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 October 7, 2019
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INTRODUCTION

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued new regulations that require home and community-based services (HCBS) to be provided in community like settings. The new rules define settings 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. The requirements for submitting a transition plan to CMS rest with the single-state Medicaid agency. The Hawai`i 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:

- 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 INTEGRATION 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 are 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
<table>
<thead>
<tr>
<th>Setting Type</th>
<th># of Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Living Facility (ALF)</td>
<td>3</td>
</tr>
<tr>
<td>Community Care Foster Family Home (CCFFH)</td>
<td>1179</td>
</tr>
<tr>
<td>Expanded-Adult Residential Care Home (E-ARCH)</td>
<td>14</td>
</tr>
</tbody>
</table>

### Non-Residential Setting Type
<table>
<thead>
<tr>
<th>Setting Type</th>
<th># of Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care (ADC)</td>
<td>19</td>
</tr>
<tr>
<td>Adult Day Health (ADH)</td>
<td>6</td>
</tr>
</tbody>
</table>

### 1915(c) INTELLECTUAL/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 are not limited to residential habilitation supports in licensed or certified living options such as domiciliary, care and foster homes, and non-residential options such as day health and employment supports. These HCBS services are operated by the Department of Health, Developmental Disabilities Division (DOH/DDD) per a Memorandum of Agreement with the DHS/MQD. An estimated number of settings are below.

### Residential Habilitation Setting Type
<table>
<thead>
<tr>
<th>Setting Type</th>
<th># of Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Foster Home (AFH)</td>
<td>279</td>
</tr>
<tr>
<td>Adult Residential Care Home (ARCH)</td>
<td>175</td>
</tr>
<tr>
<td>Developmental Domiciliary (DOM)</td>
<td>45</td>
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</tbody>
</table>

### Non-Residential Setting Type
<table>
<thead>
<tr>
<th>Setting Type</th>
<th># of Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Health (ADH)</td>
<td>42</td>
</tr>
<tr>
<td>Discovery and Career Planning (DCP) &amp; IES</td>
<td>11</td>
</tr>
</tbody>
</table>

### 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.

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 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
• 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 11-96
• Department of Human Services, Hawaii Administrative Rule Chapter 17-1424
• 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**

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. The self-assessment survey included questions covering all the HCBS settings criteria. 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 was received by the deadline, the State conducted a mandatory onsite visit for assessment and validation. By March of 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 included questions covering all the HCBS settings criteria. 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, but not limited to:

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, included color 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, DOH/DDD case managers, I/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 individual, private homes with family members, friends or roommates in a privately-owned or rented home/apartment are integrated in their community where people who do not receive HCBS also reside. However, the State will provide ongoing monitoring to ensure that HCBS provided in individual, private homes are still in compliance with the HCBS requirements.
For HCBS provided in settings where the participant lives in a shared living situation with an unrelated individual and who is paid to support the participant by providing HCBS, the setting is subject to monitoring by the State.

**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 employment and habilitation services.

**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 compliance with the HCBS requirements.

**OPPORTUNITIES FOR COMMUNITY INTEGRATION**
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 only allows individuals without disabilities from the community into the setting and is the only strategy for giving access to the broader community, 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 INTEGRATION (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 conducted 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) INTELLECTUAL/DEVELOPMENTAL DISABILITIES WAIVER**
Validations of all non-residential and the majority of the residential settings were conducted by the State through participant experience surveys, onsite visits by the My Choice My Way advisory group, and onsite visits by the DOH/DDD staff. Validations were from December 2015 to December 2017.

For adult foster homes, the DOH/DDD staff used the validation tool and interviewed at least one participant. The DOH/DDD 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 supports are provided, the DOH/DDD is responsible for the management of the active provider agency list, provider self-assessments, and result findings.

ASSESSMENT FINDINGS AND ANALYSIS

1115 QUEST INTEGRATION (QI) DEMONSTRATION

Residential Settings

In 2015, the State mailed participant surveys which received a 47.7% response rate for residential settings and a 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 86% match agreement in responses were placed on the list for validation. The threshold at 86% meant that a provider is not 100% compliant with the rule and will require remediation in areas of deficiency. A desk review followed by and onsite visit will be conducted for all discrepancies between provider self-assessment results and the participant survey responses.

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 two 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 MCMW 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 aligns 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 one 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.

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

**Non-Residential Settings**

The State found no Category 1 and Category 3 in overall assessment of non-residential settings. The majority of Adult Day Care and only two 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 five settings identified as a Category 4. The one 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 four Adult Day Health programs were 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.

<table>
<thead>
<tr>
<th>Setting Type</th>
<th># of Settings</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care (ADC)</td>
<td>19</td>
<td>0 (0%)</td>
<td>18 (95%)</td>
<td>0 (0%)</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>Adult Day Health (ADH)</td>
<td>6</td>
<td>0 (0%)</td>
<td>2 (33%)</td>
<td>0 (0%)</td>
<td>4 (67%)</td>
</tr>
</tbody>
</table>

1915(c) INTELLECTUAL/DEVELOPMENTAL DISABILITIES WAIVER

Residential Settings

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 four 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 four Developmental Domiciliary (DOM) settings are on the same grounds of six 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 the effects of isolating participants from the broader community. The setting was reported to be disability-specific farm like community between two main cities. The driveway that leads 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 December 2017. The table below is a summary of the residential habilitation assessment findings.

<table>
<thead>
<tr>
<th>Setting Type</th>
<th># of Settings</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Foster Home (AFH)</td>
<td>279</td>
<td>0 (0%)</td>
<td>279 (100%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Adult Residential Care Home (ARCH)</td>
<td>175</td>
<td>0 (0%)</td>
<td>175 (100%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Developmental Domiciliary (DOM)</td>
<td>43</td>
<td>0 (0%)</td>
<td>39 (91%)</td>
<td>0 (0%)</td>
<td>4 (9%)</td>
</tr>
</tbody>
</table>
Non-Residential Settings

For non-residential settings, the State found that five 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 one 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 this 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 two main cities.

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

<table>
<thead>
<tr>
<th>Setting Type</th>
<th># of Settings</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Health (ADH)</td>
<td>42</td>
<td>0 (0%)</td>
<td>41 (98%)</td>
<td>0 (0%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Discovery and Career Planning (DCP) &amp; Individual Employment Supports (IES)</td>
<td>11</td>
<td>5 (45%)</td>
<td>6 (55%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

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 quarterly to
CMS 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 DOH/DDD will establish and maintain adequate HCBS provider networks and communications as outlined in the contract, especially in neighbor islands and rural locations. Furthermore, the state will evaluate current HCBS services and determine any revisions to services or need for new services to support community integration. This includes the evaluation of service descriptions and staff qualifications. The state and other state partners are also working on developing person-centered core competencies for providers, service coordinators, case managers, and direct service workers. A main competency would include strategies on how to navigate and access community settings that align with the
individuals needs and goals. Online training opportunities will also be offered statewide to providers, service coordinators, case managers, and direct service workers on HCBS and medical resources. This online training is being developed by the Hilopa’a Family to Family organization. The online training will focus on both disability and non-disability specific settings for adults and children.

The DOH/DDD has built statewide capacity to ensure access to non-disability specific settings through the following service enhancements and practice development strategies:

A key strategy DOH/DDD implemented in the current waiver, which became available for participants to choose at their ISP meetings starting on July 1, 2017, was the new service: Community Learning Service (CLS). CLS is available as an individual or group service (CLS-Ind, CLS-G). The core purpose of CLS is to provide HCBS I/DD waiver participants with flexibility in how they choose to use their time, offer more choices in how they choose to access the community, and support their involvement in community activities. Participants are now able to have many more options for achieving their life goals through access to the community rather than primarily through site-based or home-based supports. Many participants are choosing activities in the community such as volunteering, joining clubs and organizations, and attending cultural events. The attached Community Learning Service Information Brief was sent to waiver participants and families in 2017, which explained the new service. The adoption of the use of CLS was very successful with 79% of waiver participants receiving either individual or Group CLS services during FY 2019.

Exploring community options are further augmented by the use of an Interest Inventory (http://health.hawaii.gov/ddd/files/2017/11/Interest-Checklist.pdf). The Interest Inventory has proven to be a valuable tool for participants. It is a requirement for Adult Day Health (ADH) services where each participant completes an Interest Inventory when ADH services are initially authorized, or for ongoing ADH services, at least a month prior to their ISP. The Interest Inventory is used to guide activities chosen by the participant to identify his or her social valued roles.

Employment services have been redefined in the current waiver to ensure the services are provided in the community, not in segregated settings. Discovery and Career Planning combines elements of traditional prevocational services with career planning in order to provide supports that the participant may use to develop skills and interests toward becoming employed for the first time or at different stages of their work career to develop skills and interests for advancement or a change in the participant’s career plan. The goal of Individual Employment Supports, includes Job Development and Job Coaching, is employment of participants in a competitive integrated work settings.

DOH/DDD is also part of Hawaii’s Employment First Taskforce, which is actively pursuing employment first legislation. Other members of the committee include the State Council on Developmental Disabilities, University of Hawaii Center on Disability Studies, Division of Vocational Rehabilitation, Workforce Development Division, Department of Education, and other State and City & County agencies. During the month of October, the Taskforce coordinates an annual employer event at the State Capitol to recognize October as National Disability Employment
Awareness Month and host a Reverse Job Fair. The latest Reverse Job Fair in October 2019 was a huge success with about 75 job seekers and over 80 employers in attendance.

A core vehicle for supporting access to non-disability settings are waiver provider expectations for supporting community integration that are clearly defined in the Waiver Provider Standards Manual (https://health.hawaii.gov/ddd/files/2018/10/Waiver-Standards-B-3.pdf). Provider agency and state case management staff have been trained extensively, and training is ongoing. LIST trainings For example, all provider agencies are required to train staff annually on the CMS HCBS final rule on community integration overview and implementation and on Person-Centered Planning. Service descriptions and expectations have also been revised to ensure participant’s needs and preferences are met through person-centered planning and are delivered in integrated settings in the community.

Participants’ Individualized Service Plans (ISP) are developed through the person-centered planning process that follows the requirements of the CMS HCBS final rule for community integration. This includes offering informed choices regarding services and supports, what is important to the participant to ensure service delivery in a manner reflecting personal preferences and strengths, and desired outcomes of the participant.

Much of the work of ensuring the service system is moving progressively toward supporting increased access to the community are the initiatives for enhancing person-centered planning. DOH/DDD and DHS/MQD have been partners in cross-system trainings on person-centered planning and partners with the State Council on Developmental Disabilities (DD Council) in leading the Community of Practice (COP) for Support to Families. This important initiative has launched the adoption of the LifeCourse framework across systems. DOH/DDD has built LifeCourse tools into its new ISP form, and it is fully integrated into the new IT system, INSPIRE. This allows for systematic use of person-centered conversations with participants and families about their vision for a good life in the community.

Overall Hawaii has very low use of group homes % Researching shared living.

**OPPORTUNITIES FOR COMMUNITY INTEGRATION**

To increase participant opportunities for community integration, the health plans and DOH/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 DOH/DDD will assess the services during quarterly follow up monitoring and visits.

For participants receiving non-residential HCBS, the health plans and DOH/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 remaining in compliance on an ongoing basis. The goal for completing all remediation 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 INTEGRATION (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 compliant HCBS providers. The HCBS provider contracts must align with the regulations. Health plans are responsible to include the regulations in provider monitoring and credentialing processes annually.

**NEW QI PROVIDER PROCESS**
For any new Medicaid HCBS provider approved after July 1, 2016, the service setting must be fully compliant with the Final Rule and must be able to demonstrate the provision of services in fully integrated community settings prior to the delivery of services. See CMS website for more details at [https://www.medicaid.gov/medicaid/hcbs/guidance/index.html](https://www.medicaid.gov/medicaid/hcbs/guidance/index.html). The State process for new Medicaid provider is outlined below.

Any entity (individual, business, or organization) seeking 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 prior to submitting the application and include an explanation in the application describing 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 its policies and procedures a process to prescreen HCBS providers for compliance with the Final Rule before initiating a contract.

1915(c) INTELLECTUAL/DEVELOPMENTAL DISABILITIES WAIVER

For Adult Foster Homes (AFH), the DOH/DDD is responsible for certifying, re-certifying, and monitoring ongoing compliance with AFH regulations inclusive of Final Rule requirements. DOH/DDD is promulgating new administrative rules for DOH/DDD AFHs that requires compliance with Final Rule requirements in order to operate an AFH.

For all other residential settings (DD Dom and ARCH), ongoing monitoring will be the responsibility of the State’s licensing 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, annually. DOH/OCHA will include the regulations in existing monitoring tools.

For all I/DD Waiver providers, DOH/DDD is responsible for overall monitoring for ongoing compliance with I/DD Waiver Standards and Final Rule. The DOH/DDD has revised the I/DD 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 adult day health program staff in identifying activities of interest to the participant and designing community activities to support their interests. The DOH/DDD reviews the provider’s Individual Plan to look for how the participant’s interests are incorporated into their planned activities. DOH/DDD is updating the monitoring tool to include the Final Rule requirements. DOH/DDD is responsible for conducting participant experience interviews, using the Participant Experience Survey, and observations of HCBS in non-residential settings as part of the provider monitoring. Providers will complete the self-assessment survey at least annually to evaluate their progress toward remediation. Surveys will be submitted to DOH/DDD as part of the remediation requirements.
DOH/DDD uses the National Core Indicators (NCI) in-person survey to track system improvements. Specific NCI indicators have been identified that reflect the experience of participants in community integration.

**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. DOH/DDD 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](https://www.medicaid.gov/medicaid/hcbs/guidance/index.html). The I/DD Waiver new applicants process is outlined below.

Any entity (individual, business, or organization) seeking 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.

1. 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).
2. The Medicaid I/DD Waiver Services Proposal Application must be reviewed by DOH/DDD for programmatic and fiscal requirements.
3. 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.
4. 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 describing how the applicant’s service(s) and setting(s) will be in full compliance.
5. If the applicant meets the waiver standards, DOH/DDD will submit its recommendations to DHS/MQD for final approval and execution of the written Provider Agreement.
6. Once DOH/DDD recommends a new provider application, the provider must submit the Medicaid Application/Change Request Form (DHS 1139) 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.

7. 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.

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 MCMW 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 publicly 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 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 fifty 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 that reviewers can view validations that have been scheduled or already completed.

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 was a total of three settings, one residential and two 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 CMS guidance. The MCMW 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 are not limited to the setting to demonstrate:

• How the program 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.
For all HCBS providers presumed to be isolating that have 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 provider settings with evidence packets to CMS for a heightened scrutiny review within 120 days (by the end of October 2020).

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 DOH/DDD, will coordinate a transition of care plan for participants in settings that cannot meet the HCBS requirements. The DOH/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 DOH/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.

<table>
<thead>
<tr>
<th>1115 Qi Setting Type</th>
<th>Category 4 # of Settings</th>
<th>Estimated # of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Living Facility (ALF)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community Care Foster Family Home (CCFFH)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Expanded-Adult Residential Care Home (E-ARCH)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Adult Day Care (ADC)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Adult Day Health (ADH)</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1915(c) I/DD Waiver Setting Type</th>
<th>Category 4 # of Settings</th>
<th>Estimated # of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Foster Home (AFH)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adult Residential Care Home (ARCH)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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; 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, 2016, and 2019 versions of the transition plan. 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. See Attachment D for public notification timelines and comment periods.

PUBLIC FORUM

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, 2016 and 2019 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. A webinar session was also held on August 23, 2019 to accommodate the neighbor islands. 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 MCMW 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 MCMW 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 MCMW transition plan. The 2016 public forum provided a summary of updates on the transition plan and shared assessment results from validations. The 2019 public forum provided information on the updates made to the transition plan for final approval.

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 three written comments: two stakeholder organization and one provider association. The My Choice My Way advisory group reviewed all 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.

**MY CHOICE MY WAY INFORMATION**

**QUESTIONS AND PUBLIC COMMENTS**

Individuals may continue to obtain information on Hawai‘i’s MCMW transition plan or submit questions or comments to:

- **Website:** [https://medquest.hawaii.gov/](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
  Fax: 808-692-8087

**STAKEHOLDER ENGAGEMENT**

The State and its partners will provide informational training sessions every six 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 Hawai‘i’s Proposed HCBS Transition Plan and how it will guide the path forward toward full compliance; and
- Encourage participation during periods of public input.
ATTACHMENT A: MY CHOICE MY WAY TRANSITION PLAN SUMMARY
**ATTACHMENT A**

**HAWAII STATEWIDE TRANSITION PLAN SUMMARY**

**FOR HOME AND COMMUNITY BASED SERVICES (HCBS) SETTINGS**

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.

**Residential Assessment Activities**

<table>
<thead>
<tr>
<th>#</th>
<th>Action Item</th>
<th>Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Responsible Agency(s)</th>
<th>Key Stakeholders</th>
<th>Sources or Documents</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review State Standards</td>
<td>State will review current statutes, rules, regulations, standards, or other requirements to identify any needed changes for full compliance with the HCBS settings requirements.</td>
<td>10/17/14</td>
<td>10/17/16</td>
<td>DOH/OHCA, DHS/MQD, DOH/DDD</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>HRS, HAR, Waiver Standards, contracts, HCBS rules, CMS guidance</td>
<td>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.</td>
</tr>
<tr>
<td>2</td>
<td>Compile list of all licensed/certified homes where HCBS services are provided</td>
<td>Build database with information on every home that provides HCBS services:</td>
<td>01/01/15</td>
<td>01/30/15</td>
<td>DOH/OHCA, DOH/DDD</td>
<td>My Choice My Way team are the decision makers on the factors to gather</td>
<td>DOH/DDD-OCB, DOH/DDD-CMB, DOH/OHCA</td>
<td>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</td>
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<tr>
<td></td>
<td>Develop process for settings analysis and identify reviewers for onsite validation</td>
<td>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.</td>
<td>03/01/15</td>
<td>04/30/15</td>
<td>DHS/MQD</td>
<td>HCBS rules, CMS guidance</td>
<td>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.</td>
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| 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. |
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<td><strong>5</strong></td>
<td>Revise transition plan to include assessment information as described below</td>
<td>Transition plan will be updated to incorporate information found from assessment of providers and participants/consumers. Stakeholders will review transition plan for input.</td>
<td>12/14/15</td>
<td>01/14/15</td>
<td>DOH/DDD, DHS/MQD</td>
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<td></td>
<td></td>
<td></td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, OHCA, DOH/DDD, DD Council, Providers</td>
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<td>HCBS rules, CMS guidance</td>
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<td>The remediation section of the transition plan was updated to include additional information gathered from assessments. See Remediation Section:2, page 18.</td>
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<tr>
<td><strong>6</strong></td>
<td>Develop the participant/consumer experience survey</td>
<td>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.</td>
<td>01/01/15</td>
<td>02/01/15</td>
<td>DHS/MQD</td>
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<td>Participants, families, SAAC, SPIN, DD Council</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Crosswalk document of NCI and HCBS Rule. Other states’ surveys and CMS exploratory questions</td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td>SAAC reviewed the survey and provided valuable feedback. The State then finalized the survey and mailed the surveys to a sample of participants.</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Select a statistically significant sample of HCBS participants</td>
<td>State will select a statistically significant sample of HCBS participants who live in provider-owned or controlled settings to complete the survey.</td>
<td>02/01/15</td>
<td>02/28/15</td>
<td>DOH/DDD, DHS/MQD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Participants, families, SAAC, SPIN</td>
</tr>
<tr>
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<td></td>
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<td></td>
<td>Compiled database (Assessment #2)</td>
</tr>
</tbody>
</table>
|   |   |   |   |   | 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. |
|   | 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;  
 |   |   | • 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  
<p>|   |   | • Fax # to send back. | 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. |</p>
<table>
<thead>
<tr>
<th>#</th>
<th>Activity Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Training for organizations on the participant/consumer survey</td>
<td>The State will provide training to organizations that will help participants to complete the survey.</td>
</tr>
<tr>
<td></td>
<td><strong>Start Date</strong>: 03/01/15 <strong>End Date</strong>: 03/31/15</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>Source</strong>: DOH/DDD, DHS/MQD</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Participants</strong>: Providers</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Guidance</strong>: HCBS rules, CMS guidance</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Analysis of participant/consumer experience survey</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>Start Date</strong>: 06/1/15 <strong>End Date</strong>: 07/31/15</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>Source</strong>: DOH/DDD, DHS/MQD</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>Participants</strong>: Participants, families, SAAC, SPIN, DD Council</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Guidance</strong>: HCBS rules, CMS guidance</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Develop the provider self-assessment survey</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>Start Date</strong>: 01/01/15 <strong>End Date</strong>: 03/31/15</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>Source</strong>: DHS/MQD</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Participants</strong>: Providers</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Guidance</strong>: HCBS rules, CMS guidance</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Activity Description</td>
<td>Completion Dates</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>12</td>
<td>Identify providers who will complete self-assessment survey</td>
<td>02/01/15</td>
</tr>
<tr>
<td>13</td>
<td>Conduct a provider self-assessment survey</td>
<td>04/01/15</td>
</tr>
<tr>
<td>14</td>
<td>Analysis of participant/consumer experience and provider surveys</td>
<td>06/1/15</td>
</tr>
<tr>
<td>Development of tool</td>
<td>Description</td>
<td>Start Date</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>15 Develop a validation tool for reviewers</td>
<td>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.</td>
<td>08/01/15</td>
</tr>
</tbody>
</table>

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.

| Validation training for reviewers | The State will be 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.

| 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. | 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 initial validation period was conducted from October 2015 to mid-December 2015. Further validation of 100% of provider settings was conducted in 2017 to early 2019.
### ATTACHMENT A

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

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Participants</th>
<th>Compliance</th>
<th>Validation</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>#17</td>
<td>Conduct mandatory site visits for all Category 3 and 4 settings</td>
<td>01/2016 9/2019</td>
<td>01/2016 12/2019</td>
<td>DOH/DDD, DHS/MQD, Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>HCBS rules, CMS guidance</td>
<td>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 structure and were added to the validation list. The State conducted site visits to all Category 4 settings.</td>
<td></td>
</tr>
<tr>
<td>#18</td>
<td>Analysis of onsite validation reviews</td>
<td>01/2016 1/2019</td>
<td>02/2016 4/2019</td>
<td>DOH/DDD, DHS/MQD, Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>HCBS rules, CMS guidance</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

**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.

**Non-Residential Assessment Activities**

Submitted 03/09/15. Updated 05/11/16, 10/27/16, 12/29/16, 8/9/19, 9/30/19
<table>
<thead>
<tr>
<th>#</th>
<th>Action Item</th>
<th>Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Responsible Agency(s)</th>
<th>Key Stakeholders</th>
<th>Sources or Documents</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review State Standards</td>
<td>State will review current statutes, rules, regulations, standards, or other requirements to identify any needed changes for full compliance with the HCBS settings requirements.</td>
<td>10/17/14</td>
<td>10/17/16</td>
<td>DOH/OHCA, DHS/MQD, DOH/DDD</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>HRS, HAR, Waiver Standards, contracts, HCBS rules, CMS guidance</td>
<td>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.</td>
</tr>
<tr>
<td>2</td>
<td>Compile list of all non-residential settings where HCBS services are provided</td>
<td>Build database with information on every non-residential setting that provides HCBS services: • Provider name; • Address; • Telephone; • Numbers of participants; • Names of HCBS participants by setting; • Other</td>
<td>01/01/15</td>
<td>01/30/15</td>
<td>DOH/OHCA, DOH/DDD</td>
<td>My Choice My Way team are the decision makers on the factors to gather</td>
<td>DOH/DDD-OCB, DOH/DDD-CMB, DOH/OHCA</td>
<td>The State has obtained a comprehensive list of all non-residential settings.</td>
</tr>
<tr>
<td>3</td>
<td>Develop process for settings analysis and identify reviewers for onsite validation</td>
<td>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.</td>
<td>03/01/15</td>
<td>04/30/15</td>
<td>DHS/MQD</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>HCBS rules, CMS guidance</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Action</td>
<td>Details</td>
<td>Start Date</td>
<td>End Date</td>
<td>Stakeholders/Entities</td>
<td>Data Sources</td>
<td>Notes</td>
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<tr>
<td>4</td>
<td>Develop settings</td>
<td>The tool will assist in identifying current settings and classifying them into categories:</td>
<td>03/01/15</td>
<td>04/30/15</td>
<td>DHS/MQD</td>
<td>HCBS rules, CMS guidance</td>
<td>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.</td>
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<tr>
<td></td>
<td>analysis tool</td>
<td>•   Category 1- Yes, meets requirements</td>
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<td>•   Category 2- Not Yet, can meet with remediation</td>
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<td>•   Category 3- No, cannot meet</td>
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<td>•   Category 4- Not yet, presumed not HCBS but State will require heightened scrutiny</td>
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<td>The public will have input into the setting analysis tool.</td>
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<td>5</td>
<td>Revise Statewide</td>
<td>Transition plan will be updated to incorporate information found from assessment of providers</td>
<td>12/14/15</td>
<td>01/14/15</td>
<td>DOH/DDD, DHS/MQD</td>
<td>HCBS rules, CMS guidance</td>
<td>The remediation section of the transition plan was updated to include additional information gathered from assessments.</td>
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<td>transition plan</td>
<td>and participants/consumers. Stakeholders will review transition plan for input.</td>
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<tr>
<td>6</td>
<td>Develop participant/</td>
<td>HCBS participants and consumer advocacy entities will receive the experience survey. The survey</td>
<td>01/01/15</td>
<td>02/01/15</td>
<td>DHS/MQD</td>
<td>Crosswalk document of NCI and HCBS Rule. Other states’ surveys and CMS exploratory questions</td>
<td>SAAC reviewed the survey and provided valuable feedback. The State then finalized the survey and mailed the surveys to a sample of participants.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>consumer experience</td>
<td>will provide the participant/consumer with the opportunity to report their experience with their current HCBS settings. Survey will be:</td>
<td></td>
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<td>survey</td>
<td>- Formatted in larger font size (i.e., 18 point);</td>
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<td>- Include pictures;</td>
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<td>- Plain language;</td>
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<td>- Reading level;</td>
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<tr>
<td></td>
<td></td>
<td>SAAC reviewed the survey and provided valuable feedback. The State then finalized the survey and mailed the surveys to a sample of participants.</td>
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</tbody>
</table>
# ATTACHMENT A
HAWAII STATEWIDE TRANSITION PLAN SUMMARY
FOR HOME AND COMMUNITY BASED SERVICES (HCBS) SETTINGS

<table>
<thead>
<tr>
<th>#</th>
<th>Task Description</th>
<th>Responsibility</th>
<th>Timeframe</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Select a statistically significant sample of HCBS participants</td>
<td>State</td>
<td>02/01/15 to 02/28/15</td>
<td>DOH/DDD, DHS/MQD, Participants, families, SAAC, SPIN. State will select a statistically significant sample of HCBS participants who receive services in a non-residential setting to complete the survey. Using the Raosoft sample size calculator, the State determined how many HCBS participants will be mailed a survey with a margin of error of 5%, confidence level of 99%, estimated population of 6,000, and response distribution of 50%. The minimum recommended sample size was about 600 combined residential and non-residential participants. 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, the State posted the survey results on the DHS/MQD website.</td>
</tr>
<tr>
<td>8</td>
<td>Conduct a participant/consumer experience survey</td>
<td>State</td>
<td>04/01/15 to 05/31/15</td>
<td>DOH/DDD, DHS/MQD, Participants, families, SAAC, SPIN, DD Council. 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; 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;</td>
</tr>
</tbody>
</table>
### ATTACHMENT A
HAWAII STATEWIDE TRANSITION PLAN SUMMARY
FOR HOME AND COMMUNITY BASED SERVICES (HCBS) SETTINGS

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Date</th>
<th>Responsible Party</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Training for organizations on the participant/consumer survey</td>
<td>03/01/15</td>
<td>DOH/DDD, DHS/MQD</td>
<td>HCBS rules, CMS guidance</td>
</tr>
<tr>
<td></td>
<td>The State will provide training to organizations that will help participants to complete the survey.</td>
<td>03/31/15</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>The health plans and DDD were given the list of participants that were receiving a survey.</td>
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<tr>
<td></td>
<td>Training for the services coordinators and case managers was experiential based and included:</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Analysis of participant/consumer experience survey</td>
<td>06/1/15</td>
<td>DOH/DDD, DHS/MQD</td>
<td>HCBS rules, CMS guidance</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>07/31/15</td>
<td>Participants, SAAC, SPIN, DD Council</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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 categories of compliance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>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.</td>
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</tr>
</tbody>
</table>

Submitted 03/09/15. Updated 05/11/16, 10/27/16, 12/29/16, 8/9/19, 9/30/19
<p>| 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 (Assessment #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. |
| 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. |</p>
<table>
<thead>
<tr>
<th>Provider Category</th>
<th>Developed for</th>
<th>Date of Development</th>
<th>Date of Submission</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Develop a validation tool for reviewers</td>
<td>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.</td>
<td>08/01/15</td>
<td>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.</td>
</tr>
<tr>
<td>16</td>
<td>Validation training for reviewers</td>
<td>The State will be 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)</td>
<td>10/08/15</td>
<td>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.</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Validation Type</th>
<th>Description</th>
<th>Dates</th>
<th>Participants</th>
<th>Findings</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Validate the provider self-assessment survey by conducting onsite visits</td>
<td>10/15/15 to 12/11/15</td>
<td>DOH/DDD, DHS/MQD</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>HCBS rules, CMS guidance</td>
</tr>
<tr>
<td>18</td>
<td>Conduct mandatory site visits for all Category 3 and 4 settings</td>
<td>01/2016 to 4/2019</td>
<td>DOH/DDD, DHS/MQD</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>HCBS rules, CMS guidance</td>
</tr>
<tr>
<td>19</td>
<td>Analysis of onsite validation reviews</td>
<td>01/2016 to 4/2019</td>
<td>DOH/DDD, DHS/MQD</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>HCBS rules, CMS guidance</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>#</th>
<th>Action Item</th>
<th>Description</th>
<th>Proposed Start Date</th>
<th>Proposed End Date</th>
<th>Responsible Person(s)</th>
<th>Key Stakeholders</th>
<th>Sources or Documents</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Modify State standards</td>
<td>State will modify statutes, rules, regulations, standards, or other requirements to identify any needed change for full compliance with the HCBS settings requirements.</td>
<td>06/2015</td>
<td>12/2021</td>
<td>DOH/OHCA, DHS/MQD, DOH/DDD</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>HCBS rules, CMS guidance</td>
<td>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 to State standards shall be completed by December 2017 and all remediation of State standards shall be effective immediately upon approval.</td>
</tr>
<tr>
<td>2</td>
<td>Develop program specific remediation strategies and milestones</td>
<td>The State will develop program specific remediation strategies and milestones.</td>
<td>03/2016</td>
<td>06/2016</td>
<td>DOH/OHCA, DHS/MQD, DOH/DDD</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>HCBS rules, CMS guidance</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>3</strong></td>
<td>Develop site specific standard remediation requirements</td>
<td>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 05/2016 07/2016</td>
<td>DHS/MQD, DOH/DDD Providers DOH/DDD Provider review template for some examples</td>
<td>Providers will have training, clear instructions, and ongoing technical assistance on how to remediate the issues of non-compliance.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>4</strong></td>
<td>Notification for site specific remediation</td>
<td>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;  05/2016 9/2019 07/2016 11/2019</td>
<td>DHS/MQD, DOH/DDD Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## ATTACHMENT A
HAWAII STATEWIDE TRANSITION PLAN SUMMARY
FOR HOME AND COMMUNITY BASED SERVICES (HCBS) SETTINGS

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Action</th>
<th>Timeline</th>
<th>Responsible Parties</th>
<th>HCBS rules, CMS guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Develop operational procedures for compliance with revised State standards</td>
<td>Identify areas within modified State standards that need changes to operational procedures for full compliance with the HCBS settings requirements.</td>
<td>Ongoing</td>
<td>DOH/OHCA, DHS/MQD, DOH/DDD</td>
<td>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.</td>
</tr>
<tr>
<td>6</td>
<td>Mandatory provider training on operational procedures</td>
<td>State will train providers on operational procedures to meet compliance with the HCBS settings requirements. Process includes:</td>
<td>06/2017</td>
<td>DHS/MQD, DOH/DDD</td>
<td>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.</td>
</tr>
</tbody>
</table>
### 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 be available on the DHS/MQD website

### 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 |

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
<th>Responsible</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify transition plan approval</td>
<td>Ongoing</td>
<td>DOH/OHCA DHS/MQD DOH/DDD</td>
<td>HCBS rules, CMS guidance</td>
</tr>
</tbody>
</table>

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.
# ATTACHMENT A
HAWAII STATEWIDE TRANSITION PLAN SUMMARY
FOR HOME AND COMMUNITY BASED SERVICES (HCBS) SETTINGS

<table>
<thead>
<tr>
<th>8</th>
<th>Heightened scrutiny process - Remediation for all Category 4 providers</th>
<th>The State will apply the CMS heightened scrutiny process for providers that have been confirmed during the validation. <a href="https://www.medicaid.gov/medicaid/hcbs/downloads/settings-that-isolate.pdf">https://www.medicaid.gov/medicaid/hcbs/downloads/settings-that-isolate.pdf</a></th>
<th>06/01/16</th>
<th>Ongoing</th>
<th>DOH/OHCA DHS/MQD DOH/DDD</th>
<th>Providers</th>
<th>HCBS rules, CMS guidance</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Status notification for site specific remediation</td>
<td>Annual reports will be provided to the provider on an ongoing basis. The report will assess that those provider settings are in compliance.</td>
<td>09/01/16</td>
<td>Ongoing</td>
<td>DHS/MQD, DOH/DDD</td>
<td>Providers</td>
<td>HCBS rules, CMS guidance</td>
<td>Providers will have feedback on their status of remediating non-compliance.</td>
</tr>
<tr>
<td>10</td>
<td>Provider Qualifications for New Enrollees</td>
<td>New prospective providers will receive information and technical assistance on HCBS settings requirements.</td>
<td>11/07/14</td>
<td>Ongoing</td>
<td>DOH/OHCA DHS/MQD DOH/DDD</td>
<td>Providers</td>
<td>HCBS rules, CMS guidance</td>
<td>New providers must be in full compliance with the HCBS rules requirements prior to providing services once requirements are enacted in HRS and HAR.</td>
</tr>
</tbody>
</table>
| 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 | 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. |

Submitted 03/09/15. Updated 05/11/16, 10/27/16, 12/29/16, 8/9/19, 9/30/19
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
### 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.

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Responsible Person(s)</th>
<th>Key Stakeholders</th>
<th>Sources or Documents</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Announcement of public comment</td>
<td>Post the announcement in at least two forms.</td>
<td>12/16/14 12/30/15 8/2019</td>
<td>01/30/15 03/01/16 9/2019</td>
<td>DHS/MQD</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td></td>
<td>DHS/MQD obtains comments from stakeholders on its proposed transition plan.</td>
</tr>
<tr>
<td>period</td>
<td>• One will be public notice in newspapers.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• One will be public forum at Queen’s conference center.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Recommend press release to Director’s office</td>
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<tr>
<td></td>
<td>• Public announcements will occur, as needed, when there are significant</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>changes to the transition plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tribal council requirements</td>
<td>Assure that tribal council requirements are met</td>
<td>12/12/14 12/30/15 8/2019</td>
<td>01/15/15 03/01/16 9/2019</td>
<td>DHS/MQD</td>
<td>Ke Ola Mamo</td>
<td>Tribal consultation letter and draft transition plan</td>
<td>DHS/MQD obtains comments from Ke Ola Mamo on its proposed transition plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3 Posting on website</td>
<td>My Choice My Way will determine website where documents will be posted</td>
<td>11/14/14</td>
<td>Ongoing</td>
<td>DOH/DDD, DHS/MQD, DD council, SAAC, SPIN</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td></td>
<td>Documents posted and updated as needed. Links developed so users can easily reach the site where documents are located. Website hyperlinks make navigation easy.</td>
</tr>
<tr>
<td></td>
<td>Develop summary of transition plan</td>
<td>Develop summary of transition plan document for communication to:</td>
<td>12/08/14 07/30/15 01/07/15 01/14/16</td>
<td>DOH/DDD, DHS/MQD</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, OHCA, DOH/DDD, DD Council, Providers</td>
<td>Summary of Transition plan</td>
<td>The Summary of Transition plan will be modified to a document that can be used in training and education.</td>
</tr>
<tr>
<td>---</td>
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<td>---------------------------------------------------------------</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>4</td>
<td>Public Forum</td>
<td>My Choice My Way shares the transition plan with stakeholders in a public forum (Statewide) to provide information and answer questions.</td>
<td>01/14/15 01/14/16 01/14/15 01/14/16</td>
<td>My Choice My Way workgroup</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers</td>
<td>Transition plan supporting documentation</td>
<td>DHS/MQD provides information to the public on the transition plan and can address questions from the community.</td>
</tr>
<tr>
<td>5</td>
<td>Assure public input into all aspects of the process of implementing HCBS rules</td>
<td>Establish mechanism to obtain input through the process of implementation of the HCBS rules.</td>
<td>2/2/15 Ongoing</td>
<td>DOH/DDD, DHS/MQD</td>
<td>Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers, other stakeholders</td>
<td>Transition plan documents</td>
<td>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: <a href="mailto:mychoicemyway@dhs.hawaii.gov">mychoicemyway@dhs.hawaii.gov</a></td>
</tr>
</tbody>
</table>
|   | ATTACHMENT A  
HAWAII STATEWIDE TRANSITION PLAN SUMMARY  
FOR HOME AND COMMUNITY BASED SERVICES (HCBS) SETTINGS |
|---|---|
| 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 | Mailing address:  
Department of Human Services Med-QUEST Division  
Attention: Health Care Services Branch  
P.O. Box 700190  
Kapolei, Hawaii 96709-0190 |
| 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 | 03/15/15 | 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  
|  | 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. |
| # | 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 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. | 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. |
|---|---|---|---|---|---|---|---|
| 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 affect services; | 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) |
• 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.

Acronyms

<table>
<thead>
<tr>
<th>CMS</th>
<th>Centers for Medicare &amp; Medicaid Services</th>
<th>HCBS</th>
<th>Home and Community Based Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMB</td>
<td>Case Management Branch, DDD</td>
<td>HRS</td>
<td>Hawaii Revised Statutes</td>
</tr>
<tr>
<td>CTA</td>
<td>Community Ties of America, Inc.</td>
<td>HWPA</td>
<td>Hawaii Waiver Provider Association</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
<td>My Choice My Way advisory group</td>
<td>Group of individuals representing SAAC, SPIN, HCBS associations, HWPA, DOH/DDD, DD Council, DOH/OHCA, and DHS/MQD</td>
</tr>
<tr>
<td>DDD</td>
<td>Developmental Disabilities Division</td>
<td>MQD</td>
<td>Med-QUEST Division</td>
</tr>
<tr>
<td>DD Council</td>
<td>Hawaii State Council on Developmental Disabilities</td>
<td>OHCA</td>
<td>Office of Health Care Assurance</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services</td>
<td>SAAC</td>
<td>Self-Advocacy Advisory Council</td>
</tr>
<tr>
<td>HAR</td>
<td>Hawaii Administrative Rule</td>
<td>SPIN</td>
<td>Special Parent Information Network</td>
</tr>
</tbody>
</table>
ATTACHMENT B: SYSTEMIC ASSESSMENT OF STATE STANDARDS
### Residential Settings

<table>
<thead>
<tr>
<th>Assisted Living Facility (ALF)</th>
<th>Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)</th>
<th>Community Care Foster Family Home (CCFFH)</th>
<th>Developmental Disability Adult Foster Homes (AFH)</th>
<th>Developmental Disability Domiciliary Homes (DD Dom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;age in place.&quot; The maximum number of individuals an ALF may serve is related to building, housing, fire and other codes, ordinances and laws.</td>
<td>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.</td>
<td>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.</td>
<td>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 individual 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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

### Estimated # of Settings

<table>
<thead>
<tr>
<th>Assisted Living Facility (ALF)</th>
<th>Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH)</th>
<th>Community Care Foster Family Home (CCFFH)</th>
<th>Developmental Disability Adult Foster Homes (AFH)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>189</td>
<td>1179</td>
<td>279</td>
<td>45</td>
</tr>
</tbody>
</table>

### Waiver Authority

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State Standards (State law, 1915c and 1115 Waivers, Administrative Rules, Contracts)
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<tr>
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<tbody>
<tr>
<td>HAR Chapter 11-90</td>
<td>HAR Chapter 11-100.1</td>
<td>HAR Chapter 17-1454</td>
<td>HAR Chapter 11-148</td>
<td>HAR Chapter 11-89</td>
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</table>

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 11-100.1 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 silent.**

**Remediation Required:** 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.

Updated 10/21/16, 8/9/19
ATTACHMENT B
SYSTEMIC ASSESSMENT OF STATE STANDARDS
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)(iii))

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.

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 each individual has choice of setting among setting options.

Admin Rule is silent. 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 restraints. The State will amend HAR Chapter 11-90 to include language.

Admin Rule is partially compliant. Remediation Required: HAR 11-90 states that the individual is entitled to privacy, dignity and respect, and to live in a setting free from interference, coercion, discrimination, and to prefer the type of setting in which the resident resides. The State will amend HAR Chapter 11-90 to include language.

Admin rule is partially compliant. Remediation Required: HAR Chapter 17-1454-48 and 1454-50 states that an individual 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.

Admin rule is partially compliant. Remediation Required: HAR 11-148-29 states that the individual has 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.

Admin rule is partially compliant. Remediation Required: HAR Chapter 11-89-13 states that the individual has the right 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.
<table>
<thead>
<tr>
<th>that states that, any modifications must be documented and detailed in the person-centered planning process.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
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<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
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<td>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.</td>
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<tr>
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<tr>
<td><strong>Remediation Required:</strong> 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.</td>
</tr>
<tr>
<td><strong>Admin Rule is compliant.</strong></td>
</tr>
<tr>
<td>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 resident capabilities and facilitating use of their abilities. Independence is supported by creating barrier free structures and careful design of assistive devices.</td>
</tr>
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<td><strong>Remediation Required:</strong> HAR Chapter 11-89-13 states that allows individuals to participate in activities of social, religious, and community groups at the resident’s discretion.</td>
</tr>
</tbody>
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**ATTACHMENT B**

**SYSTEMIC ASSESSMENT OF STATE STANDARDS**

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

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**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.

**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.

**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.

**Admin rule is partially compliant.**

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.
**ATTACHMENT B**  
**SYSTEMIC ASSESSMENT OF STATE STANDARDS**

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))

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<td>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.</td>
<td>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.</td>
<td>HAR Chapter 11-1454 to add language that ensures a legally enforceable agreement by the individual receiving services.</td>
<td>HAR Chapter 11-148 to add language that ensures a legally enforceable agreement by the individual receiving services.</td>
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### ATTACHMENT B

**SYSTEMIC ASSESSMENT OF STATE STANDARDS**

**Each individual has privacy in their sleeping or living unit (42 C.F.R § 441.301(c)(4)(vi)(B))**

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<td>Admin rule is silent.</td>
<td>Remediation Required: The State will amend HAR Chapter 11-149-29 to add language that ensures each individual has privacy in their sleeping or living unit.</td>
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</table>

### 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))

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</table>

**Individuals sharing units have a choice of roommates in that setting. (42 C.F.R § 441.301(c)(4)(vi)(B)(2))**
<table>
<thead>
<tr>
<th>Provider contract is silent.</th>
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**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))**

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**ATTACHMENT B**

**SYSTEMIC ASSESSMENT OF STATE STANDARDS**

Updated 10/21/16, 8/9/19
**ATTACHMENT B**

**SYSTEMIC ASSESSMENT OF STATE STANDARDS**

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))*

<table>
<thead>
<tr>
<th>Remediation Required</th>
<th>Provider contract is silent.</th>
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<tr>
<td>Admin Rule is silent.</td>
<td>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.</td>
</tr>
<tr>
<td>Admin Rule is conflicting.</td>
<td>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.</td>
</tr>
<tr>
<td>Admin Rule is partially compliant.</td>
<td>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.</td>
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<tr>
<td>Admin Rule is partially compliant.</td>
<td>The State will amend HAR Chapter 11-1454-43 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.</td>
</tr>
<tr>
<td>Admin Rule is conflicting.</td>
<td>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.</td>
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**Individuals are able to have visitors of their choosing at any time. *(42 C.F.R § 441.301(c)(4)(vi)(D))*

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<td>HAR Chapter 11-100.1-13 states that residents have flexible daily visiting hours and provisions for privacy established.</td>
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<td>Admin Rule is conflicting.</td>
<td>HAR Chapter 11-1454-50 states that individuals have daily visiting hours and provisions for privacy established. The State will amend HAR Chapter 11-89-13 states that the individual has the right to have daily visiting hours and provisions for privacy and HAR Chapter 11-89-15 states that the State will need to amend the provider contract to add language to allow individuals to have access to food at any time.</td>
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<td>Admin Rule is conflicting.</td>
<td>HAR Chapter 11-148-29 states that individuals be assured of privacy for visits by family and friends. The State will need to amend to add language to allow individuals to have access to food at any time.</td>
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**ATTACHMENT B**

Updated 10/21/16, 8/9/19
**ATTACHMENT B**  
**SYSTEMIC ASSESSMENT OF STATE STANDARDS**

| Commentary | 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.**  
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. |

The setting is physically accessible to the individual. *(42 C.F.R § 441.301(c)(4)(vi)(E))*
**ATTACHMENT B**

**SYSTEMIC ASSESSMENT OF STATE STANDARDS**

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))

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<td><strong>Admin rule is compliant.</strong></td>
<td>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.</td>
<td>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.</td>
<td>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.</td>
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<td>HAR Chapter 11-148-29 states that the State will amend HAR Chapter 11-148 through 11-148-29 to strengthen the language for modifications to individualized service plans.</td>
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Updated 10/21/16, 8/9/19
ATTACHMENT B
SYSTEMIC ASSESSMENT OF STATE STANDARDS

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 & Status

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<tbody>
<tr>
<td>In progress</td>
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<td>Completed</td>
<td>In progress</td>
<td>In progress</td>
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<td></td>
<td>Repealed DHS HAR Chapter 17-1454</td>
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<td></td>
<td>Current DOH HAR Chapter 11-800</td>
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Updated 10/21/16, 8/9/19
## ATTACHMENT B
### SYSTEMIC ASSESSMENT OF STATE STANDARDS

### Non-Residential Settings

<table>
<thead>
<tr>
<th>Adult Day Care (ADC)</th>
<th>Adult Day Health (ADH)</th>
<th>Adult Day Health (ADH) &amp; Discovery and Career Planning (DNP)/Individual Employment Supports (IES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>HCBS Provider Contract</th>
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<tr>
<td>HAR Chapter 17-1417</td>
<td>HAR Chapter 11-96</td>
<td>1915 (c) Waiver Standards</td>
</tr>
</tbody>
</table>

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))

Updated 10/21/16, 8/9/19
| 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 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 17-1417 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. |
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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. |
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| **Waiver Standard is silent.**  
**Remediation Required:** The State will revise the service definition at Waiver renewal, amend 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))
**ATTACHMENT B**

**SYSTEMIC ASSESSMENT OF STATE STANDARDS**

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<td>Waiver Standard is silent.</td>
</tr>
<tr>
<td><strong>Remediation Required:</strong> Admin Rules is partially compliant. <strong>Remediation Required:</strong> 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.</td>
<td><strong>Remediation Required:</strong> The State will amend the Waiver standards, policies and procedures to add language that ensures individual initiative, autonomy, and independence in making life choices.</td>
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**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))*

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<td>Admin Rule is compliant.</td>
<td><strong>Remediation Required:</strong> 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.</td>
<td>Waiver Standard is silent.</td>
</tr>
<tr>
<td><strong>Remediation Required:</strong> HAR Chapter 17-1417-6 states that assessments shall be based upon the physician’s report of limitations and upon the say care staff’s personal observation of the adult’s interests.</td>
<td><strong>Remediation Required:</strong> The State will amend the Waiver standards, policies and procedures to add language that ensures individual initiative, autonomy, and independence in making life choices.</td>
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**Facilitates individual choice regarding services and supports, and who provides them.** *(42 C.F.R § 441.301(c)(4)(v))*
ATTACHMENT B
SYSTEMIC ASSESSMENT OF STATE STANDARDS

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.  
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Admin Rule is compliant.  
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Admin Rule is compliant.  
**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.

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.

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))

Not applicable-
Individuals do not reside in this setting, it is a day service.

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))
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**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.

**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.

**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.

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**ATTACHMENT B**

**SYSTEMIC ASSESSMENT OF STATE STANDARDS**

- Individuals are able to have visitors of their choosing at any time. (42 C.F.R § 441.301(c)(4)(vi)(D))
- The setting is physically accessible to the individual. (42 C.F.R § 441.301(c)(4)(vi)(E))
- 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))
ATTACHMENT B
SYSTEMIC ASSESSMENT OF STATE STANDARDS

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
ATTACHMENT C: REMEDIATION STRATEGIES
ATTACHMENT C
REMEDiation STRATEGIES

QUEST Integration (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
- 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
- Adult Day Health (ADH) Chapter 11-94.1.47 and Chapter 11-96
- Adult Day Care (ADC) Chapter 17-1417
- Developmental Disability Domiciliary Homes (DD Dom) Chapter 11-89

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.
ATTACHMENT C
REMEDICATION STRATEGIES

STATE LICENSING 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
ATTACHMENT C
REMEDIATION STRATEGIES

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.

1915(c) HCBS FOR PERSONS WITH 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 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
ATTACHMENT C
REMEDIATION STRATEGIES

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.
## ATTACHMENT D
PUBLIC NOTIFICATION TIMELINES

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<tr>
<td>Monday, August 12, 2019</td>
<td>Tuesday, August 13, 2019</td>
<td>Friday, September 13, 2019</td>
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Public Forum 2016

The State will hold a public forum to seek input on the revisions made to the transition plan that was first submitted to CMS on March 2015. The revised transition plan will include a summary of the site validations, provide details on any setting brought forth for heightened scrutiny, and address other areas identified by CMS. There will be at least a 30-day public comment period before the statewide transition plan is submitted to CMS. The final outcome will be that Medicaid waiver participants will be served in a way that will enable them to live and thrive in truly integrated community settings.

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

Date: January 14, 2016

Time: 9:30 a.m. to 11:30 a.m. – For individuals receiving services in the Waiver 1:00 p.m. to 3:00 p.m. – For providers and stakeholders

Location: Queen’s Conference Center Auditorium (formerly Mabel Smythe Building) 1301 Punchbowl Street
Honolulu, Hawaii 96813

Parking: State Capitol Basement, Makai Garage (Halekauwila Street),
Public Forum 2019

Hawai‘i is working towards receiving final approval for the My Choice My Way Transition Plan. Public notifications were published in local newspapers the week of August 12, 2019. The state will hold Public Forums to summarize the changes to the amended plan. A copy of the amended transition plan (DRAFT) is attached, dated August 9, 2019. Here are details for attending the public forum are below. Two (2) options, webinar or in person.

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.

OR

In-Person
Date: August 30, 2019
ATTACHMENT D
PUBLIC NOTIFICATIONS VIA EMAIL AND WEBSITE

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 attached.

Written comments will be accepted for consideration from **August 12, 2019 to September 13, 2019**. Please send your comments and questions to:

*Email:*  
mychoicemyway@dhs.hawaii.gov

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

*Fax:*  
808-692-8087
Under the provision of Title 42, Section 441.301(c)(6)(iii), of the Code of Federal Regulations (C.F.R), the State of Hawaii, Department of Human Services (the State), hereby notifies the public that it intends to submit a transition plan for Home and Community-Based Services Settings for Hawaii’s 1915(c) Home and Community-Based Services (HCBS) Waiver, which provides services as an alternative to institutionalization in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

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

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

**January 14, 2015 from 10:00 am to 12:00 pm**

Queen’s Conference Center Auditorium  
(formerly Mabel Smythe Building)  
1301 Punchbowl Street  
Honolulu, HI 96813

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

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

Department of Human Services  
Med-QUEST Division  
Attention: Health Care Services Branch  
P.O Box 700190  
Kapolei, Hawaii 96709-0190
The 1915(c) HCBS Waiver transition plan is available online at: www.med-quest.us under News and Events. A copy of the 1915(c) HCBS Waiver transition plan will also be available for public viewing at the Med-QUEST Division offices listed below from the first working day that the legal notice appears in the Honolulu Star-Advertiser, Hawaii Tribune Herald, West Hawaii Today, The Maui News, and The Garden Island for a period of at least thirty calendar days after the publication of this notice, from Monday – Friday, exclusive of state holidays, between the hours of 9:00 a.m. to 2:00 p.m.

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

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

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

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

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

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

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

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

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

DEPARTMENT OF HUMAN SERVICES
BARBARA YAMASHITA
DIRECTOR
ATTACHMENT D
PUBLIC NOTIFICATIONS VIA NEWSLETTER

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 December 16, 2014 to notify the public of the opportunity to comment on the proposed transition plan for Home and Community Based Services Settings for Hawaii’s 1915(c) Home and Community Based Services (HCBS) Waiver, which provides services as an alternative to institutionalization in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

The 1915(c) HCBS Waiver transition plan for home and community-based services settings 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 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 a public forum to seek input on the revised 1915(c) HCBS Waiver transition plan described in this notification.

**Date:** January 14, 2016

**Time:**
- 9:30 a.m. to 11:30 a.m. – For individuals receiving services in the Waiver
- 1:00 p.m. to 3:00 p.m. – For providers and stakeholders

**Location:** Queen’s Conference Center Auditorium (formerly Mabel Smythe Building)
1301 Punchbowl Street
Honolulu, Hawaii 96813

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

All interested parties are invited to join the public forum and to state their views regarding the revised 1915(c) HCBS Waiver transition plan. In lieu of joining the public forum in person or by VTC, 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 when this notice is published through March 14, 2016.

The 1915(c) HCBS Waiver transition plan is available online at: http://www.med-quest.us/ under News and Events. A copy of the 1915(c) HCBS Waiver transition plan will also be available for public viewing at the 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 Human Services
Eligibility Office - Oahu Section
801 Dillingham Boulevard, 3rd Floor
Honolulu, Hawaii 96817

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

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

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

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

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

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
ATTACHMENT D
PUBLIC NOTIFICATIONS VIA NEWSLETTER

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/299743182449742861
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 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:
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.

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.
ATTACHMENT D
PUBLIC NOTIFICATIONS VIA NEWSLETTER

JUDY MOHR PETERSON, PhD
MED-QUEST DIVISION ADMINISTRATOR
ATTACHMENT E: PUBLIC COMMENTS
<table>
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<tr>
<th>#</th>
<th>Comment Type</th>
<th>Date</th>
<th>Comment Summary, State Response, and Impact on Transition Plan</th>
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</table>
| 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](http://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. |
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<tr>
<th>#</th>
<th>Type of Comment</th>
<th>Date</th>
<th>Comment Summary</th>
<th>State Response</th>
<th>Impact on Transition Plan</th>
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<tr>
<td>8</td>
<td>Written Comment-Parent of individual receiving HCBS</td>
<td>1/30/15</td>
<td>Parent described that previous assessments should not be disregarded in implementation of the transition plan.</td>
<td>The State understands this concern and will make changes to the transition plan to address it.</td>
<td>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.</td>
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<tr>
<td>9</td>
<td>Written Comment-Parent of individual receiving HCBS</td>
<td>1/30/15</td>
<td>A provider expressed concern about the safety of allowing choices that adversely affect their client.</td>
<td>The State understands this concern and will make changes to the transition plan to address it.</td>
<td>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.</td>
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<td>10</td>
<td>Written Comment-Stakeholder submission</td>
<td>1/30/15</td>
<td>In addition to member surveys, are there plans to conduct consumer and stakeholder focus groups?</td>
<td>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</td>
<td>No change to plan.</td>
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<td>11</td>
<td>Written Comment-Stakeholder submission</td>
<td>1/30/15</td>
<td>Will the State conduct an additional session on the HCBS Statewide transition plan? Are there future meetings planned?</td>
<td>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.</td>
<td>No change to plan.</td>
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<td>12</td>
<td>Written Comment-Stakeholder submission</td>
<td>1/30/15</td>
<td>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?</td>
<td>The State submitted its plan to the Centers for Medicare &amp; 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.</td>
<td>No change to plan.</td>
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<tr>
<td>13</td>
<td>Written Comment-Stakeholder submission</td>
<td>1/30/15</td>
<td>How soon and how will the State make public all the deliverables?</td>
<td>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.</td>
<td>No change to plan.</td>
</tr>
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| 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. |
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<th>Comment</th>
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<th>Comment summary</th>
<th>State response</th>
<th>Impact on Transition plan</th>
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<tr>
<td>21</td>
<td>1/30/15</td>
<td>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?</td>
<td>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.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>22</td>
<td>1/30/15</td>
<td>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?</td>
<td>Collaborative partnerships will be established and strengthened to address affordable housing, transportation, and competitive employment.</td>
<td>No change to plan.</td>
</tr>
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<td>23</td>
<td>1/30/15</td>
<td>How will individual choice be supported for consumers in pursuit of competitive employment? DVR was not on the list of State department “partners”.</td>
<td>Continued collaborative efforts to strengthen and foster community partnerships to support individual choices for competitive employment.</td>
<td>No change to plan.</td>
</tr>
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<td>24</td>
<td>1/30/15</td>
<td>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?</td>
<td>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.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>25</td>
<td>1/30/15</td>
<td>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?</td>
<td>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.</td>
<td>No change to plan.</td>
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<td>#</td>
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<td>Comment Summary</td>
<td>State Response</td>
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<td>26</td>
<td>Written Comment</td>
<td>1/30/15</td>
<td>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)?</td>
<td>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.</td>
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<td>27</td>
<td>Written Comment</td>
<td>1/30/15</td>
<td>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?</td>
<td>DHS/MQD will be the primary department responsible for maintaining 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.</td>
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<td>28</td>
<td>Written Comment</td>
<td>1/30/15</td>
<td>Will members, families and disability advocates be involved in the development of the Provider Self-Assessment tool?</td>
<td>The State understands this concern and will make changes to the transition plan to address it.</td>
</tr>
<tr>
<td>29</td>
<td>Written Comment</td>
<td>1/30/15</td>
<td>How will the State determine whether to submit evidence about a presumptively non-HCBS setting to CMS for consideration through the “heightened scrutiny” process?</td>
<td>Through assessment and public input. See #18 of the My Choice My Way transition plan Section 1: Assessment- Residential and Non-Residential Setting</td>
</tr>
<tr>
<td>30</td>
<td>Written Comment</td>
<td>1/30/15</td>
<td>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)?</td>
<td>Updated State response: 4/31/16 Please see Section 2: Remediation #6 Provider monitoring to #9 Relocation plan</td>
</tr>
</tbody>
</table>
| Comment | 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. |
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<th>#</th>
<th>Source</th>
<th>Date</th>
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<th>State Response</th>
<th>Impact on Transition plan</th>
<th>Additional Notes</th>
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</table>
| 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?  
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 provider 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.  
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<tr>
<th>Comment Summary</th>
<th>State Response</th>
<th>Impact on Transition plan</th>
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<td>Regarding employment with developmental disabilities, that don’t seem to merge together.</td>
<td>The State has noted the comment.</td>
<td>No change to plan.</td>
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<td>44</td>
<td>Public Forum from a parent of an individual receiving HCBS</td>
<td>Parent believes that MCMW is a great idea/program however she wonders if independence will lead to more isolation. 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.</td>
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<td>45</td>
<td>Public Forum</td>
<td>Suggest we must look into what administrative rules must be changed and then update these specific rules that needs adjustments.</td>
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<td>46</td>
<td>Public Forum</td>
<td>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. 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 regard to a training in person and creating an environment that is less intimidating.</td>
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<td>47</td>
<td>Public Forum</td>
<td>If found Non-compliant will funding be available for the agency to become in compliant, is the State willing to provide these funds?</td>
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<td>48</td>
<td>Public Forum</td>
<td>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. The State updated the transition plan, see Section: 2 Remediation #6 and #7 that include ongoing monitoring and compliance.</td>
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<td>49</td>
<td>Public Forum</td>
<td>Suggest training and use of technology for more interaction and help with the accommodation of time.</td>
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| Comment | Date | 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. |
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<td>PUBLIC COMMENTS</td>
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| 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. |
<table>
<thead>
<tr>
<th>ID</th>
<th>Type</th>
<th>Date</th>
<th>Comment summary</th>
<th>State response</th>
<th>Impact on Transition plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>63</td>
<td>Public Forum</td>
<td>1/14/16</td>
<td><strong>Comment summary:</strong> 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. <strong>State response:</strong> 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. <strong>Impact on Transition plan:</strong> No change to plan.</td>
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</tr>
<tr>
<td>64</td>
<td>Public Comment-Email</td>
<td>1/14/16</td>
<td><strong>Comment summary:</strong> 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. <strong>State response:</strong> 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. <strong>Impact on Transition plan:</strong> No change to plan.</td>
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<tr>
<td>65</td>
<td>Public Comment-Email</td>
<td>1/14/16</td>
<td><strong>Comment summary:</strong> 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. <strong>State response:</strong> The State recognizes that transportation is an important issue. The State will continue to collaborate with stakeholders and community partners to identify creative strategies. <strong>Impact on Transition plan:</strong> No change to plan.</td>
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<td>Public Comment</td>
<td>Date</td>
<td>Comment summary</td>
<td>State response</td>
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<tr>
<td>Email</td>
<td>2/26/16</td>
<td>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?</td>
<td>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.</td>
<td>No change to plan.</td>
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<tr>
<td>Email</td>
<td>2/26/16</td>
<td>How will the State ensure going forward that it receives adequate ongoing information from consumers about each residential or non-residential site?</td>
<td>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 to express any concerns or comments via phone, mail, email, or information sessions.</td>
<td>No change to plan.</td>
<td></td>
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<tr>
<td>Email</td>
<td>2/26/16</td>
<td>Were site visits made to all the providers who did not complete a Provider survey?</td>
<td>No. Please see the methodology for site validation on the updated transition plan, Section 1: Assessment #7</td>
<td>No change to plan.</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td>2/26/16</td>
<td>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?</td>
<td>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.</td>
<td>No change to plan.</td>
<td></td>
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<tr>
<td>Email</td>
<td>2/26/16</td>
<td>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?</td>
<td>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.</td>
<td>No change to plan.</td>
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<td>Comment Date</td>
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<td>Comment Date</td>
<td>Comment</td>
<td>State Response</td>
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| 2/26/16      | Public       | 2/26/16      | 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. |
| 2/26/16      | Public       | 2/26/16      | 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. |
| 2/26/16      | Public       | 2/26/16      | 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)  
  | 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. |
| 2/26/16      | Public       | 2/26/16      | 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. |
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<tr>
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<th>Comment Summary</th>
<th>State Response</th>
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<tbody>
<tr>
<td>75</td>
<td>Public Comment-Email</td>
<td>2/26/16</td>
<td>Comment summary: There should be more &quot;overlap&quot; 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?</td>
<td>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 waiver details on meeting the HCBS final rule.</td>
<td>Impact on Transition plan: No change to plan.</td>
</tr>
<tr>
<td>76</td>
<td>Public Comment-Email</td>
<td>2/26/16</td>
<td>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?</td>
<td>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.</td>
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<tr>
<td>77</td>
<td>Public Comment-Email</td>
<td>2/26/16</td>
<td>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.</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>Public Comment-Email</td>
<td>2/26/16</td>
<td>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?</td>
<td>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 waiver details on meeting the HCBS final rule. Impact on Transition plan: No change to plan.</td>
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<tr>
<td>89</td>
<td>Public Comment-Email</td>
<td>2/26/16</td>
<td>Comment summary: With so many variables required by island transportation, should that be addressed as a separate &quot;category&quot;!</td>
<td>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.</td>
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<td></td>
<td>Public Comment-Email</td>
<td>Date</td>
<td>Comment summary</td>
<td>State response</td>
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<tr>
<td>90</td>
<td>Public Comment-Email</td>
<td>8/21/19</td>
<td>Comment summary: I would stay away from terms and Abbreviations. Reading should be simple and direct for individuals with disabilities to read.</td>
<td>State response: The state will work with the self-advocacy group and the Center on Disability Studies, University of Hawaii to draft a simple, easy to read version of the transition plan. This plan will be available and accessible on the Med-Quest and partner websites once completed.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>91</td>
<td>Public Comment-Email</td>
<td>8/21/19</td>
<td>Comment summary: Is employment training provided by the facility?</td>
<td>State response: Not all facilities have employment. In the transition plan the state identified several employment settings under the I/DD waiver.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>92</td>
<td>Public Comment-Email</td>
<td>8/21/19</td>
<td>Comment summary: How does the operator of the facility know what is needed in order to comply with the individual goals of the client?</td>
<td>State response: The operator as you called it will need to know what the final rule requirements are. There are resources on the Med-QUEST website that they can refer to. As far as individual participant goals, the operator can work with the case manager. The final rule says that for may “modification or limitation” it must be documented in the individual service plan. The I/DD waiver will provide operators with training and materials with further guidance soon.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>93</td>
<td>Public Comment-Email</td>
<td>8/21/19</td>
<td>Comment summary: Will the operator of the facility be invited to participate in the individual’s ISP?</td>
<td>State response: The operator may be invited to ISP meeting if the participant wants them to attend as part of their circle of support.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>94</td>
<td>Public Comment-Email</td>
<td>8/21/19</td>
<td>Comment summary: I like the use of the Hawaii Residential Landlord Tenant Code as a way to explain what is expected. This could include house rules, keeping loud music down and payment of rent and deposit. Having a lock on someone’s door provides privacy and access to and from the facility offers independence and the ability to integrate with the community.</td>
<td>State response: The State appreciates the comment.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>95</td>
<td>Public Comment-Email</td>
<td>8/21/19</td>
<td>Comment summary: Another stake older group to be added to the list Hawaii Disability Rights Center of Hawaii and center for independent living. These agencies can provide advocacy and individualized training and offer a peer to peer relationship. Is there an appeals process if someone is not happy living in the facility? The suggested agencies could be helpful to individuals with disabilities.</td>
<td>State response: The State recommends that the member go through a grievance process. A grievance is when report is when a participant is not happy with the Medicaid provider or services. You can get this information on how to file a grievance report from the health plan or case manager if enrolled in I/DD program.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>Comment ID</td>
<td>Comment Type</td>
<td>Comment Date</td>
<td>Comment Summary</td>
<td>State Response</td>
<td>Impact on Transition plan</td>
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<tr>
<td>96</td>
<td>Public Comment-Email</td>
<td>8/22/19</td>
<td>Are attachments 3 and 4 nonresidential and residential self assessments for participants? Do the pictures mentioned in the survey, help to stimulate thoughts for participants?</td>
<td>Yes. Both providers and participants in residential and non-residential settings received a survey.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>97</td>
<td>Public Comment-Email</td>
<td>8/22/19</td>
<td>Do the pictures mentioned in the survey, help to stimulate thoughts for participants?</td>
<td>Yes. The advisory group recommended that color pictures be added to the survey to help participants think about and make connections to the questions being asked.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>98</td>
<td>Public Comment-Written</td>
<td>8/30/19</td>
<td>How can family members attend the “train the trainer”?</td>
<td>The state will provide notification for upcoming trainings.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>99</td>
<td>Public Comment-Written</td>
<td>8/30/19</td>
<td>When is family training and support sessions?</td>
<td>The state will provide notification for upcoming family trainings and support sessions.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>100</td>
<td>Public Comment-Written</td>
<td>8/30/19</td>
<td>When will provider remediation contracts be executed?</td>
<td>The state will notify providers individually for remediation and compliance dates.</td>
<td>No change to plan.</td>
</tr>
<tr>
<td>101</td>
<td>Public Comment-Email</td>
<td>9/3/19</td>
<td>Is there some training being planned once the new HCBS rules are excepted? Will providers case managers, and participants receive training on the changes?</td>
<td>Yes. Providers and case managers will receive trainings. Notifications for trainings will be mailed or emailed to providers and service coordinators/ case managers. Previous trainings will be uploaded to the Med-Quest website at <a href="https://medquest.hawaii.gov/">https://medquest.hawaii.gov/</a> Search “My Choice My Way”</td>
<td>No change to plan.</td>
</tr>
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</table>
ATTACHMENT F: HEIGHTENED SCRUTINY FLOWCHART
Survey - Received and Validated by the State

The setting does not have effects of isolation or meet any of the heightened scrutiny criteria.

Assessment
The setting meets the HCBS requirements.

- No
  - Provider Self-Assessment Survey - Received and Validated by the State

- Yes
  - State will send letter for remediation.
    - Provider will go through regular licensing/certification process for ongoing compliance.
    - Provider submits evidence packet and remediation plan to the State.
    - State Review Team reviews the evidence packet and remediation plan.
    - 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.

  - No
    - Decision
      - 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.
      - Final Determination
        - State makes final determination whether the setting meets the final rule requirements.

        - Yes
          - State supports the evidence and the setting overcomes the presumptions.
          - State will perform onsite visit and provide on-going technical assistance.
          - All settings that require remediation must be satisfactory by July 1, 2020 or earlier by the date indicated on the remediation plan.
          - If a setting is identified as isolating and remediation is not satisfactory by July 1, 2020, the State must submit the evidence packet to CMS for review by October 2020.

        - No
          - State does not support the evidence and remediation plan; the setting does not meet 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.

    - CMS may request to review all evidence packets and State determinations.

- Decision
  - Yes
    - 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.
ATTACHMENT G: HEIGHTENED SCRUTINY CATEGORY 4 SETTINGS
<table>
<thead>
<tr>
<th>Provider ID</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Setting Type</th>
<th>State Agency</th>
<th>Reason for Category 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>KANELOHE</td>
<td>HI</td>
<td>96744</td>
<td>ADH</td>
<td>Qi</td>
<td>The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.</td>
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<tr>
<td>20</td>
<td>WAILUKU</td>
<td>HI</td>
<td>96793</td>
<td>ADH</td>
<td>Qi</td>
<td>The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.</td>
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<tr>
<td>24</td>
<td>WAHIAWA</td>
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<td>96786</td>
<td>ADH</td>
<td>DDD</td>
<td>The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.</td>
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<td>The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community.</td>
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<td>29</td>
<td>HONOLULU</td>
<td>HI</td>
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<td>ADH</td>
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<td>The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.</td>
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<td>48</td>
<td>HONOLULU</td>
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<td>ADH</td>
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<td>HAUULA</td>
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<td>ALF</td>
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<td>The setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community.</td>
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<td>1652</td>
<td>HAUULA</td>
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<td>96717</td>
<td>EARCH</td>
<td>Qi</td>
<td>The setting is located in a building on the grounds of, or immediately adjacent to, a public institution.</td>
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