the needs/experiences of non-verbal participants/consumers; • Ask SAAC to complete the survey; • Instructional information when issuing; • Post form on-line (and through survey monkey) to download in addition to mailing; • Contact information for questions- e-mail and voice mail; • Self-addressed envelope to return to DHS-MQD; and • Fax # to send back.						Identified settings for remediation.
9	Participant Survey-Training for Organizations	Training provided to organizations to help participants complete survey.	03/01/15	03/31/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	Individuals assessing providers for compliance with HCBS settings will have training.
10	Analysis of Participant/Consu	State will perform an analysis that confidentially matches providers with their	06/1/15	07/31/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN	HCBS rules, CMS guidance	Identified current level of compliance with the HCBS

	mer Experience Survey	participants/consumers to verify if assessments are accurate.				DD Council		settings requirements. Identified settings for remediation.
Providers								
11	Develop the Provider Self-Assessment Survey	The survey will assist in identifying provider readiness and classifying them into categories identified in Assessment #4. The public will have input into the provider survey.	01/01/15	03/31/15	DHS-MQD	Providers	HCBS rules, CMS guidance	A draft copy of the survey is submitted as a component of the transition plan.
12	Identify providers who will complete Self-Assessment Survey	All providers will be given the opportunity to complete the Provider Self-Assessment Survey Tool	02/01/15	02/28/15	DOH-DDD, DHS-MQD	Providers	Compiled database (Assess-ment #2)	Identify providers to complete assessment.
13	Conduct a Provider Self-Survey	Providers will conduct a self-assessment of settings using the Provider Survey: • Instructional memo prior to issuing; • Post form on-line to download in addition to mailing; • Add the survey to "survey monkey" for completion electronically; • Contact information for questions- e-mail and voice mail; and • Fax # to send back.	04/01/15	05/31/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	Providers will be given the opportunity to complete the assessment.
14	Analysis of Participant/Consu mer Experience	State will perform an analysis that confidentially matches providers with their	06/1/15	07/31/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN	HCBS rules, CMS guidance	Identified current level of compliance with the HCBS

	and Provider Surveys	participants/consumers to verify if assessments are accurate.				DD Council		settings requirements. Identified settings for remediation.
15	Provider Survey-Training for Assessors	Training provided to assessors who will conduct validation of provider surveys. State will contact University of Hawaii, Centers for Disability Studies (CDS) to identify if they can support performing provider validation surveys.	07/01/15	07/31/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	Individuals assessing providers for compliance with HCBS settings will have training to complete this task.
16	Validate the Provider Self-Survey	State staff or designee will conduct a validation review to confirm findings in the provider survey and aggregate data. State identifies providers for remediation.	08/01/15	10/31/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	Providers are categorized. Identified current level of compliance with the HCBS settings requirements. Identified providers for remediation and initiate corrective action plan.
17	Conduct Mandatory Site Visits for Category 3 and 4 Settings	State will perform a mandatory site visit to facilitate the heightened scrutiny process. Results of the mandatory site visits will undergo public input prior to submission to CMS.	08/01/15	10/31/15	DOH-DDD will be responsible for settings where waiver participants reside. DHS-MQD will be responsible	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	State shall plan to provide justification of how the setting meets HCBS settings requirements.

					for settings where 1115 participants reside.			

Section 2: Assessment- Non-Residential Settings

This area focuses on two key areas: 1) a system-level analysis of the State's regulations, standards, policies, licensing requirements, and other provider requirements that ensure settings to ensure full and on-going compliance with the federal requirements; and 2) an analysis of settings where HCBS are delivered to assess readiness to meet the federal regulations. The Assessment Phase employs a number of strategies to fully assess and determine compliance

#	Action Item	Description	Proposed Start Date	Proposed End Date	Responsible Agency(s)	Key Stakeholders	Sources or Documents	Outcome
Assessment Activities								
1	Review State Statutes, Rules, Regulations, Standards, or Other Requirements	State will review current statutes, rules, regulations, standards, or other requirements to identify any needed changes for full compliance with the HCBS settings requirements.	10/17/14	04/01/15	DOH-OHCA, DHS-DDD, DOH-DDD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, HWPA, Providers	HRS, HAR, Waiver Standards, contracts, HCBS rules, CMS guidance	Identified areas where current language needs to be strengthened or revised for full compliance with the HCBS non-residential settings requirements.
2	Compile list of all non-residential settings where HCB services are provided (non-residential only)	Build database with information on every settings that provides HCB services: • Provider name; • Address; • Numbers of participants; • Names of HCBS participants by setting; • Other	01/01/15	01/30/15	DOH-OHCA DOH-DDD	My Choice My Way team are the decision makers on the factors to gather	DOH-DDD-OCB, DOH-DDD-CMB, DOH-OHCA	Obtain comprehensive list of all HCB non-residential settings
3	Develop Process for Settings Analysis and Identify the Assessors	My Choice My Way workgroup advises State on development of the process for assessing and analyzing	03/01/15	04/30/15	DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA,	HCBS rules, CMS guidance	Written process and training module for assessor. Share

		all HCBS settings. Workgroup develops a matrix for determining settings for on-site review in addition to the mandatory Category 3 settings. State is responsible for identifying assessors of selected sites. The public will have input into the process for setting analysis.				DOH-DDD, DD Council, Providers		process and tools with providers.
4	Develop the Settings Analysis Tool	The tool will assist in identifying current settings and classifying them into categories: • *Category 1*- Yes, meets requirements • *Category 2*- Not Yet, can meet with remediation • *Category 3*- Not yet, presumed not HCBS but State will require heightened scrutiny • *Category 4*- No, does not meet requirements • The public will have input into the setting analysis tool.	03/01/15	04/30/15	DHS-MQD	Providers	HCBS rules, CMS guidance	Share setting analysis tools with providers.
5	Revise transition plan to include assessment information as described below	Transition plan will be updated to incorporate information found from assessment of providers and participants/consumers.	11/01/15	12/31/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD,	HCBS rules, CMS guidance	Remediation phases of transition plan are updated to include additional

		Stakeholders will review transition plan for input.				DD Council, Providers		information gathered from assessments.
Participants/Consumers								
6	Develop the Participant/ Consumer Experience Survey	HCBS participants and consumer advocacy entities will receive the survey. The survey will provide the participant/consumer the opportunity to report their experience with their current HCBS settings. Survey will: - Formatted in larger font size (i.e., 18 point); - Include pictures; - Plain language; and - Reading level; and - Referred to SAAC for input prior to issuing.	01/01/15	02/28/15	DHS-MQD	Participants, families, SAAC, SPIN DD Council	Crosswalk document of NCI and HCBS Rule. Other states' surveys and CMS exploratory questions	A draft copy of the survey is submitted as a component of the transition plan.
7	Select a Statistically Significant Sample of HCBS Participants	State will select a statistically significant sample of HCBS Participants who receive HCBS to complete the Consumer Experience Survey	02/01/15	02/28/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN	Compiled database (Assessment #2)	Identify a statistically significant sample of HCBS participants receiving HCBS.
8	Conduct a Participant/ Consumer Experience Survey	State will conduct an assessment using the Participant Experience Survey: • Identify organization(s) that help	04/01/15	05/31/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN DD Council	HCBS rules, CMS guidance	Identified current level of compliance with the HCBS non-residential settings

		participant/consumer complete survey (i.e., Case Management Agencies, DDD Case Managers); • Utilize family members who have active contact with their relative to interpret the needs/experiences of non-verbal participants/consumers; • Ask SAAC to complete the survey; • Instructional information when issuing; • Post form on-line (and through survey monkey) to download in addition to mailing; • Contact information for questions- e-mail and voice mail; • Self-addressed envelope to return to DHS-MQD; and • Fax # to send back.						requirements. Identified settings for remediation.
9	Participant Survey-Training for Organizations	Training provided to organizations to help participants complete survey.	03/01/15	03/31/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	Individuals assessing providers for compliance with HCBS rules will have training.

10	Analysis of Participant/ Consumer Experience Survey	State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate.	06/1/15	07/31/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN DD Council	HCBS rules, CMS guidance	Identified current level of compliance with the HCBS rules requirements. Identified settings for remediation.
Providers								
11	Develop the Provider Self-Assessment Survey	The survey will assist in identifying provider readiness and classifying them into categories identified in Assessment #4. The public will have input into the provider survey.	01/01/15	03/31/15	DHS-MQD	Providers	HCBS rules, CMS guidance	A draft copy of the survey is submitted as a component of the transition plan.
12	Identify providers who will complete Self-Assessment Survey	All providers will be given the opportunity to complete the Provider Self-Assessment Survey Tool	02/01/15	02/28/15	DOH-DDD, DHS-MQD	Providers	Compiled database (Assessment #2)	Identify providers to complete assessment.
13	Conduct a Provider Self-Survey	Providers will conduct a self-assessment of settings using the Provider Survey: • Instructional memo prior to issuing; • Post form on-line to download in addition to mailing; • Add the survey to “survey monkey” for	04/01/15	05/31/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	Providers will be given the opportunity to complete the assessment.

		completion electronically; • Contact information for questions- e-mail and voice mail; and • Fax # to send back.						
14	Analysis of Participant/ Consumer Experience and Provider Surveys	State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate.	06/1/15	07/31/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN DD Council	HCBS rules, CMS guidance	Identified current level of compliance with the HCBS non-residential settings requirements. Identified settings for remediation.
15	Provider Survey-Training for Assessors	Training provided to assessors who will conduct validation of provider surveys. State will contact University of Hawaii, Centers for Disability Studies (CDS) to identify if they can support performing provider validation surveys.	07/01/15	07/31/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	Individuals assessing providers for compliance with HCBS rules will have training to complete this task.
16	Validate the Provider Self-Survey	State staff or designee will conduct a validation review to confirm findings in the provider survey and aggregate data. State identifies providers for remediation.	08/01/15	10/31/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	Providers are categorized. Identified current level of compliance with the HCBS rules requirements. Identified providers for

								remediation and initiate corrective action plan.
17	Conduct Mandatory Site Visits for Category 3 and 4 Settings	State will perform a mandatory site visit to facilitate the heightened scrutiny process. Results of the mandatory site visits will undergo public input prior to submission to CMS.	08/01/15	10/31/15	DOH-DDD will be responsible for the settings where waiver participants receive services. DHS-MQD will be responsible for the settings where 1115 participants receive services. Where services are provided to waiver and 1115 participants, DOH-DDD and DHS-MQD will be perform a	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	State shall plan to provide justification of how the setting meets HCBS non-residential settings requirements.

					joint site visit.			

Section 3: Remediation								
The State must include remediation activities with timeframes for completion and the process for monitoring to assure that milestones are met as Hawaii moves toward full compliance with the HCBS Rule. Remediation will include revise administrative rules, provider standards, and training to assure compliance with revisions.								
#	**Action Item**	**Description**	**Proposed Start Date**	**Proposed End Date**	**Responsible Person(s)**	**Key Stakeholders**	**Sources or Documents**	**Outcome**
1	Modify State Statutes, Rules, Regulations, Standards, or Other Requirements	State modifies statutes, rules, regulations, standards, or other requirements to identify any needed change for full compliance with the HCBS settings requirements.	06/01/15	06/01/17	DOH-OHCA, DHS-MQD, DOH-DDD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	State statutes, rules, regulations, standards, contracts, or other requirements are revised and are in full compliance with the HCBS rules requirements.
2	Issue Provider Remediation Action Letter	State provides report to each provider with settings that require remediation and works with providers to develop site-specific, as well as provider-wide, action plans to achieve full compliance. This process includes: • Template letter for remediation; • Corrective action format; and • A copy of the provider agencies' corrective action requirements will be released for public input.	11/01/15	12/31/15	DHS-MQD, DOH-DDD	Providers		Providers review the remediation requirements and develop a corrective action plan to meet the HCBS rules requirements.

3	Justify Category 3 Settings through a Heightened Scrutiny Process	State provides justification that the setting that is presumed not to be HCBS is in fact HCBS and does not have the qualities of an institution, if applicable. Submits justification to CMS for review/approval.	07/01/15	12/31/15	DHS-MQD, DOH-DDD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers		CMS accepts Hawaii's justification of category 3 settings.
4	Develop operational procedures for compliance with revised State statutes, rules, regulations, standards, or other requirements	Identify areas within modified statutes, rules, regulations, standards, or other requirements that need changes to operational procedures for full compliance with the HCBS settings requirements. • *Category 1*- Use their operational practices as a guide for other providers for developing remediation • Assure that operational protocols provide guidance to the caregivers related to the change in regulations.	01/01/16	06/30/16	DOH-OHCA, DHS-MQD, DOH-DDD Providers Participants, families, SAAC, SPIN	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	Operational procedures are developed for providers to follow to meet State statutes, rules, regulations, standards, contracts, or other requirements and are in full compliance with the HCBS rules requirements.
5	Train providers on revised operational procedures	State will train providers on operational procedures to meet compliance with the HCBS settings requirements. This training will include "train the trainer" components for ongoing training.	07/01/16	08/31/16	DHS-MQD, DOH-DDD	Providers	HCBS rules, CMS guidance	Providers understand operational procedures to meet full compliance with the HCBS rules requirements.
6	Develop Standard Remediation Requirements	State develops standard remediation requirements for each element of the survey where non-compliance noted (a	07/01/16	08/31/16	DHS-MQD, DOH-DDD	Providers	DOH-DDD Provider review template	Providers will have clear instructions on how to remediate

		"no" response on the Provider or Participant/Consumer Self-Assessment Survey).					for some examples	the issues of non-compliance
7	Issue Updated Provider Remediation Action Letter	Reports to be provided annually and on an ongoing basis to assess that those provider settings are in compliance.	09/01/16	Ongoing	DHS-MQD, DOH-DDD	Providers		Providers will have feedback on their status of remediating non-compliance.
8	Provider Oversight and Monitoring	State will provide oversight over the providers during the remediation period by: • Verifying that the provider accepted the corrective action plan and provides the State with a remediation action plan; • Monitoring providers by performing onsite compliance reviews annually; and • Tracking remediation efforts.	09/01/16	Ongoing	DHS-MQD, DOH-DDD			Assure providers maintain compliance with statutes, rules, regulations, standards, contracts, or other requirements.
9	Provider Qualifications for New Enrollees	New prospective providers will receive information and technical assistance on HCBS settings requirements.	11/07/14	Ongoing	DOH-OHCA DOH-DDD			Provider is in full compliance with the HCBS rules requirements prior to providing services once requirements are enacted in HRS and HAR.

	Section 4: Key Stakeholder Engagement and Public Comment							
	Hawaii will use a transparent and robust stakeholder engagement process to provide information and gather input throughout the process of developing the transition plan and its implementation. Stakeholders were included on the My Choice My Way workgroup and are instrumental in developing the action steps, timeframes, and outcomes. DHS-MQD will announce the 30-day public comment period through website, newspaper, and public forum. DHS-MQD will retain all comments for future review.							
	Action Item	**Description**	**Proposed Start Date**	**Proposed End Date**	**Responsible Person(s)**	**Key Stakeholders**	**Sources or Documents**	**Outcome**
1	Announcement of Public Comment Period	Post the announcement in at least two forms. • One will be public notice in newspapers. • One will be public forum at Queen's conference center. Recommend press release to Director's office	12/16/14	01/30/15	DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	Transition plan supporting documentation	DHS-MQD obtains comments from stakeholders on its proposed transition plan.
2	Tribal council requirements	Assure that tribal council requirements are met	12/12/14	01/15/15	DHS-MQD	Ke Ola Mamo	Tribal consultation letter and draft transition plan	DHS-MQD obtains comments from Ke Ola Mamo on its proposed transition plan.
3	Posting on website	My Choice My Way will determine website where documents will be posted for review by public. Websites include: • DHS/MQD • DOH/DDD • SPIN (both website and Facebook page) • SAAC (Facebook page)	11/14/14	Ongoing	DOH-DDD, DHS-MQD, DD council, SAAC, SPIN	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	Transition plan Supporting documentation	Documents posted and updated as needed. Links developed so users can easily reach the site where documents are located.

4	Develop summary of transition plan	Develop summary of transition plan document for communication to: • Participants/consumers/ families: o Formatted in larger font size (i.e., 18 point); o Include pictures; o Plain language; o Reading level; and o Referred to SAAC for input prior to issuing. • Providers	12/08/14	01/07/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	Summary of Transition plan	The Summary of Transition plan will be modified to a document that can be used in training and education.
5	Public Forum	My Choice My Way shares the transition plan with stakeholders in a public forum (Statewide) to provide information and answer questions. • Queen's conference center • Include ASL interpreter • Include amplifying devices, as needed	01/14/15	01/14/15	My Choice My Way workgroup	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	Transition plan Supporting documentation	DHS-MQD provides information to the public on the transition plan and is able to address questions from the community.
6	Compile and Retain Public Comments	State will compile and summarize all comments and retain all public input per CMS requirements,	01/30/15	ongoing	DHS-MQD			Submit Comments summary document with Transition Plan to CMS
7	Revise Transition Plan as needed based on public comments	Based on public comments, the state may revise the statewide transition plan to address comments.	02/01/15	03/15/15	My Choice My Way workgroup	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD	Comments from transition plan and supporting documents	Statewide Transition Plan revised as needed or additional evidence/ rationale for state's decision

						Council, Providers		if contrary to public comment.
8	Develop communication channels for stakeholders	Establish communication procedures, including by email and phone, for stakeholders to get questions answered with Frequently Asked Questions document compiled. • Set up My Choice My Way e-mail e-mail account • Determine one telephone number to call with questions • One primary way to receive comments • Compile Q&A for posting on websites identified in #2 above	11/14/14	2/15/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers		Mechanisms in place for responding to stakeholder questions, and compiling Frequently Asked Questions.
9	Assure public input into all aspects of the process of implementing HCBS rules	Establish mechanism to obtain input through the process of implementation of the HCBS rules. • Develop e-mail list of individuals interested in implementation of the HCBS rules • Provide updates to individuals as opportunities to provide public comment occur • Maintain updated information on the Med-QUEST Division website	2/2/15	Ongoing	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers, other stakeholders		Mechanisms in place for obtaining public input throughout the process of implementing the HCBS rules.

		throughout implementation of the HCBS rules • Provide public input by: o Email: mychoicemyway@medicaid.dhs.state.hi.us o Mail: Department of Human Services, Med-QUEST Division Attention: Health Care Services Branch P.O. Box 700190 Kapolei, Hawaii 96709-0190 o Telephone: 808-692-8094 o Fax: 808-692-8087						
10	Information sessions with Waiver Participants, Families, and Advocates	State and its partners will conduct informational sessions with waiver participants, families, and advocates that include in-person, webinar sessions, and written information: • Understanding the final rule and how it may or may not effect waiver services; • Overview of Hawaii's Proposed HCBS Transition Plan and how it will guide the path forward toward full compliance; and • Encourage participation during periods of public input.	01/22/15 (Forum at SAAC Member-ship Meeting) Every 6 months 07/2015 01/2016 07/2016 01/2017 07/2017 01/2018 07/2018 01/2019	01/2019	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	On an ongoing basis, those affected by the revised HCBS setting rules will have an opportunity to receive updated information.

11	Information sessions with Providers	State will conduct informational sessions, training and technical assistance opportunities for providers. Provider training and technical assistance include in-person, webinar sessions, and written information: • Understanding the final rule and how it may or may not effect waiver provider services • Overview of Hawaii's Proposed HCBS Transition Plan and how to achieve and maintain full compliance • Encourage participation during periods of public input. Organizations that have expressed interest include: • Case Management Agencies • Community Care Foster Family Home Association(s) • Hawaii Waiver Providers Association (HWPA) • Adult Residential Care Home Association(s)	Every 6 months 07/2015 01/2016 07/2016 01/2017 07/2017 01/2018 07/2018 01/2019	01/2019	DOH-DDD, DHS-MQD		HCBS rules, CMS guidance	On an ongoing basis, providers will have an opportunity to receive updated information on HCBS rules.

Acronyms			
CMS	Centers for Medicare & Medicaid Services	HCBS	Home and Community Based Services
CMB	Case Management Branch, DDD	HRS	Hawaii Revised Statutes

CTA	Community Ties of America, Inc.	HWPA	Hawaii Waiver Provider Association
DOH	Department of Health	My Choice My Way advisory group	Group of individuals representing SAAC, SPIN, HCBS associations, HWPA, DOH-DDD, DD Council, DOH-OHCA, and DHS-MQD
DDD	Developmental Disabilities Division	MQD	Med-QUEST Division
DD Council	Hawaii State Council on Developmental Disabilities	OHCA	Office of Health Care Assurance
DHS	Department of Human Services	SAAC	Self-Advocacy Advisory Council
HAR	Hawaii Administrative Rule	SPIN	Special Parent Information Network

Attachment A

Persons Receiving Residential Services Survey

Do you live with a caregiver? YES ☐ NO ☐
How many other people with disabilities do you live with?
Date you did this survey:
Who helped you complete this survey?
Relationship:

This survey will help us understand what it is like to live in your home. We want to hear about your services and how they help you to be independent, make decisions and choices.

Things to **THINK** about when you are doing this survey:

1. Think about where you **LIVE.**
2. Tell us what it is like living in your **HOME.**
3. Tell us about the **CHOICES** you get to make.
4. Check the box to answer **YES** or **NO** to the questions.
5. If someone is helping you with this survey, think about whether you have the **RIGHT or CHOICE** to do the activities.

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		YES	NO
CHOICE			
1. Where I live	a. Did you pick where you live?	☐	☐
	b. Did you visit other places before you picked where you live now?	☐	☐
	c. Do you have an agreement in writing for where you live?	☐	☐
	d. Do you know your rights in regards to your agreement?	☐	☐
	e. Do you have your own room?	☐	☐
	f. If you share a room, did you choose your roommate?	☐	☐
	g. Do you decorate your room with your favorite things?	☐	☐
	h. Do you pick the clothes you want to wear?	☐	☐
2. Going out	a. Do you go out?	☐	☐
	b. Do you pick how often you go out?	☐	☐
	c. Do you pick what you do?	☐	☐
	d. Do you pick who goes with you?	☐	☐
3. Schedule	a. Do you pick the times you get up and go to bed?	☐	☐
	b. Can you take a bath when you want?	☐	☐
	c. Do you choose when you eat?	☐	☐
	d. Can you pick the time you watch TV?	☐	☐
	e. Do you talk on the phone when you want?	☐	☐
	f. Can go on the computer when you want?	☐	☐
4. Meals & Snacks	a. Do you pick what you want to eat?	☐	☐
	b. Do you pick where you sit to eat?	☐	☐
	c. Do you pick who you eat with?	☐	☐

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		YES	NO
5. Person-Centered Plan	a. Do you attend your Person-Centered Planning meetings?	☐	☐
	b. Do you pick the time, place, and who attends your meeting?	☐	☐
	c. Do you get to be in charge of your own meeting?	☐	☐
6. Caregiver	a. Do you pick who helps you?	☐	☐
	b. Do you know you have the right to ask for a new caregiver?	☐	☐
	c. Do you know who to ask if you want a new caregiver?	☐	☐
PRIVACY			
7. Inside your home	a. Do you have a key to your home?	☐	☐
	b. Can you close and lock the bedroom door?	☐	☐
	c. Do you have a key to your bedroom?	☐	☐
	d. Can you close and lock the bathroom door?	☐	☐
	e. Do staff and other residents knock and ask your permission to enter your bedroom or bathroom?	☐	☐
	f. If you need personal assistance, is your care done in private?	☐	☐
	g. Do you feel that the caregiver keeps your personal and health information private?	☐	☐
	h. Does staff talk about you in front of other people?	☐	☐
	i. Does staff talk about other people in front of you?	☐	☐
	j. Is there a place for you to meet in private with your family and friends?	☐	☐

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		YES	NO
	k. Is the telephone, computer or other device in a spot where you can have privacy?	☐	☐
DIGNITY & RESPECT			
8. Respect	a. Does your staff say hello and use your name?	☐	☐
	b. Does your staff talk to you with respect?	☐	☐
	c. Does your staff use words that you can understand when they talk to you?	☐	☐
9. Free from being bullied or intimidated	a. Do you feel that people listen to you if you talk about your concerns?	☐	☐
	b. Do you know what to do if you have a problem with your caregiver or service?	☐	☐
	c. Do you know that your complaint is anonymous?	☐	☐
ACCESS			
10. Inside your home	a. Can you get around your home safely?	☐	☐
	b. Are there ramps, wide doorways or hallways to help you get around the home?	☐	☐
	c. Are there any gates, Velcro strips, locked doors, or other things that stop you from going in or out of some places?	☐	☐
	d. Do you use the kitchen when you want?	☐	☐
	e. Are there locks or straps on the refrigerator or cabinets that make it hard to get a snack or a drink when you want?	☐	☐
	f. Do you get scolded for getting a snack or drink when you want?	☐	☐

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		YES	NO
	g. Do you use the washer and dryer when you want?	☐	☐
	h. Do you have lots of visitors in your home?	☐	☐
	i. Are there certain hours visitors can spend time with you?	☐	☐
	j. Does your home have internet connection that you can use?	☐	☐
11. Outside your home	a. Is your home near other houses, stores, and businesses?	☐	☐
	b. Do you know your neighbors?	☐	☐
	c. Do people greet you or say hello to you?	☐	☐
	d. Do you take the handi-van, bus or a taxi cab?	☐	☐
	e. If you can't use the handi-van, bus or taxi cab, is there a van or car to take you to activities in the community?	☐	☐
	f. Do you have a way to get the bus schedule or call a taxi?	☐	☐
	g. Is there a curfew or a rule that says what time you have to be back?	☐	☐
12. Employment	a. Do you have a job?	☐	☐
	b. Do you work with people who do not have a disability?	☐	☐
	c. If you don't have a job but want one, are you getting help to find a job?	☐	☐
13. Money	a. Do you have a bank account?	☐	☐
	b. Can you get money when you need it?	☐	☐
	c. If you need help with your money, did you get to pick the person to help you?	☐	☐

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Comments:

If you have any questions, want more information or would like someone to contact you regarding your comments, please leave your name and most convenient way to contact you.

Name: _____

Relationship to participant: _____

Phone: _____

Mailing address: _____

Email address: _____

Thank you for participating and your answers are very important to us!

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Primary Caregiver Residential Survey

How many clients do you currently provide services to?
How many beds or clients are you licensed or certified for?
If you are a certified CCFFH, did you provide care to any private-pay clients during the past year?
Date you did this survey:

This survey will help us understand the services you provide in the home. We want to hear about your services and how they help our clients to be independent, make decisions and choices.

Things to **THINK** about when you are doing this survey:

1. Think about the home your client(s) **LIVE** in**.**
2. Tell us what it is like living in your **HOME.**
3. Tell us about the **CHOICES** your client(s) get to make.
4. Think about whether they have the **RIGHT or CHOICE** to do activities.
5. Check the box to answer **YES** or **NO** to the questions.

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		YES	NO
CHOICE			
1. Clients Home	***Does your client(s)***		
	a. Have an agreement in writing for where s/he lives?	☐	☐
	b. Know the housing rights in regards to their agreement?	☐	☐
	c. Share a room?	☐	☐
	d. Choose their roommate?	☐	☐
	e. Get to decorate their room with their favorite things?	☐	☐
	f. Pick the clothes s/he wants to wear?	☐	☐
2. Going out	***Does your client(s)***		
	a. Go out into the community?	☐	☐
	b. Pick how often s/he goes out?	☐	☐
	c. Pick what to do?	☐	☐
	d. Pick who goes out with him/her?	☐	☐
3. Schedule	***Does your client(s) pick the time s/he***		
	a. Gets up and go to bed?	☐	☐
	b. Takes a bath?	☐	☐
	c. Wants to eat?	☐	☐
	d. Watched TV?	☐	☐
	e. Talks on the phone?	☐	☐
	f. Goes on the computer?	☐	☐
4. Meals & Snacks	***Does your client(s) pick***		
	a. What s/he wants to eat?	☐	☐
	b. Where s/he sits to eat?	☐	☐
	c. Who s/he eats with?	☐	☐
5. Person-Centered Plan	***Does your client(s)***		
	a. Attend a Person-Centered Planning meeting?	☐	☐
	b. Pick the time, place, and who attends the meeting?	☐	☐
	c. Get to be in charge of their meeting?	☐	☐
PRIVACY			
6. Inside your home	***Does your client(s)***		
	a. Have a key to the home?	☐	☐
	b. Close and lock the bedroom door?	☐	☐
	c. Have a key to their bedroom?	☐	☐
	d. Close and lock the bathroom door?	☐	☐

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		YES	NO
	Do you and other caregiver(s)		
	e. Knock and ask permission to enter the client's bedroom or bathroom?	☐	☐
	f. Provide care in private?	☐	☐
	g. Keep the client's personal and health information private?	☐	☐
	h. Know not to talk about the clients in front of other people?	☐	☐
	i. Know not to talk about other people in front of the client?	☐	☐
	j. Have a place for the client to meet with their family and friends in private?	☐	☐
	k. Have a place for the client to talk on the telephone or use the computer (or other device) in private?	☐	☐
DIGNITY & RESPECT			
7. Respect	***Do you and other caregiver(s)***		
	a. Say hello and use the client's name?	☐	☐
	b. Talk to the client with respect?	☐	☐
	c. Use words that the client can understand?	☐	☐
8. Free from being bullied or intimidated	***Do your client(s)***		
	a. Know what to do if s/he has a problem with the caregiver or service?	☐	☐
	b. Know that his/her complaint is anonymous?	☐	☐
	Do you and other caregiver(s)		
	c. Listen to the client if s/he has concerns?	☐	☐
ACCESS			
9. Inside your home	***Does your home***		
	a. Allow client(s) to get around safely?	☐	☐
	b. Have ramps, wide doorways or hallways to help the client get around the home?	☐	☐
	c. Have any gates, Velcro strips, locked doors, or other things that stop clients from going in or out of some places?	☐	☐
	d. Have locks or straps on the refrigerator or cabinets that make it hard for the client to get a snack or a drink?	☐	☐
	Does your client(s)		

DRAFT

		YES	NO
	e. Use the kitchen when s/he wants?	☐	☐
	f. Get scolded for getting a snack or drink when s/he wants?	☐	☐
	g. Use the washer and dryer when s/he wants?	☐	☐
	h. Have visitors in your home?	☐	☐
	i. Have certain hours visitors can spend time with him/her?	☐	☐
	j. Have internet connection that s/he can use?	☐	☐
10. Outside your home	***Does your client(s)***		
	a. Have access to other houses, stores, and businesses?	☐	☐
	b. Know your neighbors?	☐	☐
	c. Neighbors say hello or greets him/her?	☐	☐
	d. Take the handi-van, bus or a taxi cab?	☐	☐
	e. Have other ways of transportation to take him/her to activities in the community?	☐	☐
	f. Have access to the bus schedule or call a taxi?	☐	☐
	g. Have a curfew or a rule that says what time s/he will have to be back?	☐	☐
11. Employment	***Does your client(s)***		
	a. Know who can help to find a job?	☐	☐
	b. Have a job?	☐	☐
	c. Work with people who do not have a disability?	☐	☐
12. Money	***Does your client(s)***		
	a. Have a bank account?	☐	☐
	b. Know how to get money when s/he needs it?	☐	☐
	c. Pick the person to help manage his/her money?	☐	☐

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Comments:

If you have any questions, want more information or would like someone to contact you regarding your comments, please leave your name and most convenient way to contact you.

Name: _____

Phone: _____

Mailing address: _____

Email address: _____

Thank you for participating and your answers are very important to us!

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Persons Receiving Non Residential Services Survey

Date you did this survey:
Who helped you complete this survey?
Relationship:

This survey will help us understand what it is like to be in an Adult Day Health or Adult Day Care Program. We want to hear about your services and how they help you to be independent, make decisions and choices.

Things to **THINK** about when you are doing this survey:

1. Think about the **SETTING.**

2. Tell us what it is like to be at your **DAY PROGRAM.**

3. Tell us about the **CHOICES** you get to make.

4. If someone is helping you with this survey, think about whether you have the **RIGHT or CHOICE** to do the activities.

5. Check the box to answer **YES** or **NO** to the questions.

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		YES	NO
CHOICE			
1. My Program	a. Did you pick your program?	☐	☐
	b. Did you visit other programs before you picked your day program?	☐	☐
	c. Did you get information about your rights?	☐	☐
	d. Did you get a copy of your rights?	☐	☐
	e. Is information on your rights posted where you can see it?	☐	☐
	f. Did the program talk to you about making your own choices?	☐	☐
	g. If you want to vote, would the program let you go to the voting polls?	☐	☐
2. Program Activities	a. Do you pick your program activities?	☐	☐
	b. Do you pick what time you do them?	☐	☐
	c. Can you choose who you want to do the activity with?	☐	☐
	d. Are activities done with people who do not have a disability?	☐	☐
	e. Is there volunteer work?	☐	☐
	f. Are there job opportunities?	☐	☐
	g. Is there a safe place to put your personal items?	☐	☐
	h. Are there activities that keep you involved and active?	☐	☐
	i. Are there activities that help you relax and slow down?	☐	☐
	j. Can you choose activities you can do alone?	☐	☐
	k. Can you choose activities you can do with a group?	☐	☐

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		YES	NO
	l. Does the program encourage you to learn new things?	☐	☐
3. Meals & Snacks	a. Do you pick what you want to eat?	☐	☐
	b. Do you pick the time you want to eat?	☐	☐
	c. Do you pick who you eat with like family, friends, or caregivers?	☐	☐
4. Person-Centered Plan	a. Do you attend your Person-Centered Planning meetings?	☐	☐
	b. Do you pick the time, place, and who attends your meeting?	☐	☐
	c. Are you in charge of your own meeting?	☐	☐
	d. Does the program follow your plan and interests?	☐	☐
	e. Do you get to change your plan when you want?	☐	☐
	f. Does your plan talk about how people can help you stay calm and relaxed?	☐	☐
	g. Do the staff know how to help you if you are stressed and upset?	☐	☐
5. Caregiver and Service	a. Do you pick who helps you?	☐	☐
	b. Did you pick the waiver services provided to you?	☐	☐
	c. Do you know you have the right to ask for a new caregiver or service?	☐	☐
	d. If you want a new service or caregiver, do you know who to ask?	☐	☐
PRIVACY			
6. Privacy	a. If you need personal assistance, is your care done in private?	☐	☐
	b. Does the caregiver keep your personal and health information private?	☐	☐

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		YES	NO
	c. Does staff talk about you in front of other people?	☐	☐
	d. Does staff talk about other people in front of you?	☐	☐
	e. Is there a place for you to meet with your family and friends in private?	☐	☐
DIGNITY & RESPECT			
7. Respect	a. Does your staff say hello and use your name?	☐	☐
	b. Does your staff talk to you with respect?	☐	☐
	c. Does your staff use words that you can understand?	☐	☐
8. Free from being bullied or intimidated	a. Do you feel that people listen to you if you talk about your concerns?	☐	☐
	b. Do you know what to do if you have a problem with your caregiver or service?	☐	☐
	c. Do you know that your complaint is anonymous?	☐	☐
ACCESS			
9. Inside the setting	a. Can you get around safely inside the setting?	☐	☐
	b. Are there ramps, wide doorways, hallways, stair lift or elevator to help you get around?	☐	☐
	c. Are there any gates, Velcro strips, locked doors, or other things that stop you from going in or out of places?	☐	☐
	d. Are there locks or straps on the refrigerator or cabinets that make it hard to get a snack or a drink when you want?	☐	☐

DRAFT

		YES	NO
	e. Do visitors come to see you at the program?	☐	☐
	f. Can you have visitors at any time?	☐	☐
	g. Do people without disabilities spend time at your program?	☐	☐
10. Outside the setting	a. Can you get around safely outside the setting?	☐	☐
	b. Is your program near other houses, stores, and businesses?	☐	☐
	c. Are there ramps, wide doorways, hallways, stair lift or elevator to help you get around?	☐	☐
	d. Do you take the handi-van, bus or a taxi cab?	☐	☐
	e. If you can't use the handi-van, bus or taxi cab, is there a van or car to take you to activities in the community?	☐	☐
	f. Do you have a way to get the bus schedule or call a taxi?	☐	☐
11. Employment	a. Do you have a job?	☐	☐
	b. Do you volunteer?	☐	☐
	c. Do you work with people who do not have a disability?	☐	☐
	d. Do you and your co-workers get paid minimum wage or more?	☐	☐
	e. Does the setting let you bring your service worker to your job?	☐	☐
	f. Did you pick your work schedule?	☐	☐
	g. If you don't have a job but want one, are you getting help to find a job?	☐	☐

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		YES	NO
12. Money	a. Do you have a bank account?	☐	☐
	b. Can you get money when you need it?	☐	☐
	c. If you need help with your money, did you get to pick the person to help you?	☐	☐

Comments:

If you have any questions, want more information or would like someone to contact you regarding your comments, please leave your name and most convenient way to contact you.

Name: _____

Relationship to participant: _____

Phone: _____

Mailing address: _____

Email address: _____

Thank you for participating and your answers are very important to us!

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Day Program Survey

How many clients do you currently provide services to?
Date you did this survey:

This survey will help us understand the services you provide at your day program. We want to hear about your services and how they help our clients to be independent, make decisions and choices.

Things to **THINK** about when you are doing this survey:

1. Think about the **SETTING** your client(s) go to.
2. Tell us what it is like to be at your **DAY PROGRAM.**
3. Tell us about the **CHOICES** your client(s) get to make.
4. Think about whether they have the **RIGHT or CHOICE** to do activities.
5. Check the box to answer **YES** or **NO** to the questions.

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		YES	NO
CHOICE			
1. Day Program	***Does your client(s)***		
	a. Know about his/her rights?	☐	☐
	b. Have a copy of his/her rights?	☐	☐
	Does your day program		
	c. Post the clients rights where they can see it?	☐	☐
	d. Talk to clients about making choices?	☐	☐
	e. Allow clients to go to the voting polls?	☐	☐
2. Activities	***Does your client(s) pick***		
	a. The activities?	☐	☐
	b. What time to do them?	☐	☐
	c. Who the activity is done with?	☐	☐
	Does your day program have		
	d. Activities that can be done with people who do not have a disability?	☐	☐
	e. Volunteer work?	☐	☐
	f. Job opportunities?	☐	☐
	g. A safe place to put their personal items?	☐	☐
	h. Activities that keep s/he involved and active?	☐	☐
	i. Activities that help s/he relax and slow down?	☐	☐
	j. Activities s/he can do alone?	☐	☐
	k. Activities s/he can do with a group?	☐	☐
	l. Activities that encourage s/he to learn new things?	☐	☐
3. Meals & Snacks	***Does your client(s) pick***		
	a. What s/he wants to eat?	☐	☐
	b. Where s/he sits to eat?	☐	☐
	c. Who s/he eats with?	☐	☐

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		YES	NO
4. Person-Centered Plan	***Does your client(s)***		
	a. Attend a Person-Centered Planning meeting?	☐	☐
	b. Pick the time, place, and who attends the meeting?	☐	☐
	c. Get to be in charge of their meeting?	☐	☐
	d. Get to develop the plan?	☐	☐
	e. Get to change the plan?	☐	☐
	Do your day program caregivers know when to		
	f. Help clients stay calm and relaxed?	☐	☐
	g. Help clients who are stressed and upset?	☐	☐
	h. Ask for clients consent before use of restraints and/or restrictive interventions?	☐	☐
PRIVACY			
5. At the program	***Do you and other caregiver(s)***		
	a. Provide care in private?	☐	☐
	b. Keep the client's personal and health information private?	☐	☐
	c. Know not to talk about the clients in front of other people?	☐	☐
	d. Have a place for the client to meet with their family and friends in private?	☐	☐
	e. Have a place for the client to talk on the telephone or use the computer (or other device) in private?	☐	☐
DIGNITY & RESPECT			
6. Respect	***Do you and other caregiver(s)***		
	a. Say hello and use the client's name?	☐	☐
	b. Talk to the client with respect?	☐	☐
	c. Use words that the client can understand?	☐	☐
7. Free from being bullied or intimidated	***Do you and other caregiver(s)***		
	a. Know what to do if s/he has a problem with the caregiver or service?	☐	☐
	b. Know that his/her complaint is anonymous?	☐	☐
	Do you and other caregiver(s)		
	c. Listen to the client if s/he has concerns?	☐	☐

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		YES	NO
ACCESS			
8. Inside the setting	***Does your day program***		
	a. Allow client(s) to get around safely?	☐	☐
	b. Have ramps, wide doorways, hallways, stair lift or elevator to help you get around?	☐	☐
	c. Have any gates, Velcro strips, locked doors, or other things that stop you from going in or out of places?	☐	☐
	d. Have locks or straps on the refrigerator or cabinets that make it hard to get a snack or a drink when you want?	☐	☐
	Does your client(s)		
	e. Have visitors at the day program?	☐	☐
	f. Have certain hour's visitors?	☐	☐
9. Outside the setting	***Does your client(s)***		
	a. Allow client(s) to get around safely?	☐	☐
	b. Have ramps, wide doorways, hallways, stair lift or elevator to help you get around?	☐	☐
	c. Have access to other houses, stores, and businesses?	☐	☐
	d. Take the handi-van, bus or a taxi cab?	☐	☐
	e. Have other ways of transportation to take him/her to activities in the community?	☐	☐
	f. Have access to the bus schedule or call a taxi?	☐	☐
10. Employment	***Does your client(s)***		
	a. Volunteer?	☐	☐
	b. Have a job?	☐	☐
	c. Know who can help to find a job?	☐	☐
	d. Work with people who do not have a disability?	☐	☐
	e. Pick his/her work schedule?	☐	☐
	f. Get minimum wage or more?	☐	☐
	g. Have need a caregiver when working at job?	☐	☐

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		YES	NO
11. Money	***Does your client(s)***		
	a. Have a bank account?	☐	☐
	b. Know how to get money when s/he needs it?	☐	☐
	c. Pick the person to help manage his/her money?	☐	☐

Comments:

If you have any questions, want more information or would like someone to contact you regarding your comments, please leave your name and most convenient way to contact you.

Name: _____

Phone: _____

Mailing address: _____

Email address: _____

Thank you for participating and your answers are very important to us!

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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION

NOTICE OF PUBLIC FORUM

Under the provision of Title 42, Section 441.301(c)(6)(iii), of the Code of Federal Regulations (C.F.R), the State of Hawaii, Department of Human Services (the State), hereby notifies the public that it intends to submit a transition plan for Home and Community-Based Services Settings for Hawaii's 1915(c) Home and Community-Based Services (HCBS) Waiver, which provides services as an alternative to institutionalization in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

The 1915(c) HCBS Waiver transition plan for home and community-based services settings is required as outlined by the Centers for Medicare & Medicaid Services in 42 C.F.R. 441.301(c)(4). The purpose of the transition plan is to ensure Medicaid beneficiaries are receiving HCBS in settings that meet the quality requirements specified in the final rule and are appropriate based on the needs of the individual as indicated in their person-centered service plan. The final rule provides the State the opportunity to develop a transition plan that encompasses a period of up to five (5) years after the effective date of the regulation to meet the provisions of the final rule.

The State will hold a public forum to seek input on the proposed 1915(c) HCBS Waiver transition plan described in this notification.

January 14, 2015 from 10:00 am to 12:00 pm
Queen's Conference Center Auditorium
(formerly Mabel Smythe Building)
1301 Punchbowl Street
Honolulu, HI 96813

For individuals who wish to participate by video teleconference (VTC), sites and locations are being finalized and will be posted online at www.med-quest.us under News and Events.

All interested parties are invited to join the public forum and to state their views regarding the 1915(c) HCBS Waiver transition plan. In lieu of joining the public forum in person or by VTC, written testimony may also be provided and must be received by the State from the date of publication of this notice through ***January 30, 2015*** to:

Department of Human Services
Med-QUEST Division
Attention: Health Care Services Branch
P.O Box 700190
Kapolei, Hawaii 96709-0190

The 1915(c) HCBS Waiver transition plan is available online at: www.med-quest.us under News and Events. A copy of the 1915(c) HCBS Waiver transition plan will also be available for public viewing at the Med-QUEST Division offices listed below from the first working day that the legal notice appears in the Honolulu Star-Advertiser, Hawaii Tribune Herald, West Hawaii Today, The Maui News, and The Garden Island for a period of at least thirty calendar days after the publication of this notice, from Monday – Friday, exclusive of state holidays, between the hours of 9:00 a.m. to 2:00 p.m.

East Hawaii Office
88 Kanoelehua Avenue, Room 107
Hilo, Hawaii 96720 (933-0339)

West Hawaii Office
75-5591 Palani Road, Ste. 3004
Kailua-Kona, Hawaii 96740 (327-4970)

Kauai Office
4473 Pahee Street, Suite A
Lihue, Hawaii 96766 (241-3575)

Oahu Dillingham Office
801 Dillingham Boulevard, 3rd Floor
Honolulu, Hawaii 96817

Maui Office
210 Imi Kala Street, Suite 101
Wailuku, Hawaii 96793 (243-5780)

Molokai Office
65 Makaena Place, Room 110
Kaunakakai, Hawaii 96748 (553-1758)

Lanai Office
730 Lanai Avenue
Lanai City, Hawaii 96763 (565-7102)

Oahu Kapolei Office
601 Kamokila Boulevard, Rm 518
Kapolei, Hawaii 96707

Special accommodations (i.e. interpreter, sign language interpreter, large print, taped materials, or accessible parking) will be arranged, if requested no later than seven (7) working days before the scheduled public forum on Oahu by calling ***808-692-8094***. Neighbor island residents requesting special accommodations should contact the appropriate Med-QUEST Division offices on the respective neighbor islands listed above.

DEPARTMENT OF HUMAN SERVICES
BARBARA YAMASHITA
DIRECTOR

DAVID Y. IGE
GOVERNOR

BARBARA YAMASHITA
DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Policy and Program Development Office
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 12, 2014

Ms. Joelene K. Lono, Executive Director
Ke Ola Mamo
Native Hawaiian
Health Care System-Oahu
1505 Dillingham Boulevard, Room 205
Honolulu, Hawaii 96817

Dear Ms. Lono:

RE: Proposed 1915(c) Home and Community-Based Services Waiver Transition Plan

Pursuant to tribal consultation requirements in section 1902(a)(73) of the Social Security Act as amended by section 5006(e)(2) of the American Recovery and Reinvestment Act of 2009, the Department of Human Services, Med-QUEST Division is soliciting your consultation on the proposed 1915(c) Home and Community-Based Services (HCBS) transition plan for home and community-based services settings.

The 1915(c) HCBS Waiver transition plan for home and community-based services settings is required as outlined by the Centers for Medicare & Medicaid Services in 42 C.F.R. 441.301(c)(4). The purpose of the transition plan is to ensure Medicaid beneficiaries are receiving HCBS in settings that meet the quality requirements specified in the final rule and are appropriate based on the needs of the individual as indicated in their person-centered service plan. The final rule provides the State the opportunity to develop a transition plan that encompasses a period of up to five (5) years after the effective date of the regulation to meet the provisions of the final rule.

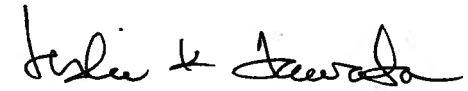
Please provide your written comments by January 15, 2015 to the:

Department of Human Services
Med-QUEST Division
P.O. Box 700190
Kapolei, Hawaii 96709-0190
Attention: Ms. Patricia M. Bazin
Health Care Services Branch

The 1915(c) HCBS Waiver transition plan is enclosed for your reference. Should you have any questions or desire a meeting, please call Ms. Patricia Bazin at 808-692-8083 or e-mail her at pbazin@medicaid.dhs.state.hi.us.

Thank you for your efforts, support, and advocacy for the American Indian and Alaska Native communities and your continuing support of our Medicaid programs.

Sincerely,



Kenneth S. Fink, MD, MGA, MPH
Med-QUEST Division Administrator

Enclosure

HAWAII STATEWIDE TRANSITION PLAN
FOR HOME AND COMMUNITY BASED SERVICES (HCBS)

The State of Hawaii has prepared this statewide transition plan in accordance with the new Home and Community Based Services (HCBS) regulations in 42 CFR Section 441.301(c)(4)(5) and Section 441.710(a)(1)(2). This plan addresses settings where home and community based services are provided through the Med-QUEST Division's QUEST Integration program and the 1915(c) waiver for persons with intellectual/developmental disabilities. Hawaii's plan outlines the activities to be undertaken by the State in partnership with the individuals who receive home and community based services, their families, friends, advocates, providers, and other stakeholders. The plan is organized into three sections: Assessment, Remediation, and Stakeholder Engagement/Public Input. Action steps, timeframes and the products of the steps are included with each area of the HCBS Plan.

Section 1: Assessment

This area focuses on two key areas: 1) a system-level analysis of the State's regulations, standards, policies, licensing requirements, and other provider requirements that ensure settings to ensure full and on-going compliance with the federal requirements; and 2) an analysis of settings where HCBS are delivered to assess readiness to meet the federal regulations. The Assessment Phase employs a number of strategies to fully assess and determine compliance

#	Action Item	Description	Proposed Start Date	Proposed End Date	Responsible Agency(s)	Key Stakeholders	Sources or Documents	Outcome
Assessment Activities								
1	Review State Statutes, Rules, Regulations, Standards, or Other Requirements	State will review current statutes, rules, regulations, standards, or other requirements to identify any needed changes for full compliance with the HCBS settings requirements.	10/17/14	04/01/15	DOH-OHCA, DHS-DDD, DOH-DDD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HRS, HAR, Waiver Standards, contracts, HCBS rules, CMS guidance	Identified areas where current language needs to be strengthened or revised for full compliance with the HCBS settings requirements.
2	Compile list of all licensed homes where HCB services are provided (residential only)	Build database with information on every home that provides HCB services: • Provider name; • Address; • Numbers of participants; • Names of HCBS participants by setting; • Other	01/01/15	01/30/15	DOH-OHCA DOH-DDD	My Choice My Way team are the decision makers on the factors to gather	DOH-DDD-OCB, DOH-DDD-CMB, DOH-OHCA	Obtain comprehensive list of all licensed homes

3	Develop Process for Settings Analysis and Identify the Assessors	My Choice My Way workgroup advises State on development of the process for assessing and analyzing all HCBS settings. Workgroup develops a matrix for determining settings for on-site review in addition to the mandatory Category 3 settings. State is responsible for identifying assessors of selected sites.	01/01/15	02/15/15	DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	Written process and training module for assessor. Share process and tools with providers.
4	Develop the Settings Analysis Tool	The tool will assist in identifying current settings and classifying them into categories: • *Category 1*- Yes, meets requirements • *Category 2*- Not Yet, can meet with remediation • *Category 3*- Not yet, presumed not HCBS but State will require heightened scrutiny • *Category 4*- No, does not meet requirements	01/01/15	02/15/15	DHS-MQD	Providers	HCBS rules, CMS guidance	A copy of the tool will be submitted as a component of the transition plan.
5	Revise transition plan to include assessment information as described below	Transition plan will be updated to incorporate information found from assessment of providers and participants/consumers. Stakeholders will review transition plan for input.	10/01/15	11/30/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	Remediation phases of transition plan are updated to include additional information gathered from assessments.

Participants/Consumers								
6	Develop the Participant/ Consumer Experience Survey	HCBS participants and consumer advocacy entities will receive the survey. The survey will provide the participant/consumer the opportunity to report their experience with their current HCBS settings. Survey will: - Formatted in larger font size (i.e., 18 point); - Include pictures; - Plain language; and - Reading level; and - Referred to SAAC for input prior to issuing.	01/01/15	02/01/15	DHS-MQD	Participants, families, SAAC, SPIN DD Council	Crosswalk document of NCI and HCBS Rule. Other states' surveys and CMS exploratory questions	A copy of the survey will be submitted as a component of the transition plan.
7	Select a Statistically Significant Sample of HCBS Participants	State will select a statistically significant sample of HCBS Participants who live in provider-owned or controlled settings to complete the Consumer Experience Survey	02/01/15	02/28/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN	Compiled database (Assess-ment #2)	Identify a statistically significant sample of HCBS participants residing in provider-owned or -controlled settings.
8	Conduct a Participant/ Consumer Experience Survey	State will conduct an assessment using the Participant Experience Survey: • Identify organization(s) that help participant/consumer complete survey (i.e., Case Management Agencies, DDD Case Managers, DD waiver agencies that do not provide residential services); • Utilize family members who have	03/01/15	04/30/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN DD Council	HCBS rules, CMS guidance	Identified current level of compliance with the HCBS settings requirements. Identified settings for remediation.

		active contact with their relative to interpret the needs/experiences of non-verbal participants/consumers; • Ask SAAC to complete the survey; • Instructional information when issuing; • Post form on-line (and through survey monkey) to download in addition to mailing; • Contact information for questions- e-mail and voice mail; • Self-addressed envelope to return to DHS-MQD; and • Fax # to send back.						
9	Participant Survey-Training for Organizations	Training provided to organizations to help participants complete survey.	02/01/15	02/28/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	Individuals assessing providers for compliance with HCBS settings will have training to complete this task.
10	Analysis of Participant/Consumer Experience Survey	State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate.	05/1/15	06/30/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN DD Council	HCBS rules, CMS guidance	Identified current level of compliance with the HCBS settings requirements. Identified settings for remediation.

Providers								
11	Develop the Provider Self-Assessment Survey	The survey will assist in identifying provider readiness and classifying them into categories identified in Assessment #4.	01/01/15	02/01/15	DHS-MQD	Providers	HCBS rules, CMS guidance	A copy of the survey will be submitted as a component of the transition plan.
12	Identify providers who will complete Self-Assessment Survey	All providers will be given the opportunity to complete the Provider Self-Assessment Survey Tool	02/01/15	02/28/15	DOH-DDD, DHS-MQD	Providers	Compiled database (Assess-ment #2)	Identify providers to complete assessment.
13	Conduct a Provider Self-Survey	Providers will conduct a self-assessment of settings using the Provider Survey: • Instructional memo prior to issuing; • Post form on-line to download in addition to mailing; • Add the survey to "survey monkey" for completion electronically; • Contact information for questions- e-mail and voice mail; and • Fax # to send back.	03/01/15	04/30/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	A copy of the database (without the participant information) will be submitted as a component of the transition plan.
14	Analysis of Participant/Consumer Experience and Provider Surveys	State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate.	05/1/15	06/30/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN DD Council	HCBS rules, CMS guidance	Identified current level of compliance with the HCBS settings requirements. Identified settings for remediation.

15	Provider Survey-Training for Assessors	Training provided to assessors who will conduct validation of provider surveys. State will contact University of Hawaii, Centers for Disability Studies (CDS) to identify if they can support performing provider validation surveys.	06/01/15	06/30/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	Individuals assessing providers for compliance with HCBS settings will have training to complete this task.
16	Validate the Provider Self-Survey	State staff or designee will conduct a validation review to confirm findings in the provider survey and aggregate data. State identifies providers for remediation.	07/01/15	09/30/15	DOH-DDD, DHS-MQD	Providers	HCBS rules, CMS guidance	Providers are categorized. Identified current level of compliance with the HCBS settings requirements. Identified providers for remediation and initiate corrective action plan.
17	Conduct Mandatory Site Visits for Category 3 and 4 Settings	State will perform a mandatory site visit to facilitate the heightened scrutiny process.	07/01/15	09/30/15	DOH-DDD will be responsible for the settings where waiver participants reside. DHS-MQD will be responsible for the settings where 1115	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	State shall plan to provide justification of how the setting meets HCBS settings requirements.

					participants reside. Where both live in one home, DOH-DDD and DHS-MQD will be perform a join site visit.			

Section 2: Remediation

The State must include remediation activities with timeframes for completion and the process for monitoring to assure that milestones are met as Hawaii moves toward full compliance with the HCBS Rule. Remediation will include revise administrative rules, provider standards, and training to assure compliance with revisions.

#	Action Item	Description	Proposed Start Date	Proposed End Date	Responsible Person(s)	Key Stakeholders	Sources or Documents	Outcome
1	Modify State Statutes, Rules, Regulations, Standards, or Other Requirements	State modifies statutes, rules, regulations, standards, or other requirements to identify any needed change for full compliance with the HCBS settings requirements.	06/01/15	06/01/17	DOH-OHCA, DHS-MQD, DOH-DDD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	State statutes, rules, regulations, standards, contracts, or other requirements are revised and are in full compliance with the HCBS settings requirements.
2	Issue Provider Remediation Action Letter	State provides report to each provider with settings that require remediation and works with providers to develop site-specific, as well as provider-wide, action plans to achieve full compliance. This process includes: • Template letter for remediation; and • Corrective action format.	10/01/15	11/30/15	DHS-MQD, DOH-DDD	Providers		A copy of the template letter for remediation action will be submitted as a component of the transition plan. Providers review the remediation requirements and develop a corrective action plan to meet the HCBS settings requirements.

3	Justify Category 3 Settings through a Heightened Scrutiny Process	State provides justification that the setting that is presumed not to be HCBS is in fact HCBS and does not have the qualities of an institution, if applicable. Submits justification to CMS for review/approval.	07/01/15	12/31/15	DHS-MQD, DOH-DDD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers		CMS accepts Hawaii's justification of category 3 settings.
4	Develop operational procedures for compliance with revised State statutes, rules, regulations, standards, or other requirements	Identify areas within modified statutes, rules, regulations, standards, or other requirements that need changes to operational procedures for full compliance with the HCBS settings requirements. • *Category 1*- Use their operational practices as a guide for other providers for developing remediation	01/01/16	06/30/16	DOH-OHCA, DHS-MQD, DOH-DDD Providers	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	Operational procedures are developed for providers to follow to meet State statutes, rules, regulations, standards, contracts, or other requirements and are in full compliance with the HCBS settings requirements.
5	Train providers on revised operational procedures	State will train providers on operational procedures to meet compliance with the HCBS settings requirements. This training will include "train the trainer" components for ongoing training.	07/01/16	08/31/16	DHS-MQD, DOH-DDD	Providers	HCBS rules, CMS guidance	Providers understand operational procedures to meet full compliance with the HCBS settings requirements.
6	Develop Standard Remediation Requirements	State develops standard remediation requirements for each element of the survey where non-compliance noted (a "no" response on the Provider or Participant/Consumer Self-Assessment Survey).	07/01/16	08/31/16	DHS-MQD, DOH-DDD	Providers	DOH-DDD Provider review template for some examples	Providers will have clear instructions on how to remediate the issues of non-compliance

7	Issue Updated Provider Remediation Action Letter	Reports to be provided annually and on an ongoing basis to assess that those provider settings are in compliance.	09/01/16	Ongoing	DHS-MQD, DOH-DDD	Providers		Providers will have feedback on their status of remediating non-compliance.
8	Provider Oversight and Monitoring	State will provide oversight over the providers during the remediation period by: • Verifying that the provider accepted the corrective action plan and provides the State with a remediation action plan; • Monitoring providers by performing onsite compliance reviews annually; and • Tracking remediation efforts.	09/01/16	Ongoing	DHS-MQD, DOH-DDD			Assure providers maintain compliance with statutes, rules, regulations, standards, contracts, or other requirements.
9	Provider Qualifications for New Enrollees	New prospective providers will receive information and technical assistance on HCBS settings requirements.	11/07/14	Ongoing	DOH-OHCA DOH-DDD			Provider is in full compliance with the HCBS settings requirements prior to providing services once requirements are enacted in HRS and HAR.

	Section 3: Key Stakeholder Engagement and Public Comment							
	Hawaii will use a transparent and robust stakeholder engagement process to provide information and gather input throughout the process of developing the transition plan and its implementation. Stakeholders were included on the My Choice My Way workgroup and are instrumental in developing the action steps, timeframes, and outcomes. DHS-MQD will announce the 30-day public comment period through website, newspaper, and public forum. DHS-MQD will retain all comments for future review.							
	Action Item	**Description**	**Proposed Start Date**	**Proposed End Date**	**Responsible Person(s)**	**Key Stakeholders**	**Sources or Documents**	**Outcome**
1	Announcement of Public Comment Period	Post the announcement in at least two forms. • One will be public notice in newspapers. • One will be public forum at Queen's conference center. Recommend press release to Director's office	12/16/14	01/30/15	DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	Transition plan supporting documentation	DHS-MQD obtains comments from stakeholders on its proposed transition plan.
2	Tribal council requirements	Assure that tribal council requirements are met	12/12/14	02/15/15	DHS-MQD	Ke Ola Mamo	Tribal council letter and draft transition plan	DHS-MQD obtains comments from Ke Ola Mamo on its proposed transition plan.
3	Posting on website	My Choice My Way will determine website where documents will be posted for review by public. Websites include: • DHS/MQD • DOH/DDD • Blog • SPIN (both website and Facebook page) • SAAC (Facebook page)	11/14/14	Ongoing	DOH-DDD, DHS-MQD, DD council, SAAC, SPIN	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	Transition plan Supporting documentation	Documents posted and updated as needed. Links developed so users can easily reach the site where documents are located.

4	Develop summary of transition plan	Develop summary of transition plan document for communication to: • Participants/consumers/ families: o Formatted in larger font size (i.e., 18 point); o Include pictures; o Plain language; o Reading level; and o Referred to SAAC for input prior to issuing. • Providers	12/08/14	01/07/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	Summary of Transition plan	The Summary of Transition plan will be modified to a document that can be used in training and education.
5	Public Forum	My Choice My Way shares the transition plan with stakeholders in a public forum (Statewide) to provide information and answer questions. • Queen's conference center • Include ASL interpreter • Include amplifying devices, as needed	01/14/15	01/14/15	My Choice My Way workgroup	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	Transition plan Supporting documentation	DHS-MQD provides information to the public on the transition plan and is able to address questions from the community.
6	Compile and Retain Public Comments	State will compile and summarize all comments and retain all public input per CMS requirements,	01/30/15	ongoing	DHS-MQD			Submit Comments summary document with Transition Plan to CMS
7	Revise Transition Plan as needed based on public comments	Based on public comments, the state may revise the statewide transition plan to address comments.	02/01/15	03/15/15	My Choice My Way workgroup	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	Comments from transition plan and supporting documents	Statewide Transition Plan revised as needed or additional evidence/ rationale for state's decision if contrary to public comment.

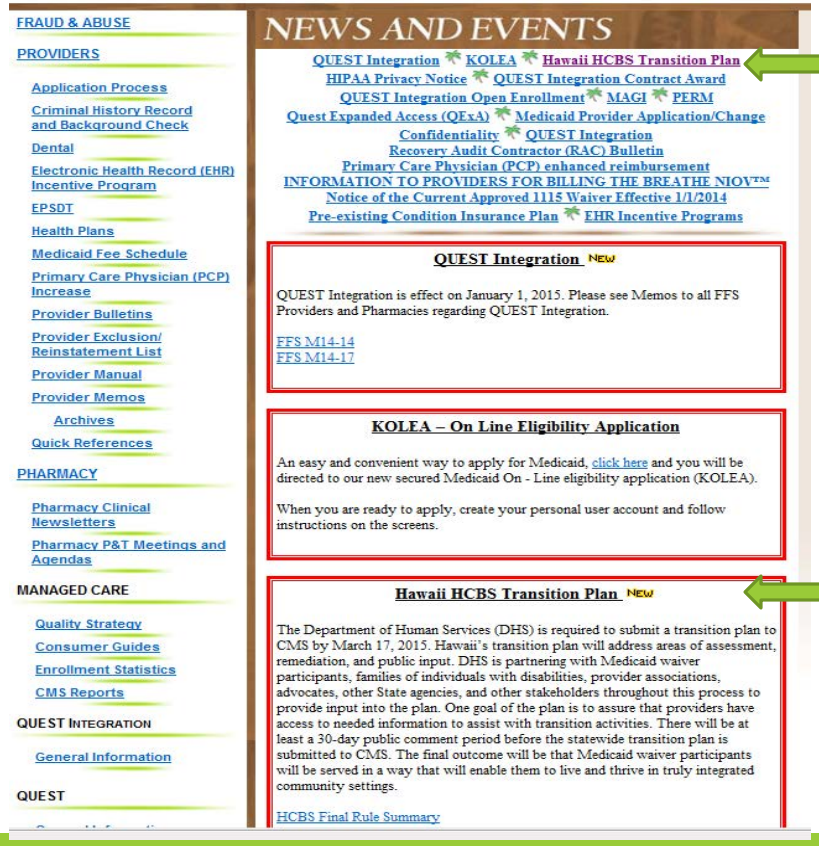
8	Develop communication channels for stakeholders	Establish communication procedures, including by email and phone, for stakeholders to get questions answered with Frequently Asked Questions document compiled. • Set up My Choice My Way e-mail e-mail account • Determine one telephone number to call with questions • One primary way to receive comments • Compile Q&A for posting on websites identified in #2 above	11/14/14	2/15/15	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers		Mechanisms in place for responding to stakeholder questions, and compiling Frequently Asked Questions.
9	Provide Informational Sessions for Waiver Participants, Families, and Advocates	State and its partners will provide informational training sessions for waiver participants, families, and advocates that include both in-person and webinar sessions: • Understanding the final rule and how it may or may not effect waiver services; • Overview of Hawaii's Proposed HCBS Transition Plan and how it will guide the path forward toward full compliance; and • Encourage participation during periods of public input. • Saved and posted on blog.	01/22/15 (Forum at SAAC Member-ship Meeting) 03/2015 Every 6 months 07/2015 01/2016 07/2016 01/2017 07/2017 01/2018 07/2018 01/2019	01/2019	DOH-DDD, DHS-MQD	Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers	HCBS rules, CMS guidance	On an ongoing basis, those affected by the revised HCBS setting rules will have an opportunity to receive updated information.

10	Provide Technical Assistance to Providers	State will provide informational sessions, training and technical assistance opportunities for providers. Provider training and technical assistance include both in-person and webinar sessions: • Understanding the final rule and how it may or may not effect waiver provider services • Overview of Hawaii's Proposed HCBS Transition Plan and how to achieve and maintain full compliance • Encourage participation during periods of public input. • Saved and posted on blog Organizations that have expressed interest include: • Case Management Agencies • Community Care Foster Family Home Association(s) • Hawaii Waiver Providers Association (HWPA) • Adult Residential Care Home Association(s)	03/2015 Every 6 months 07/2015 01/2016 07/2016 01/2017 07/2017 01/2018 07/2018 01/2019	01/2019	DOH-DDD, DHS-MQD		HCBS rules, CMS guidance	On an ongoing basis, providers will have an opportunity to receive updated information on HCBS settings rules.

Acronyms			
CMS	Centers for Medicare & Medicaid Services	HCBS	Home and Community Based Services
CMB	Case Management Branch, DDD	HRS	Hawaii Revised Statutes
CTA	Community Ties of America, Inc.	My Choice My Way workgroup	Group of individuals representing SAAC, SPIN, HCBS providers, DOH-DDD, DD Council, DOH-OHCA, and DHS-MQD
DOH	Department of Health	MQD	Med-QUEST Division
DDD	Developmental Disabilities Division	OHCA	Office of Health Care Assurance
DD Council	Hawaii State Council on Developmental Disabilities	SAAC	Self-Advocacy Advisory Council
DHS	Department of Human Services	SPIN	Special Parent Information Network
HAR	Hawaii Administrative Rule		

Hawai'i Med-QUEST Division

www.med-quest.us



Look for **Hawaii HCBS Transition Plan**

In the News and Events Section (middle of the webpage)

Department of Human Services * Med-QUEST Division * Health Care Services Branch

PUBLIC FORUM

January 14, 2015
10:00 am to 12 noon

The "My Choice, My Way" work group will be conducting a presentation on the new Home & Community Based Service Federal Rules

Queen's Conference Center Auditorium
(formerly Mabel Smythe Building) * 1301 Punchbowl Street, Honolulu

Video Conference Centers

HILO – ***Hilo State Office Building, 75 Aupuni Street***
KONA – ***Kealakehe Elementary School, 74-5118 Kealakaa Street***
MAUI – ***Puunene*** School, ***E Camp 5 Road, Puunene***
KAUAI – ***Lihue State Office Building, 3060 Eiwa Street***
MOLOKAI – ***District Health Office, 65 Makaena Pl, Kaunakakai***

Please RSVP for attendance to either
mychoicemyway@medicaid.dhs.state.hi.us or call 808-692-8094

Parking is available at the State Capitol Basement, Makai Garage (Halekawila Street), Vineyard Garage (Punchbowl Street), Alii Place Parking Garage (Alakea Street)

***A copy of the Transition Plan is available upon request ***

My Choice My Way Transition Plan

Overview of the

Home and Community Based Services Rule

from the Centers for Medicare & Medicaid Services (CMS)

Federal Intent of the Final Rule

- To ensure that individuals receiving long-term services and supports have full access to benefits of community living and the opportunity to receive services in the **most integrated setting appropriate**
- To enhance the quality of HCBS and provide protections to participants

Common Terms

Individual or person who receives services

- Participant
- Member
- Consumer
- Beneficiary

Home where someone lives

- Residential setting
- Provider owned/controlled setting
- Communality Care Foster Family Home
- DD-Dom
- Expanded ARCH or E-ARCH
- Adult Foster Home

Place where someone receives services

- Waiver provider
- Waiver agency
- Home and community based services provider

Who does this affect?

- Individuals receiving home and community based services (HCBS)
- Family member or friend of someone receiving HCBS
- Providers of HCBS
- State agencies
- Other stakeholders

Individuals- How does this affect me?

- I may be asked to respond to a survey (called an assessment) to let the State know how things are in my home or where I get services
- If I live in a licensed home, my home may need to make changes
- If I go to a day program, my day program may need to make changes
- It may take some time for changes to happen but I should see them little by little
- I can get information twice a year from the State on status of the changes
- If I have concerns with my home or day program, I can let my case manager, service coordinator, or the Medicaid ombudsman know

Family member or friend- How does this affect me?

- I may be asked to help my family member or friend respond to a survey (called an assessment) to let the State know how things are their home or where they get services
- If they live in a licensed home, their home may need to make changes
- If they go to a day program, their day program may need to make changes
- It may take some time for changes to happen but I should see them little by little
- I can get information twice a year from the State on status of the changes
- If I have concerns with their home or day program, I can let their case manager, service coordinator, or the Medicaid ombudsman know

Providers- How does this affect me?

- I will be asked to respond to a survey (called an assessment) to let the State know how close I am to meeting the new rules
- I may be asked to make changes to meet the new rules
- It may take some time for changes to happen but I should be making them little by little
- I can get information twice a year from the State on status of the changes
- If I have concerns with these changes, I can contact the Office of Health Care Assurance (OHCA) if I am a licensed home, a health plan I contract with, or the Ombudsman for the DD Division

State Agencies- How does this affect me?

- My agency will need to complete our work to meet the requirements of the My Choice My Way transition plan
- My agency will need to be responsive to the community (individuals, families, friends, providers, and other stakeholders) on implementation of the My Choice My Way transition plan
- It may take some time for changes to happen but we should be seeing them occur little by little
- We need to provide information twice a year on status of the changes
- If we receive concerns with these changes, we need to respond to them timely

Other Stakeholders- How does this affect me?

- I need to participate in my role as a stakeholder to support those that I serve
- It may take some time for changes to happen but I should see them little by little
- I can get information twice a year from the State on status of the changes
- If I have concerns with how changes are occurring, I can let the Medicaid ombudsman, Office of Health Care Assurance (OHCA), or the Ombudsman for the DD Division know

We Will Address:

Brief overview of the HCBS

Overview of Hawaii's draft transition plan called My Choice My Way

Attachment F

My Choice My Way Transition Plan

PART 1:

OVERVIEW OF NEW RULES FOR HOME AND COMMUNITY BASED SERVICES

Home and Community Based Settings (HCBS) Requirements

- Establish a definition that focuses on individuals' experiences
- Increase the chances for individuals to have access community living and the opportunity to receive services in an integrated setting

HCBS Requirements

The Final Rule establishes:

- What should be included in home and community based services
- Settings that **are not** home and community-based
- Settings **presumed not** to be home and community-based
- State compliance and transition requirements

HCBS Features

The Home and Community-Based setting:

- Makes sure the individual receives services in the community **to the same degree of access as people not receiving Medicaid home and community-based services**
- Provides chances to look for employment and **work**, **connect with community life**, and **control personal finances**
- **Is involved in and supports access to** the whole community

HCBS Features

Picked by the **individual** from among different options

Person-centered service plan records the choices:

- based on the persons needs,
- Preferences, and
- for residential settings, the persons resources.

Additional Requirements in Provider-Owned/Controlled Settings

- Specific unit/dwelling is owned, rented, or occupied under legally enforceable agreement
- The person has a **lease or other legal agreement** providing the same protections as persons not in provider owned and/or controlled settings

Additional Requirements in Provider-Owned/Controlled Settings

Person has:

- Choice of where to live
- Choice of schedules and activities
- Choice of meals and snacks
- Choice of roommate
- Choice of provider
- Freedom to decorate room
- Right to privacy
- Right to choose who visits and what time
- Physical access in and outside of home
- Opportunity to find a job
- Control of finances

Changes to the requirements

Must be:

- Supported by specific need
- Documented and explained in the person-centered service plan
- Example might be limits on access to food or visitors

Change is required to meet the **persons needs**, *not* the setting's requirements.

HCBS Requirements

Settings NOT Home and Community Based:

- Nursing facility
- Institution for mental diseases (IMD)
- Intermediate care facility for individuals with intellectual disabilities (ICF/ID)
- Hospital

HCBS Requirements

Settings that are PRESUMED NOT to be HCBS:

- In a publicly or privately-owned facility providing inpatient treatment
- On grounds of, or next to, a public institution
- Settings that separate people receiving Medicaid home and community based services from people not receiving Medicaid home and community based services

Settings that May Isolate

Examples of types of settings

that are PRESUMED NOT to meet HCBS because they may ***isolate***:

- Farmstead or disability-specific farm community
- Gated/secured "community" for people with disabilities
- Residential schools
- Multiple settings co-located and operationally related (same provider)
  - Examples are:
  - group homes on the grounds of a private ICF
  - numerous group homes co-located on a single site or close proximity
- CMS is not concerned about Community Care Retirement Communities (CCRC) since persons living independently are living with individuals who need services

HCBS Requirements

Settings **PRESUMED NOT** to be HCBS but ***does*** meet the requirements:

A state submits evidence (**including public input**) showing that the setting does have the qualities of a home and community-based setting and NOT the qualities of an institution; AND

The federal government finds, based on a **review** of the evidence, that the setting meets the requirements for home and community-based settings and does NOT have the qualities of an institution

HCBS Rule Recap

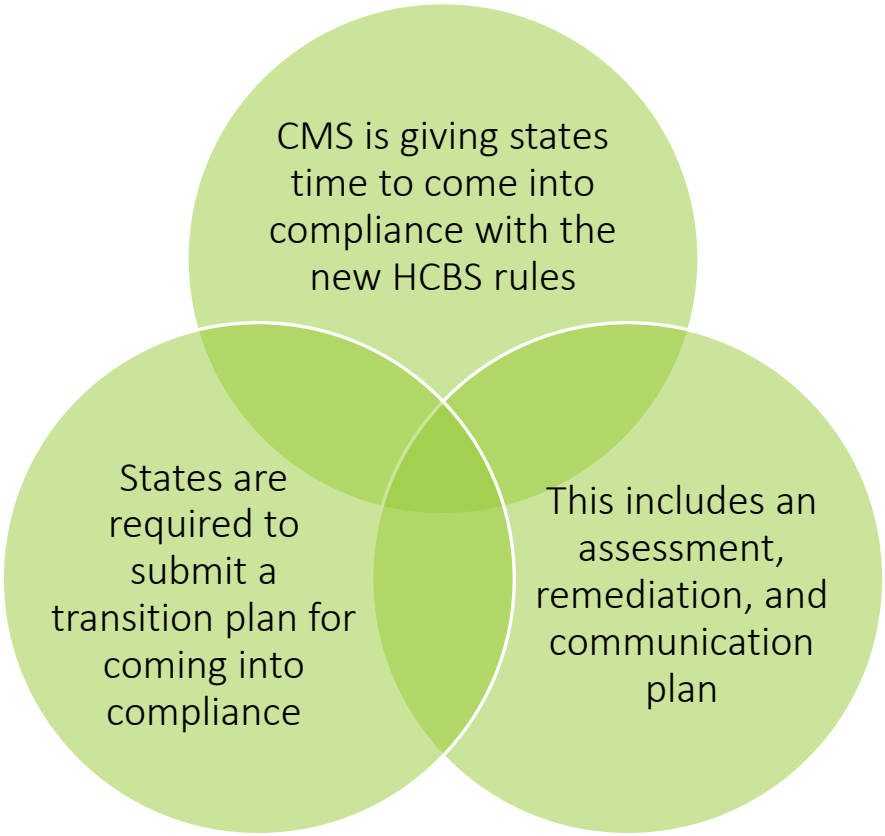
The “test” for any home and community based setting will include **the features of** the setting that make it home and community based and how the **person receiving home and community based services is involved in** the community **compared to other people in the community** who do not receive home and community based services.

My Choice My Way Transition Plan

PART 2:

OVERVIEW OF REQUIREMENTS AND DRAFT TRANSITION PLAN

State Transition Plan



Transition Plan

IMPORTANT DATES TO REMEMBER:

- Final rule in effect on March 17, 2014
- All states transition plans **due to CMS on or before** March 17, 2015
- All states expected to fully meet rule **within 5 years or sooner = on or before** March 17, 2019

Requirements for Public Input

The state must provide the public a chance to review the transition plan and comment on it.

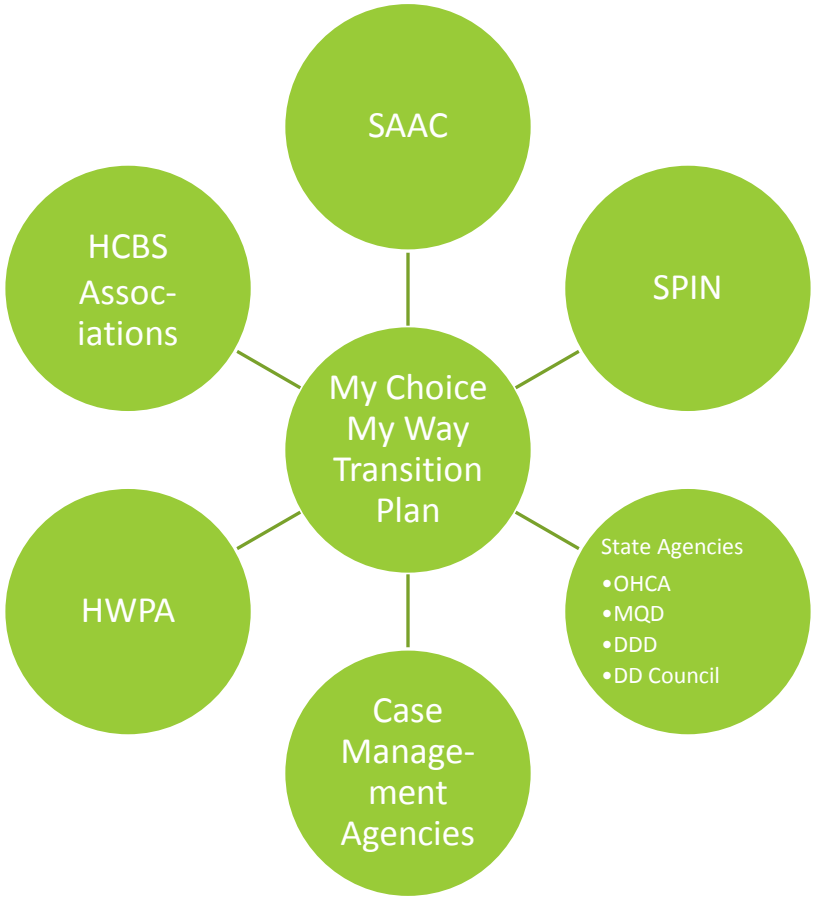
- Consider **public comments**
- **Change** the plan based on public comment, as appropriate
- Submit plan that incorporates public comment to CMS
- State needs to keep and show CMS all public comments

State Transition Plan

The Plan must contain the following:

1. Assessment:
   Systems and Settings both must be evaluated
2. Remediation or Corrective Actions:
   Based on findings, what are you going to do?
3. Milestones and Timeframes:
   How are you going to get there?
4. Public Comment:
   Summary of comments with changes or reason if not changed

My Choice My Way Advisory Group



My Choice My Way Advisory Group

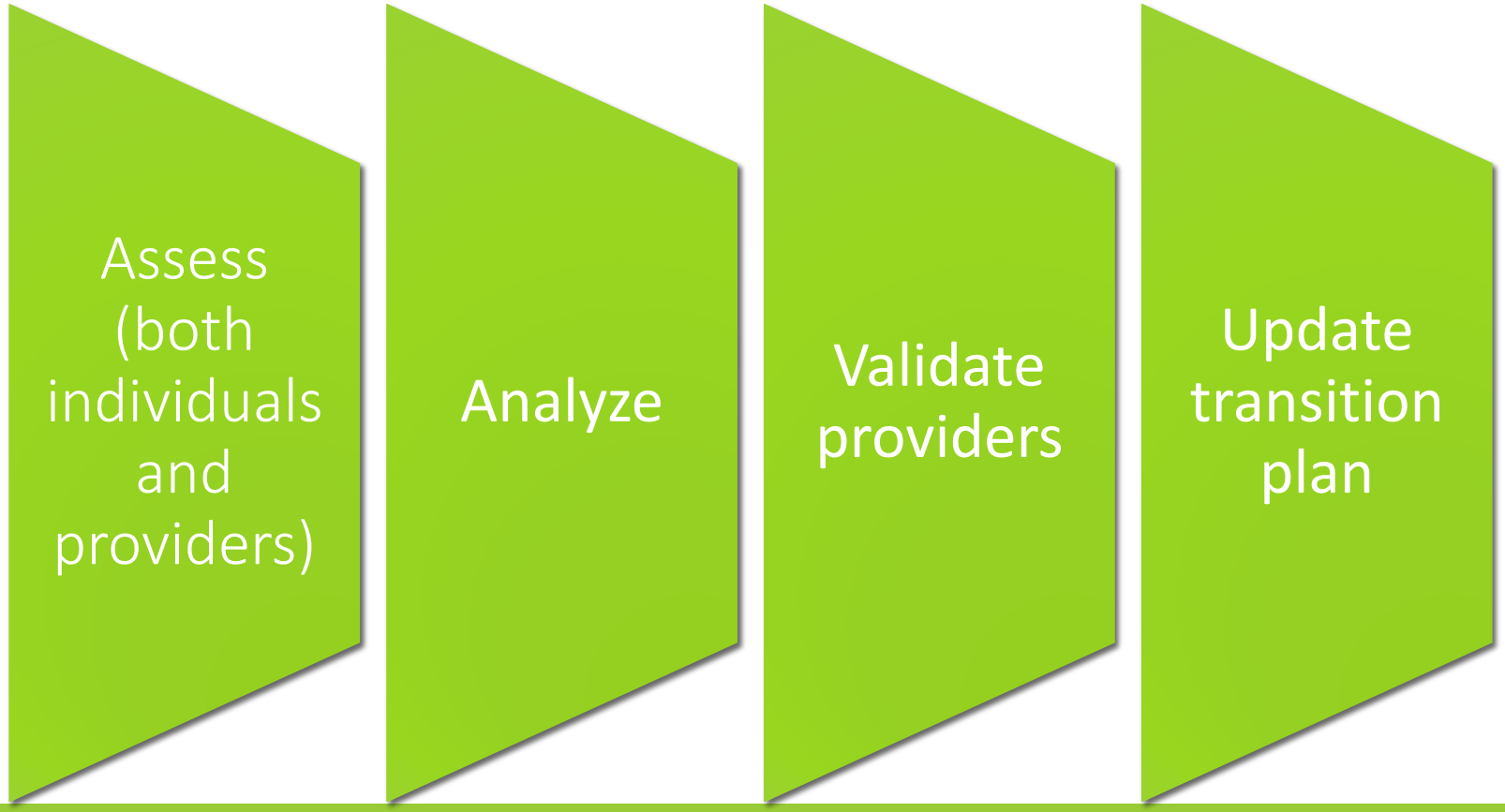
Developed Hawaii's draft transition plan

Components of plan:

- Assessment
- Remediation
- Key Stakeholder Engagement and Public Comment

My Choice My Way Draft Transition Plan

Assessment (both residential and non-residential settings)



My Choice My Way Draft Transition Plan

Timeframe for Assessments

Individuals/ Family/ Friends

- Complete in March and April 2015
- Analyze in May and June 2015
- Revise transition plan in October and November 2015

Providers

- Complete in March and April 2015
- Analyze in May and June 2015
- Validate in July to September 2015
- Revise transition plan in October and November 2015

My Choice My Way Draft Transition Plan

Remediation

- Modify State Statutes, Rules, Regulations, Standards, or Other Requirements
- Inform providers of room for improvement
- Submits justification to CMS for settings that may isolate
- Develop operational procedures with providers

My Choice My Way Draft Transition Plan

Timeframe for Remediation

State Agencies

- Change in rules and regulations July 2015 to July 2017
- Settings that may isolate to CMS July to December 2015

Providers

- Informed of room for improvement October to November 2015
- Develop operational procedures January to June 2016

My Choice My Way Draft Transition Plan

Key Stakeholder Engagement and Public Comment

- Public Comment
- Public Forum
- Informational session twice a year (both participant and provider)

My Choice My Way Draft Transition Plan

Timeframe for Key Stakeholder Engagement and Public Comment

Individuals

Family member or Friends

Providers

State Agencies

Other Stakeholders

- Public Comment by January 30, 2015
- Attend informational sessions- twice a year (March and July 2015 and then January and July from 2016 to 2018)

My Choice My Way Draft Transition Plan

Timeframe: December 16, 2014 to January 30, 2015

Send comments/questions/suggestions by January 30, 2015 to:

Email: mychoicemyway@medicaid.dhs.state.hi.us

Mailing address: Department of Human Services
Med-QUEST Division
Attention: Health Care Services Branch
P.O. Box 700190
Kapolei, Hawaii 96709-0190

Telephone: 808-692-8094

Fax: 808-692-8087

Additional Information

Centers for Medicare & Medicaid Services Website

The Centers for Medicare and Medicaid Services has a website with all of their materials, guidance, and the toolkit. They update this webpage as new materials are developed so watch the site regularly.

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html

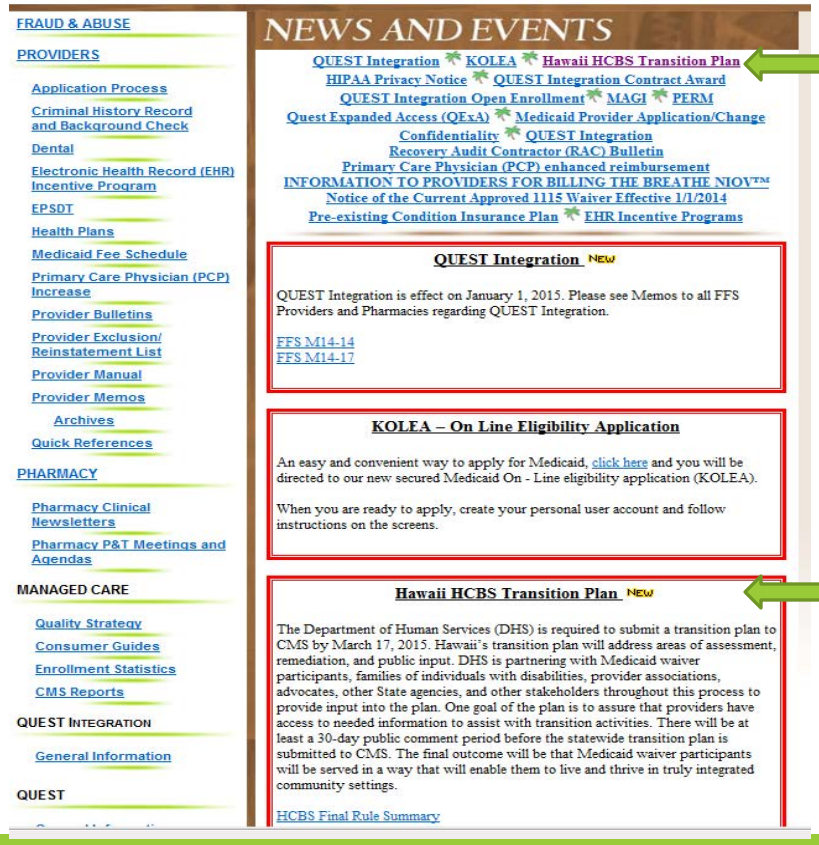
or search for "CMS HCBS toolkit"

Centers for Medicare & Medicaid Services Website – another path

1. Go to **www.medicaid.gov**
2. Click on "**Medicaid**" in the aqua colored bar at the top
3. Select "**By Topic**" from the drop down menu
4. Click on the link for "more information…" in the section titled "**Long-Term Supports & Services** "
5. On this page, the link to "**Home & Community Based Services**" is on the right column. Click that link to get to the page with all the materials the Centers for Medicare and Medicaid Services posts.

Hawai'i Med-QUEST Division

www.med-quest.us



Look for **Hawaii HCBS Transition Plan**

In the News and Events Section (middle of the webpage)

Contact Information

Agency	Telephone	Online
Medicaid Ombudsman	Hawaii: 333-3053 Kauai: 240-0485 Maui and Lanai: 270-1536 Molokai: 660-0063 Oahu: 791-3467	hilopaa.org
DDD Ombudsman	Hawaii (808) 974-4000 Kauai (808) 2 74-3141 Maui (808) 984-2400 Molokai, Lanai 1-800-468-4644 Enter Extension: 3-6669 Oahu 808-453-6669	health.hawaii.gov/ddd
QUEST Integration Health Plans		
AlohaCare	1-877-973-0712	alohacare.org
HMSA	1-800-440-0640	hmsa.com
Kaiser Permanente	1-800-651-2237	kpinhawaii.org
‘Ohana Health Plan	1-888-846-4262	ohanahealthplan.com
UnitedHealthcare Community Plan	1-888-980-8728	uhccommunityplan.com/hi
Office of Health Care Assurance	808-692-7997	health.hawaii.gov/ohca