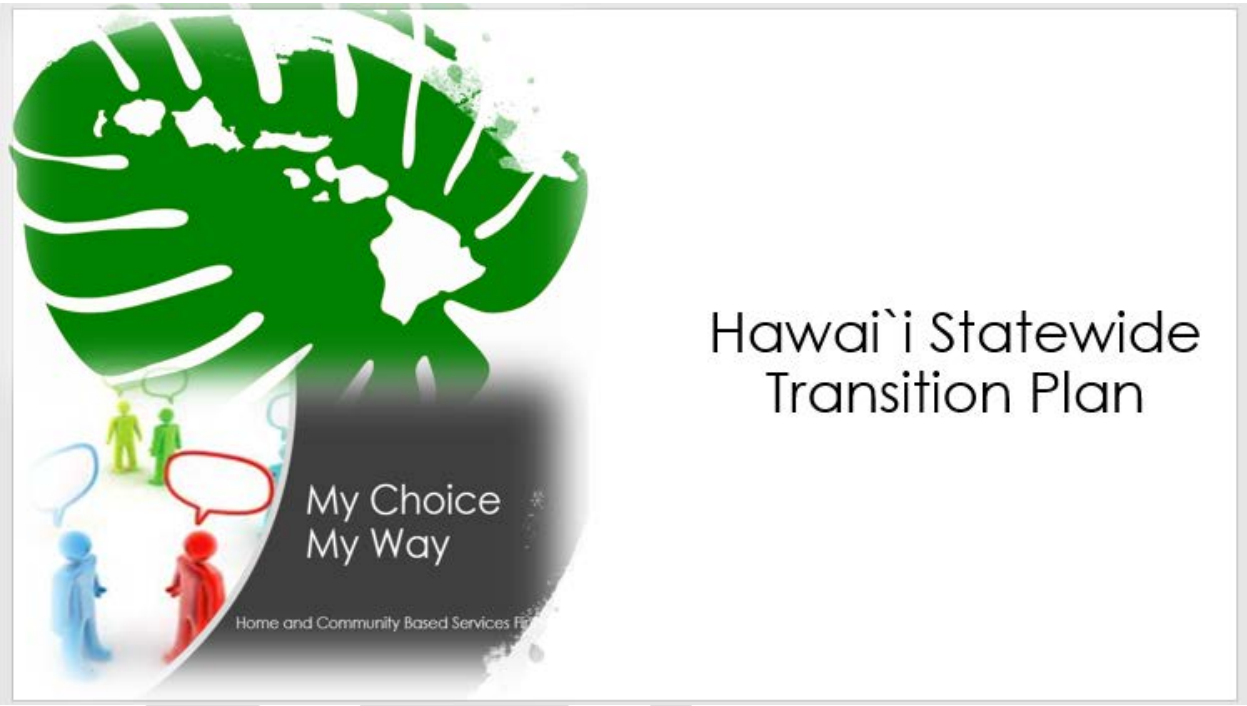

Hawai`i Statewide Transition Plan

Department of Human Services, Med-QUEST Division

My Choice My Way Plan to Meet the Centers for Medicare & Medicaid Services Home and Community-Based Services Settings Requirements

Updated September xx, 2019

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INTRODUCTION

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued new regulations that require home and community-community based services (HCBS) to be provided in community like settings. 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 HCBS.

The intent of these rules is to ensure that people who receive HCBS have the opportunity to access the benefits of community living and receive services in the most integrated settings. States will be allowed until March 14, 2022 to make the transition. Hawai`i intends to implement its Statewide Transition Plan by July 2017. The requirements for submitting a transition plan to CMS rest with the single-state Medicaid agency. Hawai`i, the Department of Human Services, Med-QUEST Division (DHS/MQD) has taken the lead for meeting the requirements for the transition plan. Hawai`i proposes the transition plan with the following timetable and deliverables to come into compliance with the CMS HCBS Final Rule.

PURPOSE

The purpose of the transition plan is to describe the process towards settings compliance. This includes the

- Development of Assessment Strategies- Both Residential and Non-Residential Settings;
- Assessment of State Standards- Hawai`i Administrative Rules, contracts, policies and procedures;
- Assessment of Settings;
- Development of Remediation Strategies;
- Stakeholder Involvement; and
- Milestones/Timeframes.

OVERVIEW OF HOME AND COMMUNITY BASED SERVICES IN HAWAI`I

1115 QUEST INTERGRATION DEMONSTRATION

Under the 1115 QUEST Integration Demonstration (hereinafter "QI"), HCBS services are provided to individuals with disabilities who meet nursing facility level of care to allow those individuals to remain in their home and communities. HCBS services under QI include but not limited to in home personal care supports, residential living options such as assisted living, care and foster home, and non-residential options such as day care and day health. These HCBS services are provided through contracted Managed Care Organizations (MCOs), also referred to as health plans. An estimated number of settings are below.

Residential Setting Type	# of Settings
Assisted Living Facility (ALF)	3
Community Care Foster Family Home (CCFFH)	1179
Expanded-Adult Residential Care Home (E-ARCH)	14

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Non-Residential Setting Type	# of Settings
Adult Day Care (ADC)	19
Adult Day Health (ADH)	6

1915(c) INTELLECTULAL/DEVELOPMENTAL DISABILITIES WAIVER

Under 1915(c) Intellectual/Developmental Disabilities Waiver (hereinafter "I/DD Waiver"), HCBS services are provided to individuals with intellectual and/or developmental disabilities who meet intermediate care facility level of care. The I/DD Waiver allow individuals the choice to live, work, and play in their homes and communities with appropriate quality supports designed to promote health, community integration, safety and independence. HCBS services under I/DD Waiver include but not limited to in residential habilitation supports in living options such as domiciliary, care and foster homes, and non-residential options such as day health and employment supports. These HCBS services are provided by the contracted operating state agency, the Department of Health, Developmental Disabilities Division (DOH/DDD). An estimated number of settings are below.

Residential Habilitation Setting Type	# of Settings
Adult Foster Home (AFH)	279
Adult Residential Care Home (ARCH)	175
Developmental Domiciliary (DOM)	45
Non-Residential Setting Type	**# of Settings**
Adult Day Health (ADH)	42
Discovery and Career Planning (DCP) & Individual Employment Supports (IES)	11

DEVELOPMENT OF HAWAI`I STATEWIDE TRANSITION PLAN, "MY CHOICE MY WAY"

MY CHOICE MY WAY ADVISORY GROUP

Hawai`i's transition plan is called "My Choice My Way." The Department of Human Services, Med-QUEST Division (DHS/MQD) convened an advisory group called My Choice My Way to develop Hawai`i'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.

DHS/MQD is partnering with various organizations in Hawai`i that includes SAAC, Special Parent Information Network (SPIN), Department of Health, Developmental Disabilities Division (DOH/DDD), Department of Health, Office of Health Care Assurance (DOH/OHCA), State Council on Developmental Disabilities (DD Council), Case Management Agencies, Hawai`i Waiver Provider Association (HWPA), Adult Foster Homes of the Pacific, and Big Island Adult Foster Home Operators. These organizations represent Medicaid participants, 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 advisory group is below.

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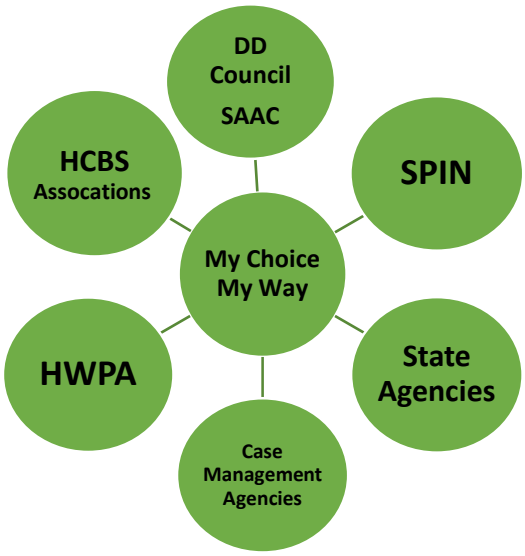

DHS/MQD is committed to engaging with stakeholders through this process and looks forward to continuing to receive feedback. The outcome of this process will be that Medicaid participants will receive services in a way that enables them to live and thrive in truly integrated community settings.

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.

MY CHOICE MY WAY TRANSITION PLAN COMPONENTS
Hawai`i'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.

Section 1: Assessment (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 perform mandatory site validation visits for providers setting that may isolate
- Complete a systemic assessment of State Statutes, Rules, Standards, or Other Requirements to meet new HCBS rules
- Update transition plan based upon assessments

Section 2: Remediation

- Modify State Statutes, Rules, Standards, or Other Requirements to meet new HCBS rules
- Develop waiver specific remediation activities
- 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
- Develop operational procedures with providers to implement changes to meet new HCBS rules

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- Develop relocation plan for individuals that are in a setting that does not meet the new HCBS rules

Section 3: Key Stakeholder Engagement and Public Comment

- Posted a public notice and conducted comment periods
- Public Forums held statewide for public engagement
- Informational session held twice a year in January and July: one session will be for participants, families, advocates and the other for providers

STATEWIDE ASSESSMENT STRATEGY

SYSTEMIC ASSESSMENT OF STATE STANDARDS

Initial assessment of settings included the State review of current statutes, rules, regulations, standards, or other requirements to identify any needed changes for full compliance with the HCBS settings requirements. The State cross walked the HCBS requirements with the standards and identified areas that met, partially met, or silent and did not meet. See Attachment B for details on systemic assessment of standards. The State reviewed the following documents:

1115 QUEST Integration

- Department of Health, Hawaii Administrative Rule Chapter 11-90
- Department of Health, Hawaii Administrative Rule Chapter 11-100.1
- Department of Health, Hawaii Administrative Rule Chapter 11-800
- Department of Health, Hawaii Administrative Rule Chapter 11-94.1
- Health Plan Contracts
- HCBS Provider Contracts

1915C I/DD Waiver

- Department of Health, Hawaii Administrative Rule Chapter 11-148
- Department of Health, Hawaii Administrative Rule Chapter 11-89
- Waiver Standards
- HCBS Provider Contacts

COMPLIANCE CATEGORIES

The My Choice My Way advisory group advised the State on development of the process for assessing and analyzing all HCBS settings. The advisory group also advised on the settings tool that 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- No, cannot meet requirements
- Category 4- Not yet, presumed not HCBS but State will require heightened scrutiny

PROVIDER SELF-ASSESSMENT AND PARTICIPANT SURVEYS

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To assess the current compliance of all HCBS settings, the State used the HCBS provider self-assessment survey and several approaches for validation. All providers were required to complete a self-assessment survey. DHS/MQD and DOH/DDD mailed the provider self-assessment survey to 100% of active HCBS providers. If providers did not return the survey by the deadline, another letter or email reminder was sent. If still no survey received by the deadline, the State conducted a mandatory onsite visit for assessment and validation. By 2019, 100% of providers should have an assessment and validation completed on file.

The advisory group assisted in the development of the participant experience survey. The survey provided the participant with the opportunity to report their experience with their current HCBS settings. Survey components and focus areas were similar to the provider self-assessment survey. Focus areas include:

1. Choice of Provider, Services, Schedule and Activities
2. Right to Privacy
3. Right to Dignity and Respect
4. Community Integration and Accessibility

The survey was formatted in larger font size, include colored pictures, and used plain language. The State then selected a statistically significant sample of HCBS participants to complete the survey. Training was provided to organizations (i.e., health plan service coordinators, DDD case managers, DD waiver agencies) that will assist participants to complete the surveys. If participants did not return the survey by the deadline the State looked at other ways to validate the setting such as conducting a participant survey onsite, onsite observations, or reviewed plans of correction.

INDIVIDUAL, PRIVATE HOMES

The State will not include and validate privately-owned or rented homes/apartments as part of the assessment. The State believes that all participants that are living in an independent living arrangement with family members, friends or roommates in a privately-owned or rented home/apartment is integrated in their community where there are people who do not receive HCBS also reside. However, the State will provide ongoing monitoring to ensure that participants in independent living arrangements are still in compliant with the HCBS requirements.

For settings where the participant lives in a privately-owned home operated by an unrelated caregiver and who is paid to support the participant by providing HCBS, the setting is considered a provider-owned or controlled setting that needs to be assessed and validated.

GROUP SETTINGS

The State will assess and validate all settings in which participants are clustered or grouped for the purpose of receiving HCBS. This includes all group residential and non-residential settings such as but not limited to supported employment, prevocational, and habilitation services.

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PARTICIPANTS RECEIVING ONLY NON-RESIDENTIAL HCBS
For participants receiving only non-residential HCBS, the State will not include and validate the home in which the participant resides in. However, the State will provide ongoing monitoring to ensure that participants in independent living arrangements are still in compliant with the HCBS requirements.

OPPORTUNITIES FOR COMMUNITY INTERGRATION
For participants receiving non-residential HCBS, the State will assess and validate the program activities that support opportunities for community integration beyond the center-based program. The State will deem a setting non-compliant with the requirements if the setting allows individuals without disabilities from the community into the setting, also called reverse integration. Reverse integration or having a program model that intentionally invites individuals not receiving HCBS into the setting does not meet the community integration outlined in the regulations.

ASSESSMENT VALIDATIONS

1115 QUEST INTERGRATION (QI) DEMONSTRATION
Validations of all QI providers were conducted by the State through participant experience surveys, onsite visits by the My Choice My Way advisory group, onsite visits by case management agencies, and reviewing plans of correction for settings licensed by DOH/OHCA. Validations were from fall 2016 to March 2019. The validation tool was completed onsite based on observations and participant interviews. DHS/MQD Quality, Member Relations, and Improvement Section (QMRIS) is responsible for the management of all HCBS provider lists, provider self-assessments, validations, and result findings.

1915(c) INTELLECTULAL/DEVELOPMENTAL DISABILITIES WAIVER
Validations of all I/DD Waiver providers were conducted by the State through participant experience surveys, onsite visits by the My Choice My Way advisory group, and onsite visits by the DDD Certification and Monitoring Unit or DDD Community Resources Branch quality improvement team. Validations were from January 2017 to December 2017 as part of the annual certification and quality monitoring.

For adult foster homes, the DDD Certification staff used the validation tool and interviewed at least one participant. The DDD Certification Unit is responsible for the management of the active foster home list, provider self-assessments, validations, and result findings.

For domiciliary and adult care homes, where residential habilitation is a service, the DDD Community Resources Branch (CRB) quality improvement team is responsible for the management of the active provider agency list, provider self-assessments, validations, and result findings.

ASSESSMENT FINDINGS AND ANALYSIS

1115 QUEST INTERGRATION (QI) DEMONSTRATION
In 2015, the State mailed participant surveys which received a 47.7% response rate for

residential settings and 33.6% response rate for non-residential settings. State staff entered all the survey responses into survey monkey, analyzed the data, and sorted providers into categories of compliance.

The My Choice My Way advisory group recommended rating individual survey results by percent compliance. Weight for each question was the same for provider and participant. In addition, the advisory group recommended that the State perform an analysis that confidentially matched providers with their participants to verify if self-assessments were accurate. If providers that had a less than 60% match agreement in responses were placed on the list for validation. The threshold at 60% meant that a provider may not be in compliant in more than half of the regulations and required more attention.

In 2017, to increase the number of participant surveys responses, the State included the survey as part of the Medicaid provider revalidation process. In some cases, the State was unable to obtain a participant survey due to participants medical condition. In 2018, the State engaged case management agencies to assist with the assessment of residential settings. The State also reviewed plans of correction conducted by the licensing and certification entity DOH/OHCA for validations. The State was able to validate 100% of residential and non-residential settings.

There were 2 non-residential settings that self-reported to be category 1 and 100% compliant in all areas of the final rule. The State made mandatory onsite validation visits to those settings. The State found areas that require remediation. These settings were brought to the My Choice My Way advisory group for further discussion and determined the settings to meet category 2. There were no category 3 settings in overall assessments.

For residential settings, the State found that most provider settings were category 2 and non-compliant with the following areas:

- Residential agreement that align with Hawai`i landlord tenant laws
- Choice of setting and service provider
- Choice of schedule and activities
- Right to privacy- providing a lockable bedroom door
- Right to relationships- policy for visitors and visiting hours
- Right to access greater community- policy for transportation

There was only 1 setting identified as a category 4. The setting was reported during onsite validation to be on the grounds of or adjacent to a public institution. The setting is described as having an Expanded Adult Residential Care Home on the same grounds of a nursing facility and Adult Day Care program. All settings are operationally related. This provider will require heightened scrutiny.

All assessments and validations were completed by March 2019. The table below is a summary

of the QI residential assessment findings.

Setting Type	# of Settings	Category 1	Category 2	Category 3	Category 4
Assisted Living Facility (ALF)	3	0 (0%)	3 (100%)	0 (0%)	0 (0%)
Community Care Foster Family Home (CCFFH)	1179	0 (0%)	1179 (100%)	0 (0%)	0 (0%)
Expanded-Adult Residential Care Home (E-ARCH)	14	0 (0%)	13 (93%)	0 (0%)	1 (7%)

The State found no category 1 and category 3 in overall assessment of non-residential settings. Majority of Adult Day Care and only 2 Adult Day Health providers were a category 2. Most provider were non-compliant with the following areas:

- Choice of setting and service provider
- Choice of schedule and activities

There was a total of 5 settings identified as a category 4. The 1 Adult Day Care program mentioned above was reported during onsite validation to be on the grounds of or adjacent to a public institution. The setting is described as having an Adult Day Care program on the same grounds of a nursing facility and Expanded Adult Residential Care Home. All settings are operationally related. This provider will require heightened scrutiny.

The remaining 4 Adult Day Health programs was reported during onsite validation to be in a building that is also a publicly or privately operated setting that provide inpatient institutional treatment. These day program services are delivered in nursing facilities. These providers will require heightened scrutiny.

All assessments and validations were completed by 2017. The table below is a summary of the QI non-residential assessment findings.

Setting Type	# of Settings	Category 1	Category 2	Category 3	Category 4
Adult Day Care (ADC)	19	0 (0%)	18 (95%)	0 (0%)	1 (5%)
Adult Day Health (ADH)	6	0 (0%)	2 (33%)	0 (0%)	4 (67%)

1915(c) INTELLECTULAL/DEVELOPMENTAL DISABILITIES WAIVER
For residential habilitation settings, the State found no providers that met category 1 and that most provider settings were category 2 and non-compliant with the following areas:

- Residential agreement that align with Hawai`i landlord tenant laws
- Choice of setting and service provider
- Choice of schedule and activities

- Choice of roommate
- Choice and access to food
- Right to privacy- providing a lockable bedroom door

There was a total of 4 settings identified as category 4. These settings were reported during onsite validation to be located in a building on the grounds of or adjacent to a public or private institution. All 4 Developmental Domiciliary (DOM) settings are on the same grounds of 6 Intermediate Care Facilities for Individuals with Intellectual/Developmental Disabilities (ICF/IID) that provide institutional active treatment services. In addition, the settings were reported to have effects of isolating participants from the broader community. The setting was reported to be disability-specific farm like community between 2 main cities. The driveway that lead to the residential area was gated and locked. The overall setting grounds are all operationally related. Participants that chose to live in these setting have close access to an Adult Day Health program, medical clinics, staff housing and a for-profit business owned by the provider.

All assessments and validations were completed by June 2018. The table below is a summary of the residential habilitation assessment findings.

Setting Type	# of Settings	Category 1	Category 2	Category 3	Category 4
Adult Foster Home (AFH)	279	0 (0%)	279 (100%)	0 (0%)	0 (0%)
Adult Residential Care Home (ARCH)	175	0 (0%)	175 (100%)	0 (0%)	0 (0%)
Developmental Domiciliary (DOM)	43	0 (0%)	39 (91%)	0 (0%)	4 (9%)

For non-residential settings, the State found that 5 settings that provided Discovery and Career Planning (DCP) or Individual Employment Services (IES) were 100% compliant with the regulations.

The State found that most provider settings were category 2 and non-compliant with the following areas:

- Choice of setting and service provider
- Choice of schedule and activities
- Choice and access to food
- Right to access greater community- policy for community outings

There was 1 setting identified as category 4. This Adult Day Health program was reported during onsite validation to be located in a building on the grounds of or adjacent to a public or private institution and have effects of isolating participants from the broader community. As mentioned earlier the overall setting grounds are all operationally related. Participants that

chose to live in these setting have close access to an Adult Day Health program, DOM settings, ICF/IID settings, medical clinics, staff housing and a for-profit business owned by the provider. The setting was reported to be disability-specific farm like community between 2 main cities.

All assessments and validations were completed by 2017. The table below is a summary of the non-residential assessment findings.

Setting Type	# of Settings	Category 1	Category 2	Category 3	Category 4
Adult Day Health (ADH)	42	0 (0%)	41 (98%)	0 (0%)	1 (2%)
Discovery and Career Planning (DCP) & Individual Employment Supports (IES)	11	5 (45%)	6 (55%)	0 (0%)	0 (0%)

STATEWIDE REMEDIATION STRATEGY

SYSTEMIC REMEDIATION OF STATE STANDARDS

During the systemic assessment of current statutes, rules, regulations, standards, or other requirements the State identified areas that either partially met or silent and did not meet required remediation. See Attachment B for details and timelines on systemic remediation of standards. DOH/OHCA, in partnership with DHS/MQD and DOH/DDD will work on the amendments for all settings licensed/certified by DOH/OHCA. DHS/MQD will work on the amendments related to QI and DOH/DDD will work on the amendments related to the I/DD Waiver. Overall, DHS/MQD is responsible for tracking and monitoring the progress on amendments to the standards. Any changes in timelines will be communicated to CMS, quarterly, by the DHS/MQD.

PROVIDER TRAINING

During the assessment and validation process, a number of focus areas were listed that require remediation. The overall remediation strategy includes training and educational opportunities for HCBS providers to better understand the Final Rule requirements and recommended remediation activities. Training may be held via webinar and face to face group. For specific QI and I/DD Waiver remediation activities, see Attachment C.

The responsible State agency will develop training plans which are provider-type specific; may have a “Train the trainer” model components for ongoing HCBS Rule and Person-Centered Planning trainings; have continuous Person-Centered Planning trainings for QI service coordinators, case managers and certain HCBS provider-types; may have issuance of training certificates of participation following completion of each training until the HCBS final rule federal requirements are fully implemented; and posting training materials on the DHS/MQD website.

The responsible State agency will ensure that HCBS providers demonstrate in policies and practices that participants:

- Understand their rights
- Are ensured access to services in non-disability specific settings among their service options for both residential and non-residential services
- Choose the activities they do and who they do it with
- Are consulted and active in selecting, planning and scheduling organized activities
- Know how to request a change of service provider or support staff
- Are treated with dignity and respect
- Are afforded privacy for personal activities
- Are engaged in community living and social activities of their preference outside of the setting at will
- May have visitors who they choose and at what time
- Are involved in community activities of their choosing that are based on their choices and interests

ACCESS TO NON-DISABILITY SPECIFIC SETTINGS
To increase participant access into the community to both disability and non-disability specific settings, the health plans and DDD will establish and maintain adequate HCBS provider networks and communications as outlined in the contract, especially in neighbor islands and rural locations.

OPPORTUNITIES FOR COMMUNITY INTERGRATION
To increase participant opportunities for community integration, the health plans and DDD will ensure that through the person-centered planning process that the participants interests for community activities are documented. In addition, to ensure the plan is implemented the health plan and DDD will access the services during quarterly follow up monitoring and visits.

For participants receiving non-residential HCBS, the health plans and DDD will ensure that HCBS providers have policies and practices that support opportunities for community integration activities beyond center-based programs.

For HCBS providers found to be in compliance in certain areas, the appropriate oversight agency will issue a written report of validation findings and information about staying in compliance on an on-going basis. The timeline for completing all remediation to achieve full compliance with the Final Rule is by July 1, 2020. All settings will be reevaluated for compliance annually as part of the program quality assurance monitoring.

In the event the HCBS provider has gone through necessary remediation activities and continues to demonstrate non-compliance with HCBS final rule federal requirements by July 1, 2020, the State will submit the list of settings and evidence packets to CMS for heightened scrutiny review within 120 days (by the end of October 2020).

PROVIDER TECHNICAL SUPPORT
The responsible State agency will provide ongoing technical support for areas of remediation.

ONGOING MONITORING

1115 QUEST INTERGRATION (QI) DEMONSTRATION

For settings under QI, ongoing monitoring will be the responsibility of the States licensing and certification agency, Department of Health, Office of Health Care Assurance (DOH/OHCA). The Hawaii Administrative Rules that will be amended govern these settings. Review of setting compliance will occur during relicensing and recertification, annually. DOH/OCHA will include the regulations in existing monitoring tools.

DHS/MQD is working in collaboration with DOH/OHCA in amending the language in the administrative rules. DHS/MQD will provide ongoing monitoring of State standards by tracking amendments and timelines.

The DHS/MQD delegates the services provided to HCBS participants to the QI health plans. Health plans will provide ongoing monitoring during the annual person-centered planning meeting. This includes all participants receiving HCBS, even in a private home. The health plan will ensure the services delivered are provided by a compliant HCBS providers. The HCBS provider contracts must align with the regulations. Health plans are responsible and will include the regulations in provider monitoring and credentialing processes, annually. In addition, DHS/MQD is considering the use of the HCBS CAHPS Survey as a supplemental source to assist with ongoing monitoring and compliance.

NEW QI PROVIDER PROCESS

For any new Medicaid provider after July 1, 2016 must be fully compliant with the HCBS final rule and be able to demonstrate the provision of services in fully integrated community settings prior to the approval and delivery of HCBS services. See CMS website for more details at https://www.medicaid.gov/medicaid/hcbs/guidance/index.html. The State process for new Medicaid provider is outlined:

Any entity (individual, business, or organization) wishing to become a Medicaid provider must complete and submit a Medicaid Provider Application (DHS 1139) to deliver HCBS services.

1. The DHS 1139 form may be obtained from the DHS/MQD website. The applicant must submit the DHS 1139 form with a $500 application fee to DHS/MQD for review, processing and issuing the temporary identification number for fingerprinting and criminal history check requirements. For instructions, please see DHS 1139 form for instructions.

2. The DHS 1139 form must be reviewed and prescreened by DHS/MQD to meet all requirements including, but not limited to, licensing and certification, fingerprinting and criminal history checks, and tax documents.

3. A site visit to the applicant's setting(s) will be scheduled as needed to assist in the review process. The applicant has the responsibility to understand the HCBS final rule

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prior to submitting the application and include an explanation in the application how the applicant's service(s) and setting(s) will be in full compliance.

4. If the applicant meets the requirements, DHS/MQD will issue a final approval letter and execution of the written Provider Agreement.

In addition to the State Medicaid application process, the health plans must have in policies and procedures a process to prescreen HCBS providers for compliance with the Final Rule before initiating a contract.

1915(c) INTELLECTULAL/DEVELOPMENTAL DISABILITIES WAIVER
For residential habilitation setting, Adult Foster Homes (AFH), the DDD Certification Unit is responsible for certifying, re-certifying, and monitoring ongoing compliance of DDD AFHs with compliance standards and final rule requirements. DDD Certification Unit intends to update the certification monitoring tool to include the final rule requirements. Staff are using separate tools for compliance with AFH rules and Final Rule. DDD is in the process of promulgating new administrative rules for DDD AFHs that will require compliance with Final Rule requirements in order to operate an AFH.

For all other residential habilitation settings, ongoing monitoring will be the responsibility of the States licensing and certification agency, Department of Health, Office of Health Care Assurance (DOH/OHCA). The Hawaii Administrative Rules that will be amended govern these settings. Review of setting compliance will occur during relicensing and recertification, annually. DOH/OCHA will include the regulations in existing monitoring tools.

For all I/DD Waiver providers, DOH/DDD Community Resources Management Section (CRMS) in the Community Resources Branch (CRB) is responsible for overall monitoring for ongoing compliance with Waiver Standards and Final Rule. The DOH/DDD has revised the Waiver Standards to incorporate requirements for Final Rule compliance. Representatives from the Self-Advocacy Advisory Council assisted in developing an "Interest Inventory" to assist the ADH program staff in identifying activities of interest to the participant and designing community activities to support their interests. The monitoring team reviews the provider's Individual Plan to look for how the participant's interests are incorporated into their planned activities. CRMS is in the process of updating the monitoring tool to include the final rule requirements. CRMS also re-described a position and hired a staff that is responsible for conducting participant experience interviews and observations of community activities as part of the provider monitoring of non-residential settings. Providers will complete the self-assessment survey at least annually to evaluate their progress toward remediation. Surveys will be submitted to CRMS as part of the remediation requirements. In addition, the DOH/DDD has included the NCI-AD and Personal Experience Survey to assist with the ongoing monitoring and compliance.

NEW I/DD WAIVER PROVIDER PROCESS
The I/DD Waiver Standards requires that all new applicants are in full compliance with the Final Rule prior to becoming providers. CRB staff visit the setting and use the Non-Residential

Validation Tool to evaluate the setting's compliance. The applicant must receive a score of 100% compliance to be recommended to DHS/MQD to enroll as a provider. There are no exceptions. CMS has issued guidance that the transition period is not available for a new provider applicant or an existing Provider seeking to add a new service or a new location (setting). Any new provider or service or setting approved after July 1, 2016 must be fully compliant with the HCBS final rule and be able to demonstrate the provision of services in fully integrated community settings prior to the approval and delivery of a waiver service. See CMS website for more details at https://www.medicaid.gov/medicaid/hcbs/guidance/index.html. The I/DD Waiver new applicants process is outlined:

Any entity (individual, business, or organization) wishing to become a Medicaid I/DD Waiver provider must complete and submit a DOH/DDD Medicaid I/DD Waiver Proposal Application to deliver HCBS services to individuals eligible for I/DD Waiver services.

5. The Medicaid I/DD Waiver Proposal Application and Addendum Application may be obtained from DOH/DDD's Community Resource Management Section in the Community Resources Branch (CRB). See the Assistance Directory in Appendix 3,
6. The Medicaid I/DD Waiver Services Proposal Application must be reviewed by DOH/DDD for programmatic and fiscal requirements.
7. Upon receipt of the Medicaid I/DD Waiver Proposal Application or Addendum Application, the submitting agency will receive acknowledgement of receipt of the proposal. DOH/DDD will then notify the applicant of their findings within ninety (90) business days of submission.
8. A site visit to the applicant's setting(s) will be scheduled as needed to assist in the review process. The applicant has the responsibility to understand the HCBS final rule prior to submitting the application and include an explanation in the application how the applicant's service(s) and setting(s) will be in full compliance.
9. If the applicant meets the waiver standards, DOH/DDD will submit their recommendations to DHS/MQD for final approval and execution of the written Provider Agreement.
10. Once DOH-DDD recommends a new provider application, the provider must submit the Medicaid Application/Change Request Form (DHS 1139) (see Appendix 6) with a $500 application fee to DOH-DDD which will be forwarded to DHS-MQD for review, processing and issuing the temporary identification number for fingerprinting requirements. For instructions, please see Medicaid Application/Change Form Instructions.
11. The applicant may submit one revised proposal within the fiscal year to address issues that resulted in a finding of "not approved." DOH/DDD will respond with their findings within ninety (90) business days of resubmission.

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HEIGHTENED SCRUTINY PROCESS

Through the self-assessment surveys the State was able to generate a preliminary report that identified settings that may limit access to the community or have qualities of an institution. The preliminary report placed these settings in a category 4 of compliance. The questions that triggered further evaluation for providers that answered no or did not answer the question about access to stores, businesses, or transportation and the use of restraints and/or restrictive interventions. In addition to the surveys, the My Choice My Way workgroup had identified settings that may have qualities of an institution or have the effect of isolation by service location or operational structure such as, the setting:

- Is privately or publically owned facility that provides inpatient treatment.
- Is on the grounds of or adjacent to a public institution.
- Could have the effect of isolating individuals from the community.
- Has multiple co-located and operationally related that congregate a large number of people with disabilities and provide significant shared programming staff, such that the individuals' ability to interact with the broader community is limited.
- May isolate individuals, such as
    - Use of interventions or restrictions that are used in institutional settings (e.g. seclusions)
    - Multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social recreational activities provided only to individuals with disabilities.
    - Individuals in the setting have limited interaction with the broader community.

The State also referenced the Centers for Medicare and Medicaid Services (CMS) "Guidance on Settings that have the Effect of Isolating Individuals Receiving HCBS from the Broader Community".

After the analysis of the self-assessment surveys, the State developed a validation tool that helped determine if a setting is a true category 4. About 50 reviewers were trained on

- The different categories of compliance
- Teams of two (2) reviewers either self-advocates, families, or state staff
- Reviewers roles and responsibilities
- Review of the validation tool
- How to get the information needed through observation and interviews
- Interview techniques a "Let's Talk Story" approach

All reviewers had access to "Big Tent" website as communication platform during the validation period to post questions, ask for/share advice. The website served as a discussion board and tracking tool which reviewers can view any validations that have been scheduled or already completed.

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At the end of the validations, the reviewers confirmed the compliance of each setting. DHS/MQD then analyzed the validation tools submitted by the reviewers. A secondary validation was conducted by DHS/MQD of the settings that were identified as category 4 setting. There were a total of 3 settings, 1 residential and 2 non-residential, that needed a secondary validation. DHS/MQD reviewed each validation tools and findings before coordinating another onsite visit. The providers were briefed on the initial validation findings and educated on the settings that may isolate or limit community integration by the Centers for Medicare and Medicaid Services (CMS) guidance. The My Choice My Way work group reviewed and approved the findings. The providers were then notified and placed on the provider compliance list as a category 4. The list was posted on the DHS/MQD website for public comment. The list included provider identification number and compliance category.

Starting mid-2019, the State plans to work collaboratively with the category 4 settings that been presumed institutional. The State is using the heightened scrutiny process to disprove the presumption that a setting has institutional qualities. See Attachment F for a flowchart of the heightened scrutiny process. Evidence will be collected to explain and document that the setting does not have qualities of an institution and is home and community based. Provider transition plan actions must include but not limited to the setting to demonstrate

- How the program is will integrate individuals into the broader community with individual participation in activities that do not include those organized by the provider and only include paid staff

- How the program is not interrelated with the residential homes, including demonstrating how the program is a separate entity from the residential homes both physically and operationally

- How the program is not interrelated with the nursing facility, including demonstrating how the day health is a separate entity from the nursing facility/institution both physically and operationally.

The State will designate a team to review the evidence and seek public comment before the submission to CMS. Changes will be made based on public comments, any questions will be answered and posted on the DHS/MQD website. CMS will then formally review the evidence submitted by the State and will make a determination as to whether the evidence is sufficient to overcome the presumption. During this process, the State will continue to provide ongoing technical assistance and training in areas identified for remediation.

In the event the HCBS provider has gone through necessary remediation activities and continues to demonstrate non-compliance with HCBS final rule federal requirements by July 1, 2020, the State will submit the list of settings and evidence packets to CMS for heightened scrutiny review within 120 days (by the end of October 2020).

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PARTICIPANT TRANSITION AND SUPPORTS

By January 31, 2021, any provider operating a setting that is not in full compliance will be notified that participants receiving services in the setting will be transitioned to another setting during calendar year 2021, with all transitions completed by December 31, 2021. The State agencies will work closely with the HCBS provider to transition participants into other compliant settings.

The contracted entity, health plan or DDD, will coordinate a transition of care plan for participants in settings that cannot meet the HCBS requirements. The DDD and health plan will follow policies and procedures for transition of care. The process shall include:

- Timely notification to the participant and provider;
- Providing informed choice of different setting options in a person-centered planning meeting;
- Developing a transition plan with timelines;
- Ensuring continuity of services in setting of choice;
- Ensuring the participant needs and preferences are met; and
- Ensuring seamless coordination between service providers.

Once transition has taken place, the health plan or DDD will update the person-centered plan and establish ongoing monitoring aligned with onsite visit requirements. The table below is an estimated number of participants in category 4 settings who may need assistance if the setting is not compliant by January 31, 2021.

1115 QI Setting Type	Category 4 # of Settings	Estimated # of Participants
Assisted Living Facility (ALF)	0	0
Community Care Foster Family Home (CCFFH)	0	0
Expanded-Adult Residential Care Home (E-ARCH)	1	5
Adult Day Care (ADC)	1	2
Adult Day Health (ADH)	4	8

1915(c) I/DD Waiver Setting Type	Category 4 # of Settings	Estimated # of Participants
Adult Foster Home (AFH)	0	0
Adult Residential Care Home (ARCH)	0	0
Developmental Domiciliary (DOM)	4	16
Adult Day Health (ADH)	1	30
Discovery and Career Planning (DCP) & Individual Employment Supports (IES)	0	0

PUBLIC ENGAGEMENT AND COMMENTS SUMMARY

The DHS/MQD sent notifications to the public and stakeholders to provide input and

comments on the transition plan. In addition to notification, public forums were held as part of the process. See Attachment D for copy of public notices and below are the details for public engagement and comments summary.

PUBLIC NOTIFICATION

DHS/MQD mailed tribal council consultation letters to Ke Ola Mamo with a draft of the transition plan. Ke Ola Mamo received 45 days for public comment period and during that time they did not provide comments on the 2015 and 2016 versions of the transition plan. Timeline and comment period details below.

Tribal Letter	Public Comment Start	Public Comment End
Friday, December 12, 2014	Friday, December 12, 2014	Friday, January 30, 2015
Wednesday, December 30, 2015	Wednesday, December 30, 2015	Tuesday, March 01, 2016
Monday, July 22, 2019	Monday, July 22, 2019	Friday, September 13, 2019

DHS/MQD published public notices, electronically via email and website information and non-electronically in local newspaper and eligibility units. The public received 30 days for public comment period. Timeline and comment period details below.

Publications	Public Comment Start	Public Comment End
Tuesday, December 16, 2014	Tuesday, December 16, 2014	Friday, January 30, 2015
Friday, January 15, 2016	Friday, January 15, 2016	Tuesday, March 01, 2016
Monday, August 12, 2019	Tuesday, August 13, 2019	Friday, September 13, 2019

PUBLIC FORUMS

Public forums were held on January 14, 2015, January 14, 2016, and August 30, 2019 to seek input on the transition plan and findings. Approximately 200 individuals statewide attended 2015 and 2016 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 participants, their families, providers to individuals receiving HCBS, state agencies that provide services to waiver participants, and other stakeholders. The first forum provided an overview of the HCBS rules and a summary of the draft transition plan. The forum provided an overview site validation. Afterwards the My Choice My Way advisory group (or panelists) answered questions from the attendees. 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). Both events were moderated by Hilopa'a, Hawai`i's Family to Family Health Information Center. Many of the questions in the 2015 public forum were not related to the My Choice My Way transition plan. The 2016 public forum provided a summary of updates on the transition plan and shared assessment results from validations.

ADD 2019 information

-Public Forum- Via Webinar August 23, 2019 and at Aloha Stadium August 30, 2019

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PUBLIC COMMENT SUMMARY
DHS/MQD received public input from the 2015 public forum as well as four written comments: one stakeholder organization, two parents, and one provider association. DHS/MQD received public input from the public forum as well as 3 written comments: two stakeholder organization and one provider association. The My Choice My Way advisory group reviewed all of the public comments. 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. DHS/MQD has posted a question and answer on its website that responds to all of questions posed through public comment process. A summary provides information on the comment type, date received, comment summary, state response, and impact on transition plan.

DHS/MQD received public comment from two public forums as well as through its formal public comment period. In addition, several organizations from the My Choice My Way advisory group distributed to their membership information about the forum to include SPIN, HWPA, DOH/DDD, DHS/MQD, and Case Management Agencies. DHS/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 DHS/MQD received since publishing its draft My Choice My Way transition plan as well as changes that DHS/MQD made to the transition plan based upon public comment.

ADD 2019 information
-Public Comments- Via Webinar August 23, 2019 and at Aloha Stadium August 30, 2019

MY CHOICE MY WAY INFORMATION
QUESTIONS AND COMMENTS
Individuals may continue to obtain information on Hawai`i's My Choice My Way transition plan or submit questions or comments to:

Website:	https://medquest.hawaii.gov/ Search for My Choice My Way
Email:	mychoicemyway@dhs.hawaii.gov
Mailing address:	Department of Human Services, Med-QUEST Division Attention: Health Care Services Branch P.O. Box 700190 Kapolei, Hawai`i 96709-0190
Telephone:	808-692-8094
Fax:	808-692-8087

STAKEHOLDER ENGAGEMENT
The State and its partners will provide informational training sessions every 6 months for participants, families, advocates, and HCBS providers that include in-person, webinar sessions, and written information:

- Understanding the final rule and how it may or may not affect 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.

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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 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	Start Date	End Date	Responsible Agency(s)	Key Stakeholders	Sources or Documents	Outcome
Residential Assessment Activities								
1	Review State Standards	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	10/17/16	DOH/OHCA, DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HRS, HAR, Waiver Standards, contracts, HCBS rules, CMS guidance	A systemic assessment was completed and the State has identified areas where current language needs to be strengthened or revised for full compliance with the HCBS settings requirements. *State systemic assessment and remediation*
2	Compile list of all licensed/certified homes where HCB services are provided	Build database with information on every home that provides HCB services: • Provider name; • Address; • Telephone: • Number of licensed beds; • 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	The State has obtained a comprehensive list of all licensed/certified homes. DHS/MQD will receive monthly updates for certifications/licensures, closures and admission suspensions for foster homes, adult residential care homes and developmentally disabled domiciliary homes

3	Develop process for settings analysis and identify reviewers for onsite validation	My Choice My Way workgroup advises State on development of the process for assessing and analyzing all HCBS settings. Workgroup develops a provider compliance matrix to identify settings for onsite review in addition to the mandatory Category 3 settings. State is responsible for identifying reviewers for onsite validations. The public will have input into the process for setting analysis.	03/01/15	04/30/15	DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The State developed a process for assessing and analyzing all HCBS settings. The provider compliance matrix is used throughout the assessment process. The State developed a process for settings validation and reviewer training, see Assessment #15 and #16. *Provider compliance matrix*
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*- No, cannot meet requirements • *Category 4*- Not yet, presumed not HCBS but State will require heightened scrutiny • The public will have input into the setting analysis tool.	03/01/15	04/30/15	DHS/MQD	Providers	HCBS rules, CMS guidance	The setting analysis tool was used after the self-assessment surveys were completed. See Assessment #10 for details on the analysis. The tool was shared with providers and was posted on the DHS/MQD website prior to use. There were no comments received on the setting analysis tool. *Residential setting analysis tool*
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.	12/14/15	01/14/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The remediation section of the transition plan was updated to include additional information gathered from assessments. See Remediation Section:2, page 18.
Residential Participants/Consumers								

6	Develop the participant/ consumer experience survey	HCBS participants and consumer advocacy entities will receive the experience survey. The survey will provide the participant/consumer with the opportunity to report their experience with their current HCBS settings. Survey will be: - Formatted in larger font size (i.e., 18 point); - Include pictures; - Plain language; - 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	SAAC reviewed the survey and provided valuable feedback. The State then finalized the survey and mailed the surveys to a sample of participants.
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 survey.	02/01/15	02/28/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN	Compiled database (Assessment #2)	The State used the Raosoft sample size calculator to determine how many HCBS participants will be mailed a survey. • The margin of error was 5%; • The confidence level was 99%; • The estimated population used was 6,000; and • The response distribution was 50%. Using the values above, the minimum recommended sample size was about 600 combined residential and non-residential participants.
8	Conduct a participant/ consumer experience survey	State will conduct an assessment using the survey: • Identify organization(s) that help participant/consumer complete survey (i.e., Health plan service coordinators, 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;	04/01/15	05/31/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DD Council	HCBS rules, CMS guidance	Surveys were mailed in April 2015 and returned by May 2015. Each survey was given a unique identifier number. After the survey results were inputted into survey monkey. The State posted the survey on the DHS/MQD website. *Residential participant/consumer experience survey*

		• Ask SAAC to complete the survey; • Attach instructional information when issuing; • Post form on-line (and through survey monkey) to download in addition to mailing; • Provide contact information for questions- e-mail and voice mail; • Provide self-addressed envelope to return to DHS/MQD; and • Fax # to send back.						
9	Training for organizations on the participant/consumer survey	The State will provide training to organizations that will help participants to complete the survey.	03/01/15	03/31/15	DOH/DDD, DHS/MQD	Providers	HCBS rules, CMS guidance	The State provided training primarily to health plan service coordinators and DDD waiver case managers. The health plans and DDD were given the list of participants that were receiving a survey. Training for the services coordinators and case managers was experiential based and included: contacting the participant/guardian/provider to see if they received a survey and if they needed help completing it, arranging a date and time to assist completion of the survey, and assuring participants that responses will not affect them or their HCBS services.

10	Analysis of participant/consumer experience survey	The State will perform an analysis of the surveys. In addition, the 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	The State mailed about 333 residential participant surveys which received a 47.7% response rate. State staff entered all the survey responses into survey monkey, analyzed the data, and sorted providers into categories of compliance. The My Choice My Way advisory group recommended an average rating by percent compliance. Weight for each question was the same. The State also performed an analysis that confidentially matched providers with their participants to verify if assessments were accurate using the setting analysis tool. Providers that had a less than 60% match response were placed on the list for validation.
Residential 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	The MCMW workgroup created and reviewed the survey and provided valuable feedback. The State then finalized the survey and mailed the provider self-assessment surveys
12	Identify providers who will complete self-assessment survey	All providers will be given the opportunity to complete the provider self-assessment survey	02/01/15	02/28/15	DOH/DDD, DHS/MQD	Providers	Compiled database (Assess-ment #2)	Based on the systemic assessment of statues, rules, regulations etc. all HCBS providers were not in compliance with at least one or more of the HCBS rule requirements. Therefore, the State determined that all HCBS providers shall complete a self- assessment survey.
13	Conduct a provider self-assessment survey	Providers will conduct a self-assessment of settings using the Provider Survey: • Create instructional memo prior to issuing; • Post form on-line to download in addition to mailing; • Add the survey to "survey monkey" for completion electronically;	04/01/15	05/31/15	DOH/DDD, DHS/MQD	Providers	HCBS rules, CMS guidance	Surveys were mailed in April 2015 and returned by May 2015. Each survey was given a unique identifier number. To ensure that all providers are encouraged to respond the State issued a letter in addition to the survey stating that completion of the survey was mandatory. After the surveys were all inputted into survey monkey the State posted the survey on the DHS/MQD website. *Residential provider survey*

		• Provide contact information for questions- e-mail and voice mail; and • Provide a fax # to send back.						
14	Analysis of participant/consumer experience and provider surveys	The State will perform an analysis of the surveys. In addition, the State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate. Providers will then be placed in a category of compliance.	06/1/15	07/31/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DD Council	HCBS rules, CMS guidance	The State mailed about 1688 residential provider surveys which resulted in 44.4% response rate. State staff entered all the survey responses into survey monkey, analyzed the data, and placed each provider in a category of compliance based on their survey response. The State also performed an analysis, using the setting analysis tool that confidentially matched providers with their participants to verify if assessments were accurate. Providers that had less than a 60% match response were placed on the list for validation. If the provider did not complete a survey, they were viewed as a non-compliant provider in all required areas and were also placed on the list for validation. *Summary of provider compliance*
15	Develop a validation tool for reviewers	In addition to conducting a provider self-assessment surveys, the onsite validations will assist in identifying provider readiness and validating the appropriate category identified in Assessment #4. The public will have input into the validation tool.	08/01/15	09/30/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The MCMW workgroup developed and reviewed the validation tools and provided valuable feedback. The tool was shared with HCBS providers and was posted on the DHS/MQD website. There were no comments received on the validation tool. The State then finalized the validation tools and posted the validation tools on the DHS/MQD website. *Residential validation tool*

16	Validation training for reviewers	The State will provided training to reviewers to validate the provider survey. The State will need to identify reviewers to help with validations (i.e., MCMW advisory workgroup, self-advocates, families, and State staff)	10/08/15	10/08/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The State provided training for 50 reviewers to validate provider surveys for compliance with the HCBS rules. Training included knowledge about the different categories of compliance, development of teams of two (2) reviewers that included self-advocates, families, and state staff, reviewers roles and responsibilities, review of the validation tool, how to get the information needed, and interview techniques which encouraged a "Let's Talk Story" approach. Reviewers were able to utilize the "Big Tent" website as communication platform during the validation period to post questions, ask for/share advice. The website served as a discussion board and tracking tool which reviewers can view any validations that have been scheduled or already completed.
17	Validate the provider self-assessment survey by conducting onsite visits	Reviewers will conduct onsite visits to a sample of providers to validate findings in the provider survey and aggregate data. The purpose of this visit is to observe the individual's life experience and validate the survey responses. Teams of two to three reviewers will conduct the site validations including self-advocates, families, and State staff. Reviewers are required to attend the validation training as described in Assessment #17.	10/15/15	12/11/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The validation period was conducted from October 2015 to mid-December 2015. The My Choice My Way advisory group determined that an estimated total of 100 settings needed to be validated. Validation sample included: • All Category 1 that had a 100% score on the survey • More than 40 Category 2 that had a survey discrepancy between provider and participant which less than 60% of responses matched and random sample of providers who did not complete a survey • All Category 3 that cannot meet the requirements • All Category 4 that may have the effect of isolation or qualities of an institution based on survey responses to community integration and settings identified by the My Choice My Way advisory group that may have qualities of an institution.
18	Conduct mandatory site visits for all category 3 and 4 settings	The State will perform a mandatory site visits to determine whether the setting will undergo the heightened scrutiny process as defined by CMS https://www.medicaid.gov/medicai	01/2016 9/2019	01/2016 12/2019	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA,	HCBS rules, CMS guidance	Based on the survey results there were no providers that met category 3 but there were 6 providers that met category 4. There were a number of providers that were also identified by the MCMW advisory group that met category 4 due to service location or operational

		d-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/settings-that-isolate.pdf				DOH/DDD, DD Council, Providers		structure and were added to the validation list. The State conducted site visits to all category 4 settings.
19	Analysis of onsite validation reviews	The State will then review each validation tool submitted and look for consistency in responses among the different settings. Any category 4 determination will undergo the CMS heightened scrutiny process.	01/2016 1/2019	02/2016 4/2019	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	At the end of the validation, the reviewers confirmed the compliance of each setting. After the analysis of the validation tools, a secondary review was conducted by DHS/MQD of the ones that were identified as a true category 4 setting and there was 1 provider that will need to undergo the heightened scrutiny process. All the other residential settings will require modifications to comply with the HCBS final rule. *Summary of validations* *Summary of provider compliance* *Provider compliance list*
Section 1: 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**	**Start Date**	**End Date**	**Responsible Agency(s)**	**Key Stakeholders**	**Sources or Documents**	**Outcome**
Non-Residential Assessment Activities								
1	Review State Standards	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	10/17/16	DOH/OHCA, DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HRS, HAR, Waiver Standards, contracts, HCBS rules, CMS guidance	A systemic assessment was completed and the State has identified areas where current language needs to be strengthened or revised for full compliance with the HCBS settings requirements. *State systemic assessment and remediation*

2	Compile list of all non-residential settings where HCB services are provided	Build database with information on every non-residential setting that provides HCB services: • Provider name; • Address; • Telephone: • 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	The State has obtained a comprehensive list of all non-residential settings.
3	Develop process for settings analysis and identify reviewers for onsite validation	My Choice My Way workgroup advises State on development of the process for assessing and analyzing all HCBS settings. Workgroup develops a provider compliance matrix to identify settings for onsite review in addition to the mandatory Category 3 settings. State is responsible for identifying reviewers for onsite validations. The public will have input into the process for setting analysis.	03/01/15	04/30/15	DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The State developed a process for assessing and analyzing all HCBS settings. The provider compliance matrix is used throughout the assessment process. The State developed a process for settings validation and reviewer training, see Assessment #15 and #16. *Provider compliance matrix*
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*- No, cannot meet requirements • *Category 4*- Not yet, presumed not HCBS but State will require heightened scrutiny • The public will have input into the setting analysis tool.	03/01/15	04/30/15	DHS/MQD	Providers	HCBS rules, CMS guidance	The setting analysis tool was used after the self-assessment surveys were completed. See Assessment #10 for details on the analysis. The tool was shared with providers and was posted on the DHS/MQD website prior to use. There were no comments received on the setting analysis tool. *Non-residential setting analysis tool*

5	Revise Statewide 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.	12/14/15	01/14/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The remediation section of the transition plan were updated to include additional information gathered from assessments.
Non-Residential Participants/Consumers								
6	Develop the participant/ consumer experience survey	HCBS participants and consumer advocacy entities will receive the experience survey. The survey will provide the participant/consumer with the opportunity to report their experience with their current HCBS settings. Survey will be: - Formatted in larger font size (i.e., 18 point); - Include pictures; - Plain language; - 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	SAAC reviewed the survey and provided valuable feedback. The State then finalized the survey and mailed the surveys to a sample of participants.
7	Select a statistically significant sample of HCBS participants	State will select a statistically significant sample of HCBS participants who receive services in a non-residential settings to complete the survey.	02/01/15	02/28/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN	Compiled database (Assessment #2)	The State used the Raosoft sample size calculator to determine how many HCBS participants will be mailed a survey. • The margin of error was 5%; • The confidence level was 99%; • The estimated population used was 6,000; and • The response distribution was 50%. Using the values above, the minimum recommended sample size was about 600 combined residential and non-residential participants.
8	Conduct a participant/ consumer experience survey	State will conduct an assessment using the survey: • Identify organization(s) that help participant/consumer complete survey (i.e., Health	04/01/15	05/31/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DD Council	HCBS rules, CMS guidance	Surveys were mailed in April 2015 and returned by May 2015. Each survey was given a unique identifier number. After the survey results were all inputted into survey monkey and the State posted the survey results on the DHS/MQD website.

		plan service coordinators, 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; • Attach instructional information when issuing; • Post form on-line (and through survey monkey) to download in addition to mailing; • Provided contact information for questions- e-mail and voice mail; • Provided self-addressed envelope to return to DHS/MQD; and • Fax # to send back.						*Non-residential participant/consumer experience survey*
9	Training for organizations on the participant/consumer survey	The State will provide training to organizations that will help participants to complete the survey.	03/01/15	03/31/15	DOH/DDD, DHS/MQD	Providers	HCBS rules, CMS guidance	The State provided training primarily to health plan service coordinators and DDD waiver case managers. The health plans and DDD were given the list of participants that were receiving a survey. Training for the services coordinators and case managers was experiential based and included: contacting the participant/guardian/provider to see if they received a survey and if they needed help completing it, arranging a date and time to assist completion of the survey, and assuring participants that responses will not affect them or their HCBS services.
10	Analysis of participant/consumer experience survey	The State will perform an analysis of the surveys. In addition, the State will perform an analysis that confidentially matches providers	06/1/15	07/31/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DD Council	HCBS rules, CMS guidance	The State mailed about 306 non-residential participant surveys which received a 33.6% response rate. State staff entered all the survey responses into survey monkey, analyzed the data, and sorted providers into

		with their participants/consumers to verify if assessments are accurate.						categories of compliance. The My Choice My Way advisory group also recommended an average rating by percent compliance. Weight for each question was the same. Categories and average ratings are located on the DHS/MQD website. The State also performed an analysis that confidentially matched providers with their participants to verify if assessments were accurate using the setting analysis tool. Providers that had a less than 60% match response were placed on the list for validation.
Non-Residential 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	The MCMW workgroup developed and reviewed the survey and provided valuable feedback. The State then finalized the survey and mailed the provider self-assessment surveys to all HCBS providers.
12	Identify providers who will complete self-assessment survey	All providers will be given the opportunity to complete the provider self-assessment survey	02/01/15	02/28/15	DOH/DDD, DHS/MQD	Providers	Compiled database (Assess-ment #2)	Based on the systemic assessment of statues, rules, regulations etc. all HCBS providers were not in compliance with at least one or more of the HCBS rule requirements. Therefore, the State determined that all HCBS providers shall complete a self- assessment survey.
13	Conduct a provider self-assessment 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	Surveys were mailed in April 2015 and returned by May 2015. Each survey was given a unique identifier number. To ensure that all HCBS providers are encouraged to respond the State issued a letter in addition to the survey stating that completion of the survey was mandatory. After the surveys were all inputted into survey monkey the State posted the survey on the DHS/MQD website. *Non-residential provider survey*

14	Analysis of participant/consumer experience and provider surveys	The State will perform an analysis of the surveys. In addition, the State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate. Providers will then be placed in a category of compliance.	06/1/15	07/31/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DD Council	HCBS rules, CMS guidance	The State mailed about 49 residential provider surveys which resulted in a 59.2% response rate. State staff entered all the survey responses into survey monkey, analyzed the data, and placed each provider in a category of compliance based on their survey response. The State also performed an analysis, using the setting analysis tool that confidentially matches providers with their participants to verify if assessments were accurate. Providers that had less than a 60% match response was placed on the list for validation. If the provider did not complete a survey, they were viewed as a non-compliant provider in all required areas and were also placed on the list for validation. *Summary of provider compliance*
15	Develop a validation tool for reviewers	In addition to conducting a provider self-assessment surveys, the onsite validations will assist in identifying provider readiness and validating the appropriate category identified in Assessment #4. The public will have input into the validation tool.	08/01/15	09/30/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The MCMW workgroup developed and reviewed the validation tools and provided valuable feedback. The tool was shared with providers and was posted on the DHS/MQD website. There were no comments received on the validation tool. The State then finalized the validation tools and posted the validation tools on the DHS/MQD website. *Non-residential validation tool*
16	Validation training for reviewers	The State will provided training to reviewers to validate the provider survey. The State will need to identify reviewers to help with validations (i.e., MCMW advisory workgroup, self-advocates, families, and State staff)	10/08/15	10/08/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The State provided training for 50 reviewers to validate provider surveys for compliance with the HCBS rules. Training included knowledge about the different categories of compliance, development of teams of two (2) reviewers that included self-advocates, families, and state staff, reviewers roles and responsibilities, review of the validation tool, how to get the information needed, and interview techniques which encouraged a “Let’s Talk Story” approach. Reviewers were able to utilize the "Big Tent" website as communication platform during the validation period to post questions, ask for/share advice. The website served as a discussion board and tracking tool which reviewers can view any

								validations that have been scheduled or already completed.
17	Validate the provider self-assessment survey by conducting onsite visits	Reviewers will conduct onsite visits to a sample of providers to validate findings in the provider survey and aggregate data. The purpose of this visit is to observe the individual's life experience and validate the survey responses. Teams of two to three reviewers will conduct the site validations including self-advocates, families, and State staff. Reviewers are required to attend the validation training as described in Assessment #17.	10/15/15	12/11/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The validation period was conducted from October 2015 to mid-December 2015. The My Choice My Way advisory group determined that an estimated total of 100 settings needed to be validated. Validation sample included: • All Category 1 that had a 100% score on the survey • More than 40 Category 2 that had a survey discrepancy between provider and participant which less than 60% of responses matched and random sample of providers who did not complete a survey • All Category 3 that cannot meet the requirements • All Category 4 that may have the effect of isolation or qualities of an institution based on self-assessment survey responses to community integration and settings identified by the My Choice My Way advisory group that may have qualities of an institution as defined by CMS.
18	Conduct mandatory site visits for all category 3 and 4 settings	The State will perform a mandatory site visits to determine whether the setting will undergo the heightened scrutiny process as defined by CMS https://www.medicaid.gov/medicai	01/2016 9/2019	01/2016 12/2019	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA,	HCBS rules, CMS guidance	Based on the survey results there were no providers that met category 3 but there were 6 providers that met category 4. There were a number of providers that were also identified by the MCMW advisory group that met category 4 due to service location or operational

		d-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/settings-that-isolate.pdf				DOH/DDD, DD Council, Providers		structure and were added to the validation list. The State conducted site visits to all category 4 settings.
19	Analysis of onsite validation reviews	The State will then review each validation tool submitted and look for consistency in responses among the different settings. Any category 4 determination will undergo the CMS heightened scrutiny process.	01/2016 1/2019	02/2016 4/2019	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	At the end of the validation, the reviewers confirmed the compliance of each setting. After the analysis of the validation tools, a secondary review was conducted by DHS/MQD of the ones that were identified as a true category 4 setting and there were 2 provider that will need to undergo the heightened scrutiny process. All the other non-residential settings will require modifications to comply with the HCBS final rule. *Summary of validations* *Summary of provider compliance* *Provider compliance list*

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 standards	State will modify statutes, rules, regulations, standards, or other requirements to identify any needed change for full compliance with the HCBS settings requirements.	06/2015	12/2021	DOH/OHCA, DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	Based on the systemic assessment, the State has identified areas where current language needs to be strengthened or revised for full compliance with the HCBS settings requirements. The responsible State agency will track and monitor the modifications. Public notification of status or the proposed changes will occur and all revisions will be posted on the DHS/MQD website for public input. Complete remediation details and action steps for compliance are outlined in the State systemic assessment. All modifications toState standards shall be completed by December 2017 and all remediation of State standards shall be effective immediately upon approval. *State systemic assessment and remediation*
2	Develop program specific remediation strategies and milestones	The State will develop program specific remediation strategies and milestones.	03/2016	06/2016	DOH/OHCA, DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The States program specific remediation strategies and milestones are under development and some of the areas include administrative rule revisions, 1115 waiver demonstration amendments to special terms and conditions, amendments to contracts to managed care providers, provider training, provider monitoring tools, 1915c waiver standards, and participant relocation plan. *Waiver specific transition plans* 1115 QUEST Integration 1915c I/DD Waiver

3	Develop site specific standard remediation requirements	State will develop standard remediation requirements for each element of the survey where non-compliance noted (a "no" response on the Provider or Participant Self-Assessment Survey) and on common deficiencies identified during the validation reviews.	05/2016	07/2016	DHS/MQD, DOH/DDD	Providers	DOH/DDD Provider review template for some examples	Providers will have training, clear instructions, and ongoing technical assistance on how to remediate the issues of non-compliance.
4	Notification for site specific remediation	The State will provide a report to each provider with settings that require remediation. The responsible state agency will work with providers to develop site-specific, as well as provider-wide, transition plan to achieve full compliance. This process includes: • Developing a letter and transition plan template for remediation; • Training on how to develop a provider specific transition plan; • Providers will be given 21 calendar days after the training to submit a completed transition plan; • The transition plan will be reviewed and approved by the responsible state agency; • Ongoing technical assistance will be provided; and • Providers are required to attend mandatory	05/2016 9/2019	07/2016 11/2019	DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The provider will review the remediation letter, attend a training on completing the transition plan, and submit a transition plan to meet the HCBS rules requirements. The transition plan will need to be reviewed and approved by the State agency. Providers will receive ongoing technical assistance and is required to attend all mandatory trainings throughout the transition process.

		trainings throughout the state transition process						
5	Develop operational procedures for compliance with revised State standards	Identify areas within modified State standards 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 providers related to the change in any State standard • Track and monitor proposed changes to the State standards while operational procedures are being developed	01/2016	Ongoing	DOH/OHCA, DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The State will use the systemic assessment crosswalk as a baseline to identify areas of non-compliance. Current policies and operational procedures will then be evaluated concurrently. The State will continue to validate all settings and compile that information to develop training on new operational procedures in areas that are non-compliant with the final rule. In addition, for validations where a provider is a Category 1 and the advisory group will recommend their operational practices as guidance for other providers during the remediation phase. Once State Standards, policies, procedures, and contracts are updated, new operational procedures will need to be implemented and emphasized during trainings.
6	Mandatory provider training on operational procedures	State will train providers on operational procedures to meet compliance with the HCBS settings requirements. Process includes: • Provider type specific and in person, group trainings; • "train the trainer" model components for ongoing training; • focused on person centered planning; and • obtain a training certificate of completion • Training materials will	06/2017	Ongoing	DHS/MQD, DOH/DDD	Providers	HCBS rules, CMS guidance	Providers will understand operational procedures and obtains a certificate or verification of training completion. The certificate or verification of training will be presented during annual licensing/certification or provider review until State standards are fully implemented.

		be available on the DHS/MQD website						
7	Provider oversight and monitoring	Oversight and monitoring will occur over all providers during the remediation period by: • Verifying that the provider has an approved transition plan; • Oversight and monitoring of providers by annual licensing/certification or quality improvement monitoring; • Revised monitoring tools will be used to document compliance; • Tracking remediation efforts by attending mandatory trainings • Provider notification of revised State standards or operational procedures	04/01/16	Ongoing	DOH/OHCA DHS/MQD DOH/DDD	Providers	HCBS rules, CMS guidance	Assure providers complete items stated in transition plan, maintain compliance with state standards, and attend all mandatory trainings. The My Choice My Way advisory group will periodically conduct satisfactory surveys or self-assessments to validate setting compliance.
8	Heightened scrutiny process-Remediation for all category 4 providers	The State will apply the CMS heightened scrutiny process for providers that have been confirmed during the validation. https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/settings-that-isolate.pdf	06/01/16	Ongoing	DOH/OHCA DHS/MQD DOH/DDD	Providers	HCBS rules, CMS guidance	There was a total of 3 settings that needed a secondary validation and all were confirmed a category 4. The provider compliance list was posted on the DHS/MQD website for public comment. The list included provider information, number of individuals served, category of compliance and survey score. No comments were received on validation findings or provider compliance list. State will work collaboratively with the category 4 settings that been presumed institutional. The State will use the heightened scrutiny process to disprove the presumption that a setting has institutional qualities. Evidence will be collected to explain and document that the setting does not have qualities of an institution and is home and community based. *Heightened scrutiny process*

9	Status notification for site specific remediation	Annual reports will be provided to the provider on an ongoing basis. The report will assess that those provider settings are in compliance.	09/01/16	Ongoing	DHS/MQD, DOH/DDD	Providers	HCBS rules, CMS guidance	Providers will have feedback on their status of remediating non-compliance.
10	Provider Qualifications for New Enrollees	New prospective providers will receive information and technical assistance on HCBS settings requirements.	11/07/14	Ongoing	DOH/OHCA DHS/MQD DOH/DDD	Providers	HCBS rules, CMS guidance	New providers must be in full compliance with the HCBS rules requirements prior to providing services once requirements are enacted in HRS and HAR.
11	Plan to transition to a compliant provider	The contracted entity will coordinate a transition of care plan for participants in settings that cannot meet the HCBS requirements. The process includes: • Issuing a notification letter to the participant and provider • The case manager or service coordinator will discuss different setting options in a person centered planning meeting • Participant/consumer and case manager or service coordinator will work collaboratively during transition to setting of choice	10/2018	Ongoing	DOH/OHCA DHS/MQD DOH/DDD	Providers	HCBS rules, CMS guidance	Case manager or service coordinator and provider shall coordinate throughout transition process.

	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**	**Start Date**	**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 • Public announcements will occur, as needed, when there are significant changes to the transition plan	12/16/14 12/30/15 8/2019	01/30/15 03/01/16 9/2019	DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	Transition plan supporting documentation	DHS/MQD obtains comments from stakeholders on its proposed transition plan. <u>2015</u> <u>2016</u>
2	Tribal council requirements	Assure that tribal council requirements are met	12/12/14 12/30/15 8/2019	01/15/15 03/01/16 9/2019	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. <u>2015</u> <u>2016</u>
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/MQD, DOH/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. Website hyperlinks make navigation easy. <u>*DHS, Med-QUEST Division website*</u>
4	Develop summary of transition plan	Develop summary of transition plan document for communication to: • Participants/consumers/ families:	12/08/14 07/30/15	01/07/15 01/14/16	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, OHCA,	Summary of Transition plan	The Summary of Transition plan will be modified to a document that can be used in training and education.

		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				DOH/DDD, DD Council, Providers		
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 • Public forums will be held, as needed, when there are significant changes to the transition plan	01/14/15 01/14/16	01/14/15 01/14/16	My Choice My Way workgroup	Participants, families, SAAC, SPIN, DHS/MQD, DOH/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. *2015* *2016*
6	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 throughout implementation of the HCBS rules • The State public input process include timely notification and effective communication to participants, families, and	2/2/15	Ongoing	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers, other stakeholders	Transition plan documents	Mechanisms in place for obtaining public input throughout the process of implementing the HCBS rules. Public input will be ongoing. Public input is welcomed to the State Department of Human Services, Med-QUEST Division by: *Telephone:* 808-692-8094 *Fax:* 808-692-8087 ***NEW*** *Email:* mychoicemyway@dhs.hawaii.gov *Mailing address:* Department of Human Services Med-QUEST Division Attention: Health Care Services Branch P.O. Box 700190 Kapolei, Hawaii 96709-0190 *Public input and stakeholder engagement*

		providers via mail, email, or website.						
7	Compile and retain public comments	On an ongoing basis, the State will compile and summarize all comments and retain all public input per CMS requirements.	01/30/15	Ongoing	DHS/MQD	DHS/MQD	Transition plan documents	A summary of the public comments will be available to the public on the DHS/MQD website. *Public Comments*
8	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 03/01/16 9/2019	03/15/15 03/15/16 9/2019	My Choice My Way workgroup	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	Comments from transition plan and supporting documents	The Statewide Transition Plan will be revised as needed or additional evidence/rationale for state's decision if contrary to public comment.
9	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 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	Ongoing	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	Transition plan documents	Mechanisms in place for responding to stakeholder questions, and compiling Frequently Asked Questions.

10	Information sessions for participants, families, and advocates	State and its partners will provide informational training sessions every 6 months for 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 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	Ongoing	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/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. *Handout 2015* *Presentation 2015* *Presentation 2016*
	Information sessions for providers	State will conduct informational sessions every 6 months , 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 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	Ongoing	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	On an ongoing basis, providers will have an opportunity to receive updated information on HCBS rules. 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)

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

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
Individuals in an ALF setting may need help with activities of daily living, personal care services, protection and health care services. The caregivers providing services need the oversight, supervision, and training of a registered nurse. Each resident whose level of care requires additional services has a negotiated plan of care created by the resident, significant others, and ALF staff. The plan of care reflects ALF principles of individuality, independence, dignity, privacy, choice, and home-like environment and the opportunity to "age in place." The maximum number of individuals an ALF may serve is related to building, housing, fire and other codes, ordinances and laws.	Individuals in an E-ARCH setting need help with activities of daily living, personal care services, protection, and health care services. The caregivers providing services need the oversight, supervision, and training of a Registered Nurse (RN). Nursing facility level residents in an E-ARCH shall be provided case management services by a licensed RN or social worker in the State of Hawaii who assesses them, develops their service plan, and coordinates their services. Individuals who live in an E-ARCH are not related to the caregiver or case manager. An E-ARCH is allowed to serve two nursing facility level individuals or up to three at the discretion of the department, in a home with up to five individuals.	Individuals in a CCFFH setting need help with activities of daily living, personal care services, protection, and health care services. The caregivers providing services need the oversight, supervision, and training of a registered nurse. All individuals in a CCFFH shall have a licensed RN or social worker in the State of Hawaii that assesses them, develops their service plan, and coordinates their services. Individuals who live in a CCFFH are not related to the caregiver or case manager. A CCFFH is allowed to serve up to three nursing facility level individuals.	Individuals in a DD Adult Foster Home setting need care, training, or supervision, but do not need the professional health services of a registered nurse. A DD Adult Foster Home serves individuals with intellectual or developmental disabilities (DD/ID) and are not related to the caregiver. A DD Adult Foster Home is allowed to serve up to two DD/ID individuals.	Individuals in a DD Dom setting need supervision or care, but do not need the professional health services of a registered nurse. A DD Dom serves adults with intellectual or developmental disabilities (DD/ID) unrelated to the caregiver. A DD Dom is allowed to serve up to five DD/ID individuals.
Estimated # of Settings				
3	189	1179	279	45
Waiver Authority				
1115 Waiver	1115 Waiver 1915(c) Waiver	1115 Waiver	1915 (c) Waiver	1915 (c) Waiver
State Standards (State law, 1915c and 1115 Waivers, Administrative Rules, Contracts)				
HCBS Provider Contract HAR Chapter 11-90 http://health.hawaii.gov/opppd/files/2015/06/11-90.pdf	HCBS Provider Contract HAR Chapter 11-100.1 http://health.hawaii.gov/opppd/files/2015/06/11-100.1.pdf	HCBS Provider Contract HAR Chapter 17-1454 http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-1454-CMA-CCFFH.pdf	HCBS Provider Contract HAR Chapter 11-148 http://health.hawaii.gov/opppd/files/2015/06/11-148.pdf	HCBS Provider Contract HAR Chapter 11-89 http://health.hawaii.gov/opppd/files/2015/06/11-89.pdf

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. (42 C.F.R § 441.301(c)(4)(i))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals full access and integration into the community including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-90 to add language that ensures individuals full access and integration into the community.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals full access and integration into the community including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. **Admin Rule is compliant.** HAR Chapter 11-100.1-21 states that the resident shall have the right to meet with and participate in social, religious, health and community group activities at the resident's discretion, unless medically contraindicated.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals full access and integration into the community including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 17-1454-43 and 17- 1454-50 to add language that ensures individuals full access and integration into the community.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals full access and integration into the community including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. **Admin Rule is partially compliant.** ***Remediation Required:*** HAR Chapter 11-148-25 states that the foster parents shall cooperate with the agency or with parents/guardians to make it possible for the individual to participate in appropriate social and recreational activities in the community. The State will amend the HAR Chapter 11-148-25 to strengthen the language to support full access and integration to the greater community.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals full access and integration into the community including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. **Admin Rule is partially compliant.** ***Remediation Required:*** HAR Chapter 11-89-15 states that residents shall be encouraged by the caregiver to participate in work, educational, recreational, social, and health activities held by community agencies. The State will amend HAR Chapter 11-89-15 to strengthen language that ensures individuals full access and integration into the community.

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. (42 C.F.R § 441.301(c)(4)(ii))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures each individual has choice of setting among setting options. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-90 to add language that ensures each individual has choice of setting among setting options.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures each individual has choice of setting among setting options. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-100.1 to add language that ensures each individual has choice of setting among setting options.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures each individual has choice of setting among setting options. **Admin rule is compliant.** HAR Chapter 17-1454-48 and 1454-50 states that an individuals has the right to reside in the home of choice and case management is intended to assist individuals to access needed care and services on a timely basis and to prevent inappropriate institutionalization through a thorough consideration of community-based alternatives.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures each individual has choice of setting among setting options. **Admin rule is partially compliant.** ***Remediation Required:*** HAR 11-148-29 states that the individual have the right to reject living in a particular adult foster home. The State will amend HAR Chapter 11-148 to add language that ensures each individual has choice of setting among setting options.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures each individual has choice of setting among setting options. **Admin Rule is partially compliant.** ***Remediation Required:*** HAR Chapter 11-89-13 states that the individual has rights to reject living in a particular setting. The state will amend HAR Chapter 11-89-13 to strengthen language that ensures each individual has choice of setting among setting options.
Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. (42 C.F.R § 441.301(c)(4)(iii))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's rights of privacy, dignity and respect, and free from coercion and restraint. In addition, any modifications must be documented and detailed in the person centered planning process. **Admin Rule is partially compliant.** ***Remediation Required:*** HAR Chapter 11-90 states that all individuals have a right to live independently with respect for their privacy and dignity, and to live in a setting free from	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's rights of privacy, dignity and respect, and free from coercion and restraint. In addition, any modifications must be documented and detailed in the person centered planning process. **Admin Rule is partially compliant.** ***Remediation Required:*** HAR Chapter 11-100.1-21 states that the resident shall be encouraged and assisted to exercise the residents rights to vote, voice grievances, recommends	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's rights of privacy, dignity and respect, and free from coercion and restraint. In addition, any modifications must be documented and detailed in the person centered planning process. **Admin Rule is partially compliant.** ***Remediation Required:*** HAR Chapter 17-1454-50 states that individuals be encouraged and assisted to exercise the individuals rights, including the individuals grievance rights, and to	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's rights of privacy, dignity and respect, and free from coercion and restraint. In addition, any modifications must be documented and detailed in the person centered planning process. **Admin rule is partially compliant.** ***Remediation Required:*** HAR Chapter 11-148-29 states that individuals be treated with understanding, respect, and full consideration of the resident's dignity and individuality,	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's rights of privacy, dignity and respect, and free from coercion and restraint. In addition, any modifications must be documented and detailed in the person centered planning process **Admin rule is partially compliant.** ***Remediation Required:*** HAR Chapter 11-89-13 the individual is encouraged and assisted to exercise the residents' rights to voice grievances or recommend changes in

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
restraints. The State will amend HAR Chapter 11-90 to include language that states that, any modifications must be documented and detailed in the person centered planning process.	changes in policies and services to caregivers or outside representatives of the residents choice, be free from interference, coercion, discrimination, or reprisal. The State will amend HAR Chapter 11-100.1-21 to include language that states that, any modifications must be documented and detailed in the person centered planning process.	recommend changes in policies and services to the primary caregiver or outside representatives of the individual choice, free from restraint, interference, coercion, discrimination, or retaliation. In addition, individuals be treated with understanding, respect, and full consideration of the individual's dignity and individuality, including privacy in treatment and in care of the individual's personal needs. The State will amend HAR Chapter 17-1454-50 to include language that states that, any modifications must be documented and detailed in the person centered planning process.	including privacy in treatment and in care of the residents' personal needs. In addition, the individual is encouraged and assisted to exercise the resident's rights to voice grievances or recommend changes in services free from restraint, interference, coercion, discrimination or reprisal. The State will amend HAR Chapter 11-148-29 to include language that states that, The certified caregiver shall ensure that each foster adult is free from abuse, neglect, humiliation, harassment, coercion, and restraint, and any action that would endanger the foster adult's physical or emotional well-being and that any modifications must be documented and detailed in the person centered planning process.	services free from restraint, interference, coercion, discrimination or reprisal. The State will amend HAR Chapter 11-89-13 to include language that states that, any modifications must be documented and detailed in the person centered planning process.

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)

Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. (42 C.F.R § 441.301(c)(4)(iv))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **Admin Rule is compliant.** HAR Chapter 11-90 states that this type of setting promotes a home like environment which the dignity, security, and comfort of residents through the provision of personalized care and services to encourage independence, choice and decision-making by each resident. Independence means supporting	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **Admin Rule is compliant.** HAR Chapter 11-100.1-21 states that the resident shall be encouraged and assisted to exercise the residents rights to vote, voice grievances, recommends changes in policies and services to caregivers or outside representatives of the residents choice, be free from interference, coercion, discrimination, or reprisal.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **Admin Rule is conflicting.** ***Remediation Required:*** HAR Chapter 17- 1454-43 states that individuals are encouraged independence as much as possible. The State will amend to add language that strengthens individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **Admin Rule is compliant.** HAR Chapter 11-148-29 states that the individual has the right to meet with and participate in recreational, social, religious, education, employment, or training activities.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **Admin Rule is compliant.** HAR Chapter 11-89-13 states that allows individuals to participate in activities of social, religious, and community groups at the resident's discretion.

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
resident capabilities and facilitating use of their abilities. Independence is supported by creating barrier free structures and careful design of assistive devices.		environment, and with whom to interact.		

Facilitates individual choice regarding services and supports, and who provides them. (42 C.F.R § 441.301(c)(4)(v))

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual choice regarding services and supports, and who provides them. **Admin rule is compliant.** HAR Chapter 11-90 states that this type of setting promotes a home like environment which the dignity, security, and comfort of residents through the provision of personalized care and services to encourage independence, choice and decision-making by each resident.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual choice regarding services and supports, and who provides them. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-100.1 to add language that ensures individual choice regarding services and supports, and who provides them.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual choice regarding services and supports, and who provides them. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-1454 to add language that ensures individual choice regarding services and supports, and who provides them.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual choice regarding services and supports, and who provides them. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-148 to add language that ensures individual choice regarding services and supports, and who provides them.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual choice regarding services and supports, and who provides them. **Admin rule is partially compliant.** ***Remediation Required:*** HAR Chapter 11-89-13 states that services not be required unless agreed to by the resident and the interdisciplinary team and all services shall be noted in the residents chart. The State will amend HAR Chapter 11-1454 to strengthen the language that ensures individual choice regarding services and supports, and who provides them.

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. (42 C.F.R § 441.301(c)(4)(vi)(A))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures legally enforceable agreement by the individual receiving services. **Admin rule is compliant.** HAR Chapter 11-90 states that a service contract which documents a completed agreement between the resident and the facility, describing services to be provided, rates charged, and conditions under which additional services or fees may be charged.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures legally enforceable agreement by the individual receiving services. **Admin rule is compliant.** HAR Chapter 11-100.1-7 states that a written agreement shall be completed at the time of admission between the licensee or primary caregiver of the ARCH or expanded ARCH and the resident or family, legal guardian, surrogate or responsible agency that sets forth that the resident's rights, licensee or primary caregiver responsibilities to that resident, the services which will be provided by the licensee or primary caregiver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary caregiver of the ARCH or expanded ARCH. In addition, HAR Chapter 11-100.1-21 details residents and primary caregiver's rights and responsibilities.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures legally enforceable agreement by the individual receiving services. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-1454 to add language that ensures a legally enforceable agreement by the individual receiving services.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures legally enforceable agreement by the individual receiving services. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-148 to add language that ensures a legally enforceable agreement by the individual receiving services.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures legally enforceable agreement by the individual receiving services. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-89-13 to add language that ensures a legally enforceable agreement by the individual receiving services.

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
Each individual has privacy in their sleeping or living unit (42 C.F.R § 441.301(c)(4)(vi)(B))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual has privacy in their sleeping or living unit. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-90 to add language that ensures each individual has privacy in their sleeping or living unit.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual has privacy in their sleeping or living unit. **Admin rule is partially compliant.** ***Remediation Required:*** HAR 100.1-81 also states that every interior door, when locked, shall permit opening from the outside with the use of a common tool or implement and door locks. The State will amend to strengthen language to ensure each individual has privacy in their sleeping or living unit.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual has privacy in their sleeping or living unit. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 17-1454 to add language that ensures each individual has privacy in their sleeping or living unit.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual has privacy in their sleeping or living unit. **Admin rule is silent.** ***Remediation Required:*** The State will amen HAR Chapter 11-149-29 to add language that ensures each individual has privacy in their sleeping or living unit.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual has privacy in their sleeping or living unit. **Admin rule is silent.** ***Remediation Required:*** The State will amen HAR Chapter 11-89-13 to add language that ensures each individual has privacy in their sleeping or living unit.
Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors (42 C.F.R § 441.301(c)(4)(vi)(B)(1)				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-90 to add language that ensures units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. **Admin rule is partially compliant.** ***Remediation Required:*** HAR 100.1-81 also states that every interior door, when locked, shall permit opening from the outside with the use of a common tool or implement and door locks. The State will amend to strengthen language that ensures units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 17-1454 to add language that ensures units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. **Admin rule is silent.** ***Remediation Required*:** The State will amen HAR Chapter 11-149-29 to add language that ensures units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. **Admin rule is silent.** ***Remediation Required*:** The State will amen HAR Chapter 11-89-13 to add language that ensures units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
Individuals sharing units have a choice of roommates in that setting. (42 C.F.R § 441.301(c)(4)(vi)(B)(2)))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals sharing units have a choice of roommates in that setting. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-90 to add language that individuals sharing units have a choice of roommates in that setting.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals sharing units have a choice of roommates in that setting. **Admin rule is silent.** ***Remediation Required: Remediation Required:*** The State will amend HAR Chapter HAR 100.1-81 to add language that ensures individuals sharing units have a choice of roommates in that setting.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals sharing units have a choice of roommates in that setting. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 17-1454 to add language that ensures individuals sharing units have a choice of roommates in that setting.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals sharing units have a choice of roommates in that setting. **Admin rule is silent.** ***Remediation Required:*** The State will amen HAR Chapter 11-149-29 to add language that ensures individuals sharing units have a choice of roommates in that setting.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals sharing units have a choice of roommates in that setting. **Admin rule is silent.** ***Remediation Required:*** The State will amen HAR Chapter 11-89-13 to add language that ensures individuals sharing units have a choice of roommates in that setting.
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. (42 C.F.R § 441.301(c)(4)(vi)(B)(3))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-90 to add language that ensures individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. **Admin rule is conflicting.** ***Remediation Required:*** HAR 100.1-81 also states that every interior door, when locked, shall permit opening from the outside with the use of a common tool or implement and door locks. The State will amend to strengthen language to ensure individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. **Admin rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 17-1454 to add language that ensures individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. **Admin rule is silent.** ***Remediation Required:*** The State will amen HAR Chapter 11-149-29 to add language that ensures individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. **Admin rule is silent.** ***Remediation Required:*** The State will amen HAR Chapter 11-89-13 to add language that ensures individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. (42 C.F.R § 441.301(c)(4)(vi)(C))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's have the freedom and support to control their own schedules and activities, and have access to food at any time. **Admin Rule is conflicting.** ***Remediation Required:*** HAR Chapter 11-90-8 states that the facility shall provide Three meals daily, seven days a week, including modified diets and snacks which have been evaluated and approved by a dietitian on a semi-annual basis and are appropriate to residents' needs and choices. In addition, having opportunities for individual and group socialization. The State will amend to add language that allows individuals to have access to food at any time.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's have the freedom and support to control their own schedules and activities, and have access to food at any time. **Admin Rule is partially compliant.** ***Remediation Required:*** *HAR* Chapter 11-100.1-13 states that the kitchen and food supply shall be accessible to residents who may desire snacks between meals, as appropriate. In addition, HAR Chapter 11-100.1-18 encourages recreational, rehabilitative programs, and social services that allow individuals freedom and support to control their own schedules and activities with the assistance of the primary caregiver. The State will amend to strengthen the language to having access to food at any time.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's have the freedom and support to control their own schedules and activities, and have access to food at any time. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 17-1454-43 and 17- 1454-50 to add language that ensures an individual's have the freedom and support to control their own schedules and activities, and have access to food at any time.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's have the freedom and support to control their own schedules and activities, and have access to food at any time. **State standards are conflicting.** ***Remediation Required:*** HAR Chapter 11-148-29 states that the individual has the right to meet with and participate in recreational, social, religious, education, employment, or training activities. The State will amend to add language that allows individuals to have access to food at any time.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's have the freedom and support to control their own schedules and activities, and have access to food at any time. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter HAR Chapter 11-89-13: 89-13, 89-15, 89-19 to add language that ensures an individual's have the freedom and support to control their own schedules and activities, and have access to food at any time.
Individuals are able to have visitors of their choosing at any time. (42 C.F.R § 441.301(c)(4)(vi)(D))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures Individuals are able to have visitors of their choosing at any time. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-90 to add language that allows individuals to	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures Individuals are able to have visitors of their choosing at any time. **Admin Rule is compliant.** HAR Chapter 11-100.1-13 states that residents have flexible daily visiting hours and provisions for privacy established.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures Individuals are able to have visitors of their choosing at any time. **Admin Rule is conflicting.** ***Remediation Required:*** HAR Chapter 17-1454-50 states that individuals have daily visiting hours and provisions for privacy established.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures Individuals are able to have visitors of their choosing at any time. **Admin Rule is conflicting**. ***Remediation Required:*** HAR Chapter 11-148-29 states that individuals be assured of privacy for visits by family and friends. The State will need to	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures Individuals are able to have visitors of their choosing at any time. **Admin Rule is conflicting.** ***Remediation Required:*** HAR Chapter 11-89-13 states that the individual has the right to have daily visiting hours and provisions for privacy and

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
have visitors of their choosing at any time.		The State will amend HAR Chapter 17-1454-50 to add language that allows individuals to have visitors of their choosing at any time.	amend to add language to allow individuals to have visitors of their choosing at any time.	HAR Chapter 11-89-15 states that visits with relatives and friends shall be allowed at reasonable hours. The State will amend HAR Chapter 11-89-13 to add language that allows individuals to have visitors of their choosing at any time.
The setting is physically accessible to the individual. (42 C.F.R § 441.301(c)(4)(vi)(E))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures the setting is physically accessible to the individual. **Admin rule is compliant.** HAR Chapter 11-90 states that unit shall accommodate physically challenged persons and persons in wheelchairs, as needed.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures the setting is physically accessible to the individual. **Admin rule is compliant.** HAR Chapter 11-100.1-23 states that for all ARCHs, suitability of site, quietness, sanitary features of the immediate environment, accessibility, and proximity to the community to be served shall be considered. Furthermore, HAR Chapter 11-100.1-23 details all physical environment requirements.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures the setting is physically accessible to the individual. **Admin rule is compliant.** ***Remediation Required:*** HAR Chapter 17-1454-48 states that there is no obstructed travel from the client's bedroom to the outside of the dwelling at street or ground level, have wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate, and bathrooms have non—slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures the setting is physically accessible to the individual. **Admin rule is compliant.** HAR Chapter 11-148-45 states that the home shall be deemed wheelchair accessible.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures the setting is physically accessible to the individual. **Admin rule is compliant.** HAR Chapter 11-89-12 states that the enclosed family dining area shall be provided with in the setting and shall be accessible to all residents and settings with wheelchair residents shall have corridors at least forty two inches wide.

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. (42 C.F.R § 441.301(c)(4)(vi)(F))				
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures that any modifications must be documented, detailed, and be supported by a specific assessed need and justified in the person-centered service plan process. **Admin rule is compliant.** HAR Chapter 11-90 states that the plan shall (1) reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services; (2) A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures that any modifications must be documented, detailed, and be supported by a specific assessed need and justified in the person-centered service plan process. **Admin rule is compliant.** HAR Chapter 17- 1454-43 states that the care plan shall be based on a comprehensive assessment of the residents needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures that any modifications must be documented, detailed, and be supported by a specific assessed need and justified in the person-centered service plan process. **Admin rule is compliant.** HAR Chapter 17-1454-22 states that individuals shall have a service plan that Identify the problems and needs of the client, including any need to purchase specialized medical equipment and supplies, establish realistic measurable goals to be attained for each problem identified in the social and nursing assessments, and identify specific interventions and tasks to be implemented to address each problem and to ensure achievement of the goals specified in the service plan.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures that any modifications must be documented, detailed, and be supported by a specific assessed need and justified in the person-centered service plan process. **Admin rule is partially compliant.** ***Remediation Required:*** HAR Chapter 11-148-29 states that the foster home not be required to perform services for the individual unless agreed to by the resident/guardian or supervising agency and documented. The State will amend HAR Chapter 11-148-29 to strengthen the language for modifications to individualized service plans.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures that any modifications must be documented, detailed, and be supported by a specific assessed need and justified in the person-centered service plan process. **Admin rule is compliant.** ***Remediation Required:*** HAR Chapter 11-89-16 states that the case manager shall develop an individual plan with the resident, guardian, family, or significant others based upon the assessment and preferences of the resident and outcome to be achieved. The State will amend HAR Chapter 11-89-16 to strengthen the language for modifications to individualized service plans.

Residential Settings				
Assisted Living Facility (ALF)	Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)	Community Care Foster Family Home (CCFFH)	Developmental Disability Adult Foster Homes (AFH)	Developmental Disability Domiciliary Homes (DD Dom)
Action Steps for State Standards that are silent, conflicting, or partially compliant.				
Action Steps for contracts: • Health plans to develop proposed language change • Send to DHS/MQD for review and approval • Amend provider contract • Health plans to notify providers • Obtain new contract on file			***Action Steps for contracts:*** • DOH/DDD to develop proposed language change • Send to DHS/MQD for review and approval • Amend provider contract • DOH/DDD to notify providers • Obtain new contract on file	
Action Steps for Admin Rule: • Form a subcommittee that will review the HAR • Subcommittee to develop proposed language change • Have the MCMW advisory group review the proposed language change • Send proposed language change to DOH/OHCA and attorney general for review • Hold a 30-day public comment period • Finalize the language • Amend the HAR				
Timeline for Completion				
2020	2019	11/13/2018	2019	2020
Status				
In progress	In progress	Completed Repealed DHS HAR Chapter 17-1454 Current DOH HAR Chapter 11-800	In progress	In progress

Non-Residential Settings		
Adult Day Care (ADC)	Adult Day Health (ADH)	Adult Day Health (ADH) & Discovery and Career Planning (DNP)/Individual Employment Supports (IES)
Individuals in an ADC setting receive services provided through an organized program of personal care, supervision, social services, therapy, and group and leisure activities. Nursing services are not provided in this setting. An ADC serves adults with a physical disability or who are over the age of 65.	Individuals in an ADH setting receive services through an organized day program of therapeutic, social, and health services. Nursing services are provided in this setting. An ADH serves Medicaid adults with a physical disability or who are over the age of 65.	Individuals in a day setting receive services through a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the individual who has an intellectual or developmental disability. Individuals receiving prevocational services may get those services in the community or at a prevocational site. Services are designed to prepare a person for paid employment through career planning, apprenticeships, and teaching work-related skills.
Estimated # of Settings		
19	6	53
Waiver Authority		
1115 Waiver	1115 Waiver	1915 (c) Waiver
State Standards (State law, 1915c and 1115 Waivers, Administrative Rules, Contracts)		
HCBS Provider Contract HAR Chapter 17-1417 http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-1417-Adult-Day-Care.pdf http://health.hawaii.gov/ohca/files/2014/07/17-1424-Adult-Day-Care-Current-Admin-Rules.pdf	HCBS Provider Contract HAR Chapter 11-96 http://health.hawaii.gov/opppd/files/2015/06/11-96.pdf	HCBS Provider Contract 1915 (c) Waiver Standards I/DD Policies and Procedures
The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. (42 C.F.R § 441.301(c)(4)(i))		
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals full access and integration into the community including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. **Admin Rule is silent.**	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals full access and integration into the community including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. **Admin Rule is silent.**	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals full access and integration into the community including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. **Waiver Standard is silent.**

Non-Residential Settings		
Adult Day Care (ADC)	Adult Day Health (ADH)	Adult Day Health (ADH) & Discovery and Career Planning (DNP)/Individual Employment Supports (IES)
Remediation Required: The State will amend HAR Chapter 17-1417 to add language that ensures individuals full access and integration into the community including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	***Remediation Required:*** The State will amend HAR Chapter 11-96 and Chapter 11-94.1.47 to add language that ensures individuals full access and integration into the community including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	***Remediation Required:*** The State will revise the service definition at Waiver renewal, amend Waiver standards, policies and procedures to add language that ensures individuals full access and integration into the community including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
The setting is selected by the individual from among setting options including non-disability specific settings <and an option for a private unit in a residential setting.> (42 C.F.R § 441.301(c)(4)(ii))		
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures each individual has choice of setting among setting options. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 17-1417 to add language that ensures each individual has choice of setting among setting options.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures each individual has choice of setting among setting options. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-96 and Chapter 11-94.1.47 to add language that ensures each individual has choice of setting among setting options.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures each individual has choice of setting among setting options. **Waiver Standard is silent.** ***Remediation Required:*** The State will amend the Waiver standards, policies and procedures to add language that ensures each individual has choice of setting among setting options.
Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. (42 C.F.R § 441.301(c)(4)(iii))		
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's rights of privacy, dignity and respect, and free from coercion and restraint. In addition, any modifications must be documented and detailed in the person centered planning process. **Admin Rule is silent**. ***Remediation Required:*** The State will amend HAR Chapter 17-1417 to add language that ensures individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. In addition, any modifications must be documented and detailed in the person centered planning process.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's rights of privacy, dignity and respect, and free from coercion and restraint. In addition, any modifications must be documented and detailed in the person centered planning process. **Admin Rules is partially compliant.** ***Remediation Required:*** HAR Chapter 11-96-9 states that individuals be treated with consideration, respect, and in full recognition of their dignity and individuality, including privacy in treatment and in care as appropriate. The State will amend HAR Chapter 11-96-9 to include language that states that, any modifications must be documented and detailed in the person centered planning process.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures an individual's rights of privacy, dignity and respect, and free from coercion and restraint. In addition, any modifications must be documented and detailed in the person centered planning process. **Waiver Standard is silent.** ***Remediation Required:*** The State will amend the Waiver standards, policies and procedures to add language that ensures individual individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. In addition, any modifications must be documented and detailed in the person centered planning process.

Non-Residential Settings		
Adult Day Care (ADC)	Adult Day Health (ADH)	Adult Day Health (ADH) & Discovery and Career Planning (DNP)/Individual Employment Supports (IES)
Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. (42 C.F.R § 441.301(c)(4)(iv))		
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures , individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **Admin Rule is compliant.** HAR Chapter 17-1417-6 states that assessments shall be based upon the physicians report of limitations and upon the say care staff's personal observation of the adult's interests.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures , individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **Admin Rule is compliant.** HAR Chapter 96-34 states that individuals at every adult day health center shall provide a program of social and recreational activities that is supervised and directed by an activity coordinator to meet the needs and interests of each client.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures , individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. **Waiver Standard is silent.** ***Remediation Required:*** The State will amend the Waiver standards, policies and procedures to add language that ensures individual initiative, autonomy, and independence in making life choices.
Facilitates individual choice regarding services and supports, and who provides them. (42 C.F.R § 441.301(c)(4)(v))		
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual choice regarding services and supports, and who provides them. **Admin Rule is silent.** ***Remediation Required***: The State will amend HAR Chapter 17-1417 to add language that ensures individual choice regarding services and supports, and who provides them.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual choice regarding services and supports, and who provides them. **Admin Rule is compliant.** HAR Chapter 96-34 states that individuals at every adult day health center shall provide a program of social and recreational activities that is supervised and directed by an activity coordinator to meet the needs and interests of each client.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individual choice regarding services and supports, and who provides them. **Waiver Standards is silent.** ***Remediation Required:*** The State will amend the Waiver standards, policies and procedures to add language that ensures individual choice regarding services and supports, and who provides them.
The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. (42 C.F.R § 441.301(c)(4)(vi)(A))		
Not applicable- Individuals do not reside in this setting, it is a day service.		
Each individual has privacy in their sleeping or living unit (42 C.F.R § 441.301(c)(4)(vi)(B)) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors (42 C.F.R § 441.301(c)(4)(vi)(B)(1)) Individuals sharing units have a choice of roommates in that setting. (42 C.F.R § 441.301(c)(4)(vi)(B)(2)) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. (42 C.F.R § 441.301(c)(4)(vi)(B)(3))		
Not applicable- Individuals do not reside in this setting, it is a day service.		

Non-Residential Settings		
Adult Day Care (ADC)	Adult Day Health (ADH)	Adult Day Health (ADH) & Discovery and Career Planning (DNP)/Individual Employment Supports (IES)
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. (42 C.F.R § 441.301(c)(4)(vi)(C))		
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. **Admin Rule is silent.** ***Remediation Required***: The State will amend HAR Chapter 11-1417 to add language that ensures individuals freedom and supports their right to control their schedules and activities including a provision to access food at any time.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. **Admin Rule is silent**. ***Remediation Required***: The State will amend HAR Chapter 11-96 and Chapter 11-94.1.47 to add language that ensures individuals freedom and supports their right to control their schedules and activities including a provision to access food at any time.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. **Waiver Standards is silent.** ***Remediation Required:*** The State will amend the Waiver standards, policies and procedures to add language that ensures the individuals freedom and supports their right to control their schedules and activities including a provision to access food at any time.
Individuals are able to have visitors of their choosing at any time. (42 C.F.R § 441.301(c)(4)(vi)(D))		
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals are able to have visitors of their choosing at any time. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-96 and Chapter 11-94.1.47 to add language that ensures individuals to have visitors of their choosing at any time.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals are able to have visitors of their choosing at any time. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-96 and Chapter 11-94.1.47 to add language that ensures individuals to have visitors of their choosing at any time.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures individuals are able to have visitors of their choosing at any time. **Waiver standards is silent.** ***Remediation Required:*** The State will amend the Waiver standards, policies and procedures to add language to add language to allow individuals to have visitors of their choosing at any time.
The setting is physically accessible to the individual. (42 C.F.R § 441.301(c)(4)(vi)(E))		
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures the setting is physically accessible to the individual. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 17-1417 individuals to have visitors of their choosing at any time.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures the setting is physically accessible to the individual. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-96 and Chapter 11-94.1.47 to add language that ensures individuals to have visitors of their choosing at any time.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures the setting is physically accessible to the individual. **Waiver Standards is silent.** ***Remediation Required:*** The State will amend the Waiver standards, policies and procedures to add language to add language to allow individuals to have visitors of their choosing at any time.

Non-Residential Settings		
Adult Day Care (ADC)	Adult Day Health (ADH)	Adult Day Health (ADH) & Discovery and Career Planning (DNP)/Individual Employment Supports (IES)
Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. (42 C.F.R § 441.301(c)(4)(vi)(F))		
Provider contract is silent. ***Remediation Required:*** The State will amend the provider contract to add language that ensures that any modifications must be documented, detailed, and be supported by a specific assessed need and justified in the person-centered service plan process. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 17-1417 to add language that ensures that any modifications must be documented, detailed, and be supported by a specific assessed need and justified in the person-centered service plan process.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures that any modifications must be documented, detailed, and be supported by a specific assessed need and justified in the person-centered service plan process. **Admin Rule is silent.** ***Remediation Required:*** The State will amend HAR Chapter 11-96 and Chapter 11-94.1.47 to add language that ensures that any modifications must be documented, detailed, and be supported by a specific assessed need and justified in the person-centered service plan process.	**Provider contract is silent.** ***Remediation Required:*** The State will amend the provider contract to add language that ensures that any modifications must be documented, detailed, and be supported by a specific assessed need and justified in the person-centered service plan process. **Waiver Standards is silent.** ***Remediation Required:*** The State will amend the Waiver standards, policies and procedures to add language that ensures that any modifications must be documented, detailed, and be supported by a specific assessed need and justified in the person-centered service plan process.
Action Steps for State Standards that are silent, conflicting, or partially compliant.		
Action Steps for contracts: • Health plans to develop proposed language change • Send to DHS/MQD for review and approval • Amend provider contract • Health plans to notify providers • Obtain new contract on file ***Action Steps for Admin Rule:*** • Form a subcommittee that will review the HAR • Subcommittee to develop proposed language change • Have the MCMW advisory group review the proposed language change • Send proposed language change to DOH/OHCA and attorney general for review • Hold a 30-day public comment period • Finalize the language • Amend the HAR		***Action Steps for contracts:*** • DOH/DDD to develop proposed language change • Send to DHS/MQD for review and approval • Amend provider contract • DOH/DDD to notify providers • Obtain new contract on file ***Action Steps for Waiver Standards:*** • Form a subcommittee that will review the standards • Subcommittee to develop proposed language change • Finalize the language
Timeline for Completion		
2020	2020	5/1/2016

Non-Residential Settings		
Adult Day Care (ADC)	Adult Day Health (ADH)	Adult Day Health (ADH) & Discovery and Career Planning (DNP)/Individual Employment Supports (IES)
Status		
In progress	In progress	Completed

REMEDIATION STRATEGIES AND MILESTONES FOR THE HAWAII 1115 WAIVER DEMONSTRATION

REVISIONS TO HAWAII ADMINISTRATIVE RULES

Anticipated Date of Completion: 2020

DHS/MQD and DOH/OHCA will coordinate revisions to the Hawaii Administrative Rules (HAR). DHS/MQD will establish workgroups to revise the HAR to be in compliant with the HCBS final rule. The function of the workgroup is to revise the rules and establish timelines for completion. This process will include stakeholder input. HARs that will need to be revised:

- Community Care Foster Family Home (CCFFH) HAR Chapter 17-1454
  http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-1454-CMA-CCFFH.pdf
- Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH) Chapter 11-100.1
  http://health.hawaii.gov/opppd/files/2015/06/11-100.1.pdf
- Assisted Living Facility (ALF) Chapter 11-90
  http://health.hawaii.gov/opppd/files/2015/06/11-90.pdf
- Adult Day Health (ADH) Chapter 11-94.1.47 and Chapter 11-96
  http://health.hawaii.gov/opppd/files/2015/06/11-94.1.pdf
  http://health.hawaii.gov/opppd/files/2015/06/11-96.pdf
- Adult Day Care (ADC) Chapter 17-1417
  http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-1417-Adult-Day-Care.pdf
- Developmental Disability Domiciliary Homes (DD Dom) Chapter 11-89
  http://health.hawaii.gov/opppd/files/2015/06/11-89.pdf

REVISIONS TO SECTION 1115 WAIVER DEMONSTRATION- QUEST Integration (QI)

Anticipated Date of Completion: 2020 (1115 waiver renewal submission)

DHS/MQD will request technical changes to the 1115 Special Terms and Conditions (STCs) to ensure compliance with the HCBS final rule federal regulations. The CMS approved technical amendments will be included in the 1115 waiver renewal submission package. This process will include stakeholder input.

REVISIONS TO DHS/MQD SECTION 1115 MANAGED CARE ORGANIZATION (MCO) CONTRACTS

Anticipated Date of Completion: 2020

DHS/MQD is amending the 1115 contract Scope of Services to include all the applicable HCBS Final Rule federal regulations and will submit the changes to CMS for approval.

Upon CMS approval, DHS/MQD will issue the contract amendments to the five contracted MCOS.

MCOs will be required to include HCBS final rule federal regulations in to their existing provider policies and procedures, provider credentialing and provider services agreements. Timelines will be established for completion. This process will include stakeholder input.

REVISIONS TO QI MCO POLICIES AND PROCEDURES

Anticipated Date of Completion: 2020

MCOs will be required to revise their provider manuals and the HCBS sections of their policy and procedure manuals to include all applicable HCBS final rule federal regulations DHS/MQD and the MCOs will develop timelines for this process. All new and revised MCO policies and procedures will be submitted to DHS/MQD for prior review and approval.

REVISIONS TO MCO PROVIDER SERVICE AGREEMENTS

Anticipated Date of Completion: 2020
MCOs will be required to revise their HCBS provider services agreements to include all applicable HCBS final rule federal regulations. DHS/MQD is reviewing whether to provide the MCOs with boilerplate contract language in order to standardize the new rule implementation across all the MCOs. In addition, DHS/MQD is reviewing whether to require a standard credentialing and re-credentialing tool to be utilized by all the MCOs. These tools will be effective after the tools have been vetted and approved internally.

MCOs will submit the revised HCBS provider services agreements to DHS/MQD for prior review and approval. All new HCBS providers must be in full compliance with the HCBS final rule federal regulations in order to receive a MCO contract. The MCO or the state licensing agency, as applicable, will provide technical assistance, as needed.

REVISIONS TO MEMORANDUM OF AGREEMENT (MOA) between DHS/MQD AND DOH/DDD FOR 1915c DDID WAIVER

Anticipated Date of Completion: 12/2016
DHS/MQD and DOH/DDD will coordinate to update the interdepartmental MOA. The revised MOA will include the HCBS final rule federal regulations

PROVIDER TRAINING

Anticipated Date of Completion: Ongoing
DHS/MQD will develop educational webinars and face to **face** group trainings for 1115 and 1915(c) providers about the HCBS final rule federal regulations
DHS/MQD and the MCOs will also provide focused trainings for HCBS provider-specific issues that require remediation. The training plans currently under internal review include:

- Provider-type specific;
- "Train the trainer" model components for ongoing HCBS Rule and Person Centered Planning trainings;
- Continuous Person Centered Planning trainings for MCO service coordinators, case managers and certain HCBS provider-types;
- Issuance of training certificates of participation following completion of each training until the HCBS final rule federal requirements are fully implemented; and
- Posting training materials on the DHS/MQD website

MCO PROVIDER MONITORING TOOLS

Anticipated Date of Completion: Ongoing

MCOs will be required to revise their existing HCBS provider quality improvement monitoring tools to incorporate monitoring of HCBS final rule federal regulation compliance. Revised monitoring materials will be submitted to DHS/MQD for prior review and approval.

STATE LICENCING AGENCY(S) PROVIDER MONITORING TOOLS

Anticipated Date of Completion: Ongoing

State licensing agency(s) will be required to revise their HCBS provider licensing/renewal tools and monitoring tools to incorporate oversight of HCBS final rule federal regulation implementation. All new HCBS providers must be HCBS final rule federal regulation compliant to obtain a state license or certification

PROVIDER MONITORING FOR REMEDIATION AND ONGOING COMPLIANCE

Anticipated Date of Completion: Ongoing

All HCBS providers that participated in the HCBS Rule assessment and validation process and are not fully compliant with the HCBS final rule federal regulation will need to submit a transition plan for each noncompliant item identified in the assessment or validation. Until the Hawaii administrative rules are revised, the transition plans will be submitted to and approved by DHS/MQD.

HCBS providers who did not complete a self-assessment during the initial phase will be required to submit a completed self-assessment form to DHS/MQD. DHS/MQD will be holding discussions in May 2016 with the MCOs and the licensing agencies to determine the extent of their role for survey validation

In addition, plans for oversight and monitoring to occur over all settings during the remediation period and post implementation include:

- Verification that the provider has an approved transition plan and if the provider is meeting benchmarks identified in their transition plan;
- Oversight and monitoring of providers by annual licensing/certification and quality improvement monitoring;
- Revision of monitoring tools to document compliance with the HCBS Final rule federal regulations;
- Observation and interviews of HCBS providers
- Tracking remediation efforts including attendance of mandatory trainings; and
- Provider notification of revised State standards or operational procedures

PROCESS FOR PROVIDER ACCOUNTABILITY

Anticipated Date of Completion: 07/2020

In the event the HCBS provider has gone through necessary remediation activities and continues to demonstrate non-compliance with HCBS final rule federal requirements by July 1, 2020, the State will submit the list of settings and evidence packets to CMS for heightened scrutiny review within 120 days (by the end of October 2020).

PLAN TO TRANSITION PARTICIPANTS/MEMBERS TO COMPLIANT PROVIDERS

Anticipated Date of Completion: 2021

A relocation notification letter will be sent to the provider and the participant. The goal is to ensure continuity of services for Medicaid enrollees. The service coordinator will discuss different setting options in a person-centered planning meeting. The member, service coordinator, and support network will work collaboratively to relocate the member to the member's setting of choice. MCOs will be required to submit a relocation work plan to DHS/MQD for their members at least 90 days prior to the compliance effective date, no later than December 2018 with the expectation that members are relocated by March 2019. DHS/MQD will monitor the relocation progress through monthly and weekly status calls.

REMEDIATION STRATEGIES AND MILESTONES FOR THE HAWAII 1915(c) I/DD WAIVER

REVISIONS TO 1915c WAIVER

Date of Completion: 03/2016

Waiver renewal activities were completed concurrent with the My Choice My Way transition plan to provide information and training for stakeholders on the Final Rule requirements. The State engaged in a consultative, open communication process across stakeholders using multiple venues and forums to have discussions with waiver participants, families, advocates, providers, legislators, other state agencies, staff and other interested members of the public. Feedback was obtained from more than 200 stakeholders during several months that was used to shape the service array and guide other revisions for the renewal application. During the formal public notice and comment period prior to submitting the proposed renewal application, further refinement to the waiver was completed.

A number of changes were made to the 1915(c) waiver application that was submitted to CMS in March 2016 to support individuals to have full lives in their communities. Existing services were revised and new services were added. Personal Assistance Habilitation (PAB) was separated into two distinct services – PAB would be delivered in the participant's home and a new service, Community Learning Services, would be delivered in the community with a specific focus on improving and supporting full access to the community. Existing services were revised to clarify the expectations for community participation and employment in integrated competitive settings. Prevocational services in the current waiver were redefined as Discovery and Career Planning to reflect a strong emphasis on the discovery process and planning that is needed in order for participants and their families to make informed choices about employment. A new service, Mentorship, is designed to support participants to develop self-advocacy skills. A new service, Family Training and Supports, is designed to strengthen and support families. Community Guide is a new service for participants who use consumer-directed options to identify and create opportunities for participants to become fully integrated members of their local communities. In addition to services, other revisions to the waiver renewal application included changes throughout the application to strengthen person-centered planning, choice and control. The State is also in the process of conducting a rate study as part of the waiver renewal process.

REVISIONS TO HAWAII ADMINISTRATIVE RULES

Anticipated Date of Completion: 12/2017

Waiver participants reside in a number of different types of settings that have administrative rules or licensing requirements. DOH/DDD will coordinate revisions to the Hawaii Administrative Rules Chapter 11-148 http://health.hawaii.gov/opppd/files/2015/06/11-148.pdf related to certified Adult Foster Homes for persons with DD. Based on the analysis and crosswalk with the HCBS requirements, DOH/DDD has identified the sections of the administrative rules that require revisions.

REVISIONS TO THE MEDICAID WAIVER STANDARDS

Anticipated Date of Completion: 9/2016

Based on analysis and a crosswalk with the Final Rule requirements, the Medicaid 1915(c) Waiver Standards are being reviewed and updated. The framework for the updated standards will reflect all HCBS requirements and will no longer focus only on standards for providers as the current Standards do. This comprehensive document will be easy to navigate for participants, families, case managers, providers and stakeholders. The process to review and update includes stakeholders such as participants, families, providers, self-advocates and other community partners. All new and revised Standards will be submitted to DHS/MQD for review and approval.

REVISIONS TO DOH/DDD POLICIES AND PROCEDURES

Anticipated Date of Completion: 12/2016

DOH/DDD will develop or revise current policies and procedures to reflect all HCBS requirements. Both new and revised policies and procedures will be submitted to DHS/MQD for review and approval. Priority policies and procedures that are under revision, review, or development are Person-Centered Planning, Participants' Rights and Responsibilities, Positive Behavioral Supports, and Restrictive Interventions. DOH/DDD is developing Process Maps for its key functions to determine opportunities for improvements and integrating HCBS requirements into all applicable processes and supporting policies and procedures.

REVISIONS TO NEW PROVIDER APPLICATIONS AND ORIENTATION

Anticipated Date of Completion: 10/2016

To become a Medicaid waiver provider, a new prospective provider must be in full compliance with the HCBS Final Rule. DOH/DDD has developed a checklist for any new provider applicant to evaluate its compliance with HCBS requirements at the time of enrollment. The checklist was based on the validation tool developed through the My Choice My Way Advisory Group. Additional revisions to the application are in process and will be used for any new applicant starting in July 2016. The revised new provider application and orientation manual will be submitted to DHS/MQD for review and approval. In addition to the orientation manual, DOH/DDD will offer training for prospective applicants to provide waiver services.

PROVIDER TRAINING

Anticipated Date of Completion: 12/2017

DOH/DDD and DHS/MQD, in conjunction with the My Choice My Way Advisory Group, are designing a Communications/Training Plan which will address the various ways information will be disseminated to the various types of providers of waiver services. The Communications/Training Plan will be developed from an instructional design perspective and will identify the best modalities for training each of the provider types, training phases (from foundational to more advanced trainings depending on the provider type), tools and materials to be developed to reinforce training messages, and the timeline for completing each phase of the training plan. Training will be mandatory for all HCBS providers. In addition to the mandatory trainings, DOH/DDD will continue to hold All-Provider meetings at least twice per year where general issues related to compliance with the HCBS Final Rule is a standing agenda item. Focused trainings will be provided related to provider-specific issues requiring remediation.

PROVIDER MONITORING FOR REMEDIATION AND ONGOING COMPLIANCE

Anticipated Date of Completion: Ongoing

Each waiver provider agency that does not meet all requirements of the Final Rule must develop a provider specific transition plan to achieve compliance with HCBS requirements. The transition plan must include convening an advisory group comprised of, at a minimum, a self-advocate and a family member, to provide input in the transition plan and completing self-assessment in collaboration with the advisory group at frequent intervals to evaluate progress toward compliance. The transition plan must be submitted to and reviewed by DOH/DDD. All waiver provider agencies must have policies and procedures that reflect the Final Rule requirements; train all staff on the requirements; include Final Rule requirements and compliance in agreements or contracts between the agency and its subcontractor; and have quality structures in place to ensure ongoing compliance with the Final Rule.

DOH/DDD will redesign the monitoring tool and process for evaluating providers, including the addition of new strategies such as reviewing the benchmarks identified in the provider's transition plan, observations of the activities in which participants are engaged in the community and conducting interviews with participants and families to gather information on the experience of the participant. At a minimum, interviews and observations will be conducted with the annual monitoring site visits. Other sources of information about participant experience and choice will also be used, including the National Core Indicator data and Individualized Service Plan. Revised monitoring materials will be submitted to DHS/MQD for review and approval. The state monitoring staff will receive training to implement new strategies.

DOH/DDD will redesign the monitoring tool for annual inspections of adult foster homes to ensure compliance with HCBS requirements. Certified caregivers who are not in compliance will be required to submit a plan of correction documenting actions to address deficiencies. Annual inspection reports are posted on a DOH/DDD website.

DEVELOP PROCESS FOR PROVIDER ACCOUNTABILITY

Anticipated Date of Completion: 6/2018

In the event the provider has gone through remediation activities and continues to demonstrate non-compliance with HCBS requirements, the state will develop a tool and process for issuing site-specific or agency sanctions up to disenrollment. Criteria will be developed for disenrollment and an appeal process will be developed if the provider disagrees with the pending action. The state will include stakeholders in discussions to develop the tool and process. DOH/DDD and DHS/MQD will seek input from stakeholders on the tool and process to address provider accountability and sanctions.

PLAN TO TRANSITION TO COMPLIANT PROVIDER

Anticipated Date of Completion: Ongoing

DOH/DDD will coordinate a transition process for participants in settings that cannot meet the HCBS requirements. A notification letter will be sent to the participant and the case manager. The case manager will discuss the options available and have the participant or guardian choose a new provider. The case manager will work collaboratively with the new provider to ensure a smooth transition. A meeting is then arranged with the new provider and a target transition date is set, along with signing and updating all the required documents needed for the new provider.

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION

NOTICE FOR A PUBLIC FORUM

The State of Hawaii, Department of Human Services and Department of Health (the State) published a public notice on August 12, 2019 to notify the public of the opportunity to comment on the proposed transition plan for Home and Community Based Services (HCBS) Settings for Hawaii's 1115 QUEST Integration and 1915(c) Intellectual/Developmental Disabilities Waiver, which provides home and community services as an alternative to institutionalization.

The transition plan for HCBS settings are 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 appropriately 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 has revised the initial transition plan submitted to the Centers for Medicare and Medicaid Services. These changes incorporate the complete assessment of settings and heightened scrutiny process as part of the transition plan and as result of these changes, the State hereby notifies the public of the opportunity to comment on these revisions.

The State will hold public forums to seek input on the *revised* transition plan as described in this notification.

Via Webinar
Date: August 23, 2019
Time: 9:00 a.m. to 11:00 a.m. – For individuals receiving HCBS, providers and stakeholders
Registration: https://attendee.gotowebinar.com/register/2997431824449742861
After registering, you will receive a confirmation email containing information about joining the webinar.

In-Person
Date: August 30, 2019
Time: 9:30 a.m. to 11:30 a.m. – For individuals receiving HCBS services
1:00 p.m. to 3:00 p.m. – For HCBS providers and stakeholders
Location: Aloha Stadium, Hospitality Room
99-500 Salt Lake Boulevard
Honolulu, Hawaii 96818

For parking, enter the main Salt Lake Gate #1 and use call box for entry if attendant not available. Free parking is available on the upper Halawa lot. A copy of the parking map and directions to the hospitality room is available on online at: https://medquest.hawaii.gov/ search My Choice My Way.

All interested parties are invited to join the public forum and to state their views regarding the *revised* HCBS transition plan. In lieu of joining the public forum in person or by webinar, written comments can be mailed to:

Department of Human Services

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

Written comments will be accepted for consideration from the date this notice is published through **September 13, 2019**.

The HCBS transition plan is available online at: https://medquest.hawaii.gov/ search My Choice My Way. A copy of the HCBS transition plan will also be available for public viewing at the 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.

Department of Human Services
Med-QUEST Division
601 Kamokila Boulevard, Room 506A
Kapolei, Hawaii 96707

Department of Health
Developmental Disabilities Division
1250 Punchbowl Street, Room 463
Honolulu, Hawaii 96813 (586-5842)

Department of Human Services
Eligibility Office – Kauai Section
4473 Pahee Street, Suite A
Lihue, Hawaii 96766 (241-3575)

Department of Human Services
Eligibility Office – Maui Section
210 Imi Kala Street, Suite 101
Wailuku, Hawaii 96739 (243-5780)

Department of Human Services
Eligibility Office – Lanai Section
730 Lanai Avenue
Lanai City, Hawaii 96793 (565-7102)

Department of Human Services
Eligibility Office - Oahu Section
801 Dillingham Boulevard, 3rd Floor
Honolulu, Hawaii 96817

Department of Human Services
Eligibility Office – West Hawaii Section
75-5591 Palani Road, Suite 3004
Kailua-Kona, Hawaii 96740 (327-4970)

Department of Human Services
Eligibility Office – East Hawaii Section
1404 Kilauea Avenue
Hilo, Hawaii 96720 (933-0339)

Department of Human Services
Eligibility Office – Molokai Section
65 Makaena Place, Room 110
Kaunakakai, Hawaii 96748 (553-1758)

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, MED-QUEST DIVISION
JUDY MOHR PETERSON, PhD
MED-QUEST DIVISION ADMINISTRATOR

Public Comments
Last Updated 4/31/2016

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

Public Comments

Last Updated 4/31/2016

8	Written Comment-Parent of individual receiving HCBS	1/30/15	**Comment summary:** Parent described that previous assessments should not be disregarded in implementation of the transition plan. **State response:** The State understands this concern and will make changes to the transition plan to address it. **Impact on Transition plan:** The State 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-Parent of individual receiving HCBS	1/30/15	**Comment summary:** A provider expressed concern about the safety of allowing choices that adversely affect their client. **State response:** The State understands this concern and will make changes to the transition plan to address it. **Impact on Transition plan:** The State 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	**Comment summary:** In addition to member surveys, are there plans to conduct consumer and stakeholder focus groups? **State response:** 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 3: Key Stakeholder Engagement and Public Comment **Impact on Transition plan:** No change to plan.
11	Written Comment-Stakeholder submission	1/30/15	**Comment summary:** Will the State conduct an additional session on the HCBS Statewide transition plan? Are there future meetings planned? **State response:** No. However, the My Choice My Way transition plan Section 3: Key Stakeholder Engagement and Public Comment 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 and community based services (HCBS) final rule. **Impact on Transition plan:** No change to plan.
12	Written Comment-Stakeholder submission	1/30/15	**Comment summary:** 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? **State response:** The State 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 DHS/MQD website. Impact on Transition plan: No change to plan.
13	Written Comment-Stakeholder submission	1/30/15	**Comment summary:** How soon and how will the State make public all the deliverables? **State response:** All deliverables will be posted on the DHS/MQD website. In addition, DHS/MQD will send an e-mail to anyone interested in the My Choice My Way transition plan when the website is updated. **Impact on Transition plan:** No change to plan.

Public Comments

Last Updated 4/31/2016

14	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** Is it the State's intent that consumers have to wait until the final Transition project so that consumers do not have to wait two years or more? **State response:** The State has timelines outlined in the plan for completion of activities so that consumers do not have to wait two years for full implementation. **Impact on Transition plan:** No change to plan.
15	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** Will there be public comment into changes to rules and regulations? **State response:** Yes. The State will follow requirements for public comment when making changes to administrative rules. **Impact on Transition plan:** No change to plan.
16	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** People with disabilities and other stakeholders need to be involved before policies become final. **State response:** The State understands this concern and will make changes to the transition plan to address it. **Impact on Transition plan:** The State added #9 to the My Choice My Way transition plan Section 3: Key Stakeholder Engagement and Public Comment to address this suggestion.
17	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** Prior to the Assessors being selected (step 3. In Plan), could the developed process for assessing and analyzing the HCBS settings. **State response:** The State understands this concern and will make changes to the transition plan to address it. **Impact on Transition plan:** The State added public comment as a step into #3 and #4 of the My Choice My Way transition plan Section 1: Assessment – Residential and Non-Residential Setting.
18	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** Will selected assessors include non-State employees? **State response:** Yes. Agencies that are part of the My Choice My Way advisory group will participate in the validations. **Impact on Transition plan:** No change to plan.
19	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** Will employed State case managers or State – contracted case managers being used as Assessors? **State response:** The State will not use State case managers or State- contracted case managers to support the assessment process. **Impact on Transition plan:** No change to plan.
20	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** Is a multi-disciplined team that includes consumers under consideration for doing Assessments? If not, why not? **State response:** Consumers that receive a survey may request help from whomever they choose. This may include their multi- disciplinary team. **Impact on Transition plan:** No change to plan.

Public Comments

Last Updated 4/31/2016

21	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** 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? **State response:** 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. **Impact on Transition plan**: No change to plan.
22	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** 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? **State response:** Collaborative partnerships will be established and strengthened to address affordable housing, transportation, and competitive employment. **Impact on Transition plan:** No change to plan.
23	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** How will individual choice be supported for consumers in pursuit of competitive employment? DVR was not on the list of State department "partners". **State response:** Continued collaborative efforts to strengthen and foster community partnerships to support individual choices for competitive employment. **Impact on Transition plan:** No change to plan.
24	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** 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? **State response:** 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. **Impact on Transition plan:** No change to plan.
25	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** 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? **State response:** DHS/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. DHS/MQD and DOH/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. DHS/MQD and DOH/DDD anticipate that will help with completion of the surveys, the response rate will be higher. **Impact on Transition plan:** No change to plan.

Public Comments

Last Updated 4/31/2016

26	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** How will the State assure that the sample size of consumers contacted will be the actual individuals who complete the survey (rather than family, case workers, or their care home operators)? **State response:** DHS/MQD and DOH/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. **Impact on Transition plan:** No change to plan.
27	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** 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? **State response:** DHS/MQD will be the primary department responsible for maintain this list, though DOH/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. **Impact on Transition plan:** The State will release this list for public input, see #2 of Section 2: Remediation.
28	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** Will members, families and disability advocates be involved in the development of the Provider Self- Assessment tool? **State response:** The State understands this concern and will make changes to the transition plan to address it. **Impact on Transition plan:** 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	**Comment summary:** How will the State determine whether to submit evidence about a presumptively non- HCBS setting to CMS for consideration through the "heightened scrutiny" process? **State response:** Through assessment and public input. See #18 of the My Choice My Way transition plan Section 1: Assessment- Residential and Non- Residential Setting **Impact on Transition plan:** No change to plan.
30	Written Comment- Stakeholder submission	1/30/15	**Comment summary:** 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 regulation? Will the Category 3 and 4 settings be monitored differently than how they are currently? **State response:** 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. **Updated State response:** 4/31/16 Please see Section 2: Remediation #6 Provider monitoring to #9 Relocation plan **Impact on Transition plan:** No change to plan. 4/31/16 Updated plan.

Public Comments

Last Updated 4/31/2016

31	Written Comment-Stakeholder submission	1/30/15	**Comment summary:** Will corrective action plans for non- compliant providers change from that which is currently used? **State response:** 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 provider specific transition plans for changes to comply with My Choice My Way will be in addition to or separate from their current CAPs. **Impact on Transition plan:** No change to plan.
32	Written Comment-Stakeholder submission	1/30/15	**Comment summary:** What is the appeals and grievance processes for providers that disagree with a finding? **State response:** 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. **Impact on Transition plan:** No change to plan.
33	Written Comment-Stakeholder submission	1/30/15	**Comment summary:** 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? **State response:** 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. **Updated State Response:** 4/31/16 Please see Section 2: Remediation #6 and #7, provider monitoring. **Impact on Transition plan:** No change to plan. 4/31/16 Updated plan.
34	Public Forum	1/14/16	**Comment summary:** Who is going to be on the training team? Suggestions include Governor Ige, John Gismo, people to endure the importance of training activities. **State response:** 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. **Impact on Transition plan:** No change to plan.
35	Public Forum	1/14/16	**Comment summary:** Transportation/collaboration is one of the biggest needs on the islands and it's not always available. We need to improve transportation, such as have the State explore and look into better transportation. Find better solutions especially for Big Island because they lack many sources. **State response:** Collaborative partnerships will be established and strengthened to address transportation. **Impact on Transition plan:** No change to plan.
36	Public Forum	1/14/16	**Comment summary:** On the website questions were not all answered will there be an update for the Q&A on the website? **State response:** The State has addressed questions and comments and has updated the My Choice My Way Public Comments section on the DHS/MQD website. **Impact on Transition plan:** No change to plan.

Public Comments

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37	Public Forum	1/14/16	**Comment summary:** Heightened scrutiny on what criteria was used to select agencies between categories, what are the next steps? **State response:** The State conducted an initial assessment of settings using the self-assessment survey then used CMS regulatory requirements to determine which type of setting will undergo heightened scrutiny. See for details https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/requirements-for-home-and-community-settings.pdf Next steps for a category 4 setting, see the updated transition plan, Section: 2 Remediation #2, #4, and #6. **Impact on Transition plan:** No change to plan.
38	Public Forum	1/14/16	**Comment summary:** Few questions regarding the participant's surveys, Question #1: Did the participant choose the place? Question #2: Who is the participant? Is it the actual participant or can the guardianship be considered the participant? **State response:** The self-assessment survey allowed the individual completing the survey to identify whether or not they received any help completing the survey. It also requested that the helper's relationship to the individual be identified. **Impact on Transition plan:** No change to plan.
39	Public Forum	1/14/16	**Comment summary:** Where do we categorize people who cannot communicate for themselves or is blind? **State response:** During onsite visits, review teams were able to arrange for sign language or special accommodations to help their specific needs. **Impact on Transition plan:** No change to plan.
40	Public Forum	1/14/16	**Comment summary:** Site validation specific to Non-residential, when their data gets assigned a category providers would like to know how do they find information of the outcomes of the validations and how did they fall in the assigned category? **State response:** The State has updated the transition plan and included the outcome from the validations for both residential and non-residential settings. The list will be available for public input during the public comment period. The list will be available on the DHS/MQD website. **Impact on Transition plan:** Updated plan.
41	Public Forum	1/14/16	**Comment summary:** Can Medicaid providers transport non-Medicaid providers? Are they allowed to transport Medicaid and non-Medicaid participants? They would like to see us working together to help provider transportation. **State response:** The State recognizes that transportation is an important issue. The State will continue to collaborate with stakeholders and community partners to identify creative strategies. **Impact on Transition plan:** No change to plan.
42	Public Forum	1/14/16	**Comment summary:** Limits of financial and identifying particular acts. **State response:** The State has noted the comment. **Impact on Transition plan:** No change to plan.

Public Comments

Last Updated 4/31/2016

43	Public Forum	1/14/16	**Comment summary:** Regarding employment with developmental disabilities, that don't seem to merge together. **State response:** The State has noted the comment. **Impact on Transition plan:** No change to plan.
44	Public Forum from a parent of an individual receiving HCBS	1/14/16	**Comment summary:** Parent believes that MCMW is a great idea/program however she wonders if independence will lead to more isolation. **State response:** The State understands your concern, however, we must look into self-determination in how we ensure people are making responsible choices. Although the concerns of parents are valid, we must provide the opportunity for the member to make informed choices regardless of whether or not we agree with the decision. Sometimes lessons are best learned after the person experiences the consequences of such decisions. Our roles are to assure the health and safety of the member as we encourage them to make these decisions for themselves. **Impact on Transition plan:** No change to plan.
45	Public Forum	1/14/16	**Comment summary:** Suggest we must look into what administrative rules must be changed and then update these specific rules that needs adjustments. **State response:** The State has updated the transition plan in Section: 2 Remediation #1 to include a systemic remediation of all State standards. **Impact on Transition plan:** Updated plan.
46	Public Forum	1/14/16	**Comment summary:** Regarding training recommendations they will like us to come out in person to different sites and hold trainings at the sites with more information available many feel this way won't feel so intimidating. **State response:** The State has updated the transition plan in Section: 2 Remediation #5 to include provider specific training. The State will take the recommendation into consideration in regards to a training in person and creating an environment that is less intimidating. **Impact on Transition plan:** Updated plan.
47	Public Forum	1/14/16	**Comment summary:** If found Non-compliant will funding be available for the agency to become in compliant, is the State willing to provide these funds? **State response:** The State will not provide funds for providers. Providers are responsible for making the appropriate changes to come into compliance with the HCBS final rule. **Impact on Transition plan:** No change to plan.
48	Public Forum	1/14/16	**Comment summary:** Once agencies are in compliance what does the audit look like, what are the expectations for ongoing monitoring? For ex. Annual review, in person survey, web, and stand alone, they recommend to incorporate an audit. **State response:** The State updated the transition plan, see Section: 2 Remediation #6 and #7 that include ongoing monitoring and compliance. **Impact on Transition plan:** Updated plan.
49	Public Forum	1/14/16	**Comment summary:** Suggest training and use of technology for more interaction and help with the accommodation of time. **State response:** The State will take into consideration the use of technology for some of the future trainings. **Impact on Transition plan:** No change to plan.

Public Comments

Last Updated 4/31/2016

50	Public Forum	1/14/16	**Comment summary:** Would like better access to standardized forms for training. **State response:** Following each training, the State will post all training materials on the DHS/MQD website. See the updated transition plan, Section 2: Remediation #5 Mandatory provider training. **Impact on Transition plan:** Updated plan.
51	Public Forum	1/14/16	**Comment summary:** When the new rules are implemented do you think the training will be done individually for an agency or will it be a group training with other agencies? Prefers individual training by agency. **State response:** The mandatory trainings will be provider type specific, primarily in a group. Individual trainings by agency may be requested through DHS/MQD. This type of training is subject to the trainer availability. See the updated transition plan, Section: 2 Remediation #5 Mandatory provider training. **Impact on Transition plan:** No change to plan.
52	Public Forum	1/14/16	**Comment summary:** Who will be trained? **State response:** All training will be mandatory for all providers. See response to question #51 of in this Public Comment section. Using the "train the trainer" model, the MCMW advisory group will assist in selecting the trainers. **Impact on Transition plan:** No change to plan.
53	Public Forum	1/14/16	**Comment summary:** Recommendation that there needs to be a memorandum agreement to develop a trained curriculum for primary care givers or professional staff with the university system to help train and support. **State response:** The State will consider the recommendation to use a memorandum of agreements between the State and the trainers. **Impact on Transition plan:** No change to plan.
54	Public Forum	1/14/16	**Comment summary:** Recommendation that training for individual highly recommended to be done face to face. Using the web is partially effective because it can be complex. Many find face to face training easier. **State response:** Please see the State response to question #46 and #49 in this Public Comment section. **Impact on Transition plan:** No change to plan.
55	Public Forum	1/14/16	**Comment summary:** Do all islands have all licensed facilities and do all islands have access to these facilities if not what are your plans to make it available in the future? **State response:** The State understands this concern and will analyze provider networks statewide. **Impact on Transition plan:** No change to plan.
56	Public Forum	1/14/16	**Comment summary:** Can the requirements combine different licensing types on the neighbor island? **State response:** The State understands this concern and will review this option statewide. **Impact on Transition plan:** No change to plan.
57	Public Forum	1/14/16	**Comment summary:** Suggest to research cases on what's happening out in the field such as if the satisfaction level and curriculum match the needs. **State response:** The State will consider this for ongoing monitoring and supports. **Impact on Transition plan:** No change to plan.

Public Comments

Last Updated 4/31/2016

58	Public Forum	1/14/16	**Comment summary:** Suggest helping the provider get into compliance, by working with the participants to find their likes, wants, and needs. Get more inclusive about participants as well as the care home/facility. **State response:** The State will have mandatory provider trainings on Person Centered Planning to address this. **Impact on Transition plan:** No change to plan.
59	Public Forum	1/14/16	**Comment summary:** Suggest working with participants to develop facilities to become in compliance, maybe the participant wants a choice to relocate. **State response:** The State supports participant choice of setting. Please see the updated transition plan, Section 2: Remediation #9 for Relocation plan for a participant in a setting that cannot meet the HCBS requirements. **Impact on Transition plan:** Updated plan.
60	Public Forum	1/14/16	**Comment summary:** Struggles of family and foster families. Suggest that foster families need to better obtain what needs to be done. Care home operators needs to be more engaged with the participants. **State response:** The State will have mandatory provider trainings on Person Centered Planning to address this. **Impact on Transition plan:** No change to plan.
61	Public Forum	1/14/16	**Comment summary:** Request the Department that process the paperwork give more flexibility and time for the neighbor islands because there is much less access for transportation as well as farther distances compared to Oahu. More consideration of deadlines for the neighbor islands. **State response:** The State acknowledges your request and will work collaboratively to get settings into compliance by March 2019. **Impact on Transition plan:** No change to plan.
61	Public Forum	1/14/16	**Comment summary:** Require providers to access support and services that are not specifically assigned such as improving services with other available resources by going beyond funded programs to expand their horizons. **State response:** The State will have a mandatory provider training on Person Centered Planning to address this. Supplemental trainings or materials may be provided to educate case managers, providers, and participants of other programs that also support community integration. **Impact on Transition plan:** No change to plan.
62	Public Forum	1/14/16	**Comment summary:** An individual from a community care foster family home said there is no fun in foster homes maybe they should get together every so often to have fun with their foster families. Such as going to the movies or being able to go out or go to the mall to shop. **State response:** The State will have a mandatory provider training on Person Centered Planning to address this. **Impact on Transition plan:** No change to plan.

Public Comments

Last Updated 4/31/2016

63	Public Forum	1/14/16	**Comment summary:** 1915(c) developmental disabilities eligible participant wants to go to college how do they address the needs for hours for class time? Support is required for success in activities such as college because not only is there class time there is also homework time and etc. Which can pertain to services outside of the budget. **State response:** There are a number of supports available to individuals with I/DD enrolled in the 1915(c) waiver who want to pursue post-secondary education or vocational training. These supports could assist an individual to participate fully in campus life, including waiver services, developing natural supports with fellow students, using campus resources and vocational rehabilitation services. In the waiver renewal application, the State has proposed a service, Community Learning Supports, which could provide some of the supports that a student may need in post-secondary education or training. Currently, the DOH/DDD is entering into a partnership with the University of Hawaii/Centers for Disability Studies and the Division of Vocational Rehabilitation around a pilot project to support several individuals with I/DD to attend college with support coordinated between the three partners. The State will continue to collaborate with individuals, families, state agencies and colleges/universities/ vocational training programs to expand opportunities for individuals to pursue post-secondary or vocational activities. **Impact on Transition plan:** No change to plan.
64	Public Comment-Email	1/14/16	**Comment summary:** The topics and the public inputs are very interesting. My only concern is when the training will be implemented would it be possible that the only individuals who are the primary caregivers in each CCFFH's will be the one to attend. To avoid more expenses from the Med-QUEST office. Because, the primary caregivers are the holder of the certificate of their homes who deals with the rules and regulations of the CCFFH program. **State response:** The State will have a mandatory provider training on Person Centered Planning to address this. It is important that the primary caregiver and any substitute caregiver that has direct contact with a Medicaid beneficiary in any type of home receive the proper training. The State will provide continuous oversight and monitoring to ensure that all providers are trained and settings reach compliance. **Impact on Transition plan:** No change to plan.
65	Public Comment-Email	1/14/16	**Comment summary:** I wanted to ensure you are aware of the transportation issues we face. Much of our Island has NO public transportation. Where we are in Honokaa and all along the Hamakua and Kohala coast there is not even a taxi service available. This is true for the majority of our Island. We try hard to accommodate the choices of our population by providing mileage to the DSW's. Obviously with the costs to the organizations constantly on the rise, this becomes increasingly challenging. We don't have the cheaper, public transportation as an option. I know our Island is unique, partly due to our sheer size, please take into consideration these challenges when you delegate funding for these new programs as well as the ones we already have. Having said this, I also want to express how excited I am at the opportunities coming to those we serve with the new service options. **State response:** The State recognizes that transportation is an important issue. The State will continue to collaborate with stakeholders and community partners to identify creative strategies. **Impact on Transition plan:** No change to plan.

Public Comments

Last Updated 4/31/2016

66	Public Comment-Email	2/26/16	**Comment summary:** With the low percentage of 2015 Participant survey responses provided for both Residential and Non-Residential settings fewer than half of those surveyed, do you still think that 5% is a reasonable statistical sample of consumers? **State response:** The self-assessment surveys was an initial approach to establishing a baseline for current provider compliance. The State will consider a different strategy for gathering information from consumers during the remediation phase. **Impact on Transition plan:** No change to plan.
67	Public Comment-Email	2/26/16	**Comment summary:** How will the State ensure going forward that it receives adequate ongoing information from consumers about each residential or non-residential site? **State response:** The State agency that is responsible for the ongoing oversight and monitoring will provide updates during the MCMW advisory meetings. This includes provider and participant concerns or issues. Providers and participants will continue to have the opportunity toexpress any concerns or comments via phone, mail, email, or information sessions. **Impact on Transition plan:** No change to plan.
68	Public Comment-Email	2/26/16	**Comment summary:** Were site visits made to all the providers who did not complete a Provider survey? **State response:** No. Please see the methodology for site validation on the updated transition plan, Section 1: Assessment #7 **Impact on Transition plan:** No change to plan.
69	Public Comment-Email	2/26/16	**Comment summary:** What is the grievance process for consumers and their families to file complaints about non-compliant settings and what are the remediation and appeal procedures? How will the public be educated on these procedures? **State response:** 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. **Impact on Transition plan:** No change to plan.
70	Public Comment-Email	2/26/16	**Comment summary:** How can the public access any State proposed changes for review before formal hearings are scheduled? Will these proposed changes be available on the website for review in advance, before any hearings are scheduled? **State response:** The State will upload any documents needed for public comments in a timely manner. The public notification process will remain the same, see the updated transition plan, Section 3: Stakeholder Engagement and Public Comment #1 and #2. **Impact on Transition plan:** No change to plan.

Public Comments

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71	Public Comment-Email	2/26/16	**Comment summary:** It is noted that the State and its partners will conduct informational sessions every 6 months for stakeholders; however, the new regulations require that a Public Hearing should be held for "any significant change" to the Transition Plan. Would that not include any changes made as result of: • Public Comment • Remediation process for Category 4 Providers • Any Proposed rules, policy changes, etc. • Any revised 1915 Waiver Application submitted **State response:** The informational sessions are used for stakeholder engagement where education may be provided and updates are shared. The State will comply with the public comment requirements set forth for all significant changes such as proposed rule changes and amendments to the 1915(c) Waiver. Please see the updated transition plan, Section 3: Stakeholder Engagement and Public Comment #1, #2, and #5. **Impact on Transition plan:** Updated plan.
72	Public Comment-Email	2/26/16	**Comment summary:** The State had an initial 4/15/15 date to review current statutes, rules, regulations, standards, or other requirements to identify any needed changes for full compliance with HCBS settings. How do we know this deadline was met as there has been little communication with the public on this process? How will the State provide ongoing status reports? **State response:** The State has developed a systemic remediation crosswalk with proposed time of completion. The State will use the informational sessions as a way to communicate the public on the status on the rule changes. See #71 of Q&A and Section 2: Remediation #1. **Impact on Transition plan:** Updated plan.
73	Public Comment-Email	2/26/16	**Comment summary:** The Plan continues to lack detail in areas, such as: • How will the State deal with provider settings that might need to have clients if they cannot meet the standards of the new regulation • Relocation plan for beneficiaries in settings that cannot be remediated/ Moving clients from/to different settings • Ensuring ongoing compliance from point of initial assessment through recertification (step by step) Is there a timeframe when these details will be made public? **State response:** See the updated transition plan, Section 2: Remediation #5, #6, #7, and #9. The State will develop detailed processes for addressing this question with public input through remediation, and public comment phases of the My Choice My Way transition plan. **Impact on Transition plan:** Updated plan.
74	Public Comment-Email	2/26/16	**Comment summary:** How will the public be routinely notified of any provider sanctions or terminations as a result of non-compliance? **State response:** State agencies providing oversight and monitoring will report to DHS/MQD and the advisory group on a monthly basis. The provider list will be updated on the DHS/MQD website, semi-annually or during informational sessions. **Impact on Transition plan:** No change to plan.

Public Comments

Last Updated 4/31/2016

75	Public Comment-Email	2/26/16	**Comment summary:** There should be more "overlap" of information between the Transition Plan and the new 1915 Waiver Application (as any Transition is impacted by the benefits available when the Waiver is approved by CMS). Is there a crosswalk planned for public review to connect these two mighty efforts by Med-QUEST and I/DD? **State response:** DOH/DDD and DHS/MQD have completed the 1915(c) Waiver Renewal Application. A copy will be available for viewing on both websites, see attachment #2 for specific wavier details on meeting the HCBS final rule. **Impact on Transition plan:** No change to plan.
76	Public Comment-Email	2/26/16	**Comment summary:** In the likelihood that more emphasis on community integration will produce an increase in changes of community settings for individuals (new residence, revised day program schedules, work training and employment settings, transportation, etc.) will the new Waiver accommodate better *crisis intervention planning* – including better understanding and training in recognizing crisis triggers and early intervention- for individuals, families and community setting providers? Further, can crisis intervention planning become mandatory in the ISP process for all individuals? **State response:** Crisis intervention planning The State agrees with the commenter that crisis planning can be strengthened for individuals who may experience behavioral challenges. The State will continue to work with individuals, families, caregivers, and community partners to review current practices and receive input on ways to strengthen the system of supports to improve crisis planning at the individual and service levels. **Impact on Transition plan:** No change to plan.
77	Public Comment-Email	2/26/16	**Comment summary:** There is a great emphasis on Provider training needed to implement the Transition Plan in future, yet little detail has been provided on how this will happen. **State response:** See the updated transition plan, Section 2: Remediation #5 Mandatory provider training and response to #51 in this Public Comment section. **Impact on Transition plan:** Updated plan.
78	Public Comment-Email	2/26/16	**Comment summary:** Will Quality standards be modified to address any changes that are made to either the Transition Plan or the 1915 Waiver Application as a result of public comments? **State response:** DOH/DDD and DHS/MQD have completed the 1915(c) Waiver Renewal Application. A copy will be available for viewing on both websites, see updated quality measures for specific wavier details on meeting the HCBS final rule. **Impact on Transition plan:** No change to plan.
89	Public Comment-Email	2/26/16	**Comment summary:** With so many variables required by island transportation, should that be addressed as a separate "category"! **State response:** The State recognizes that transportation is an important issue. The State will continue to collaborate with stakeholders and community partners to identify creative strategies. Transportation will be reviewed as a separate system issue. **Impact on Transition plan:** No plan change.

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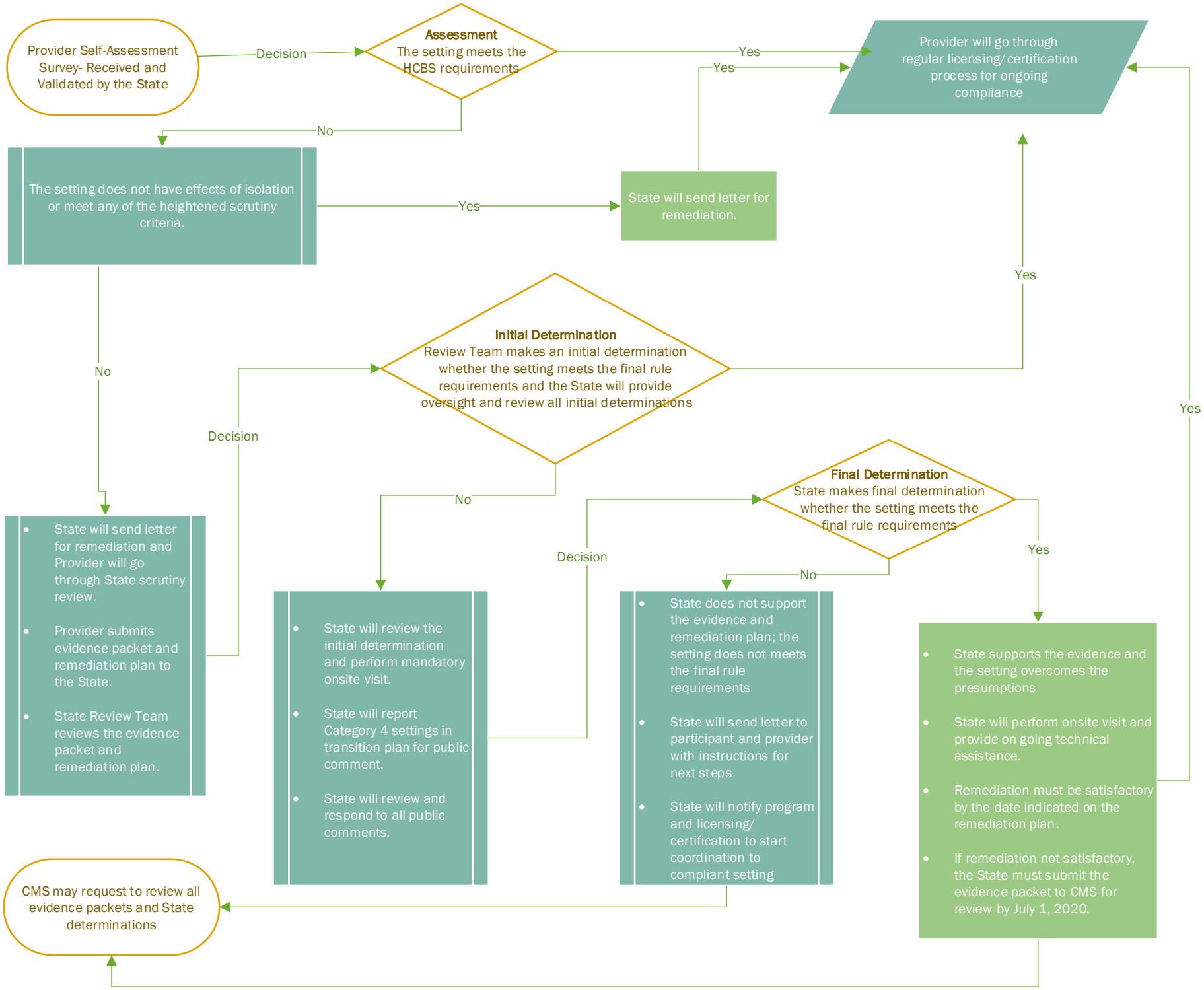
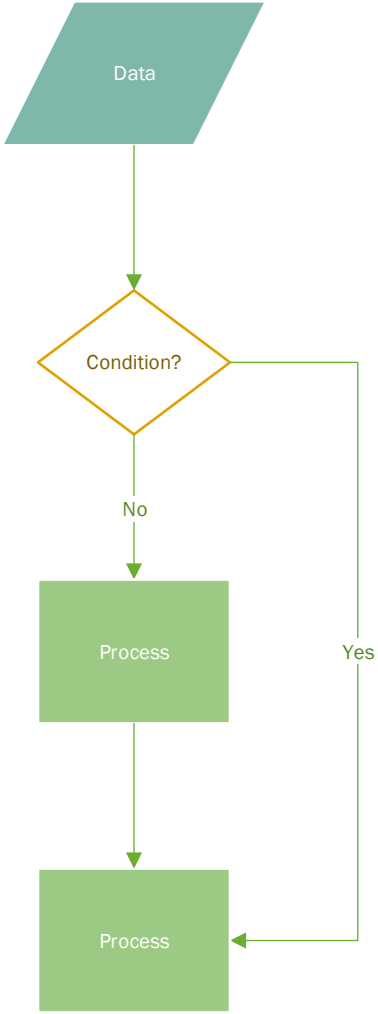

Provider Self-Assessment Survey- Received and Validated by the State
Decision
Assessment
The setting meets the HCBS requirements
Yes
Provider will go through regular licensing/ certification process for ongoing compliance
Yes
No
The setting does not have effects of isolation or meet any of the heightened scrutiny criteria.
Yes
State will send letter for remediation.
Yes
No
Initial Determination
Review Team makes an initial determination whether the setting meets the final rule requirements and the State will provide oversight and review all initial determinations
Decision
Yes
No
Final Determination
State makes final determination whether the setting meets the final rule requirements
Decision
Yes
No
State will send letter for remediation and Provider will go through State scrutiny review.
Provider submits evidence packet and remediation plan to the State.
State Review Team reviews the evidence packet and remediation plan.
State will review the initial determination and perform mandatory onsite visit.
State will report Category 4 settings in transition plan for public comment.
State will review and respond to all public comments.
State does not support the evidence and remediation plan; the setting does not meets the final rule requirements
State will send letter to participant and provider with instructions for next steps
State will notify program and licensing/ certification to start coordination to compliant setting
State supports the evidence and the setting overcomes the presumptions
State will perform onsite visit and provide on going technical assistance.
Remediation must be satisfactory by the date indicated on the remediation plan.
If remediation not satisfactory, the State must submit the evidence packet to CMS for review by July 1, 2020.
CMS may request to review all evidence packets and State determinations


Data
Condition?
No
Yes
Process
Process

Category 4 Settings 8-9-19

Provider ID	City	State	Zip Code	Setting Type	State Agency	Reason for Category 4
14	KANEOHE	HI	96744	ADH	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.
20	WAILUKU	HI	96793	ADH	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.
24	WAHIAWA	HI	96786	ADH	DDD	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution. The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community.
29	HONOLULU	HI	96816	ADH	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution. The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community.
48	HONOLULU	HI	96817	ADH	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.
26	HONOLULU	HI	96816	ADH	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.
A3	HAUULA	HI	96717	ALF	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution. The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community.
1652	HAUULA	HI	96717	EARCH	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution. The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community.

432	WAHIAWA	HI	96786	DOM	DDD	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution. The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community.
1093	HONOLULU	HI	96816	EARCH	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution. The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community.

Category 4 Settings 8-9-19

Provider ID	City	State	Zip Code	Setting Type	State Agency	Reason for Category 4
14	KANEOHE	HI	96744	ADH	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.
20	WAILUKU	HI	96793	ADH	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.
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29	HONOLULU	HI	96816	ADH	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution. The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community.
48	HONOLULU	HI	96817	ADH	QI	The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.
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