



HCBS Residential Provider Self-Attestation Survey

State of Hawai'i Department of Human Services
Med-QUEST Division Health Care Services Branch
P.O. Box 700190 Kapolei, Hawaii 96709-0190

Provider Name: _____

Background: On January 16, 2024, the Centers for Medicare and Medicaid Services (CMS) published the Home and Community-Based Services (HCBS) Setting Final Rule 42 CFR §441.301(c)(4) / 42 CFR §441.710(a)(1). The rule requires that Medicaid members (referred to as “client” or “resident”) getting HCBS have access to community resources equal to that of people who do not get HCBS. To ensure compliance to the rule, the Department of Human Services (DHS) Med-QUEST Division (MQD) informed HCBS providers of revised processes related to provider contracting, quality assurance activities, and provider training requirements through memos QI-2222 and QI-2308.

Instruction to providers: All Community Care Foster Family Home (CCFFH), Expanded – Adult Residential Care Home (E-ARCH), and Assisted Living Facility (ALF) providers must complete this survey in its entirety and upload to Hawaii’s Online Kahu Utility (HOKU) when applying to become a Medicaid HCBS provider.

Before completing the survey, provider **must** read the attached QI-2308 memo and review the training materials on HCBS Setting Final Rule (also known as My Choice My Way in Hawaii) and Person-Centered Thinking and Practices. The training materials are accessible anytime at www.medquest.hawaii.gov in the My Choice My Way page. When submitting or uploading the survey in the HOKU system, attach redacted and signed (by member/authorized representative) copies of these three documents: LTSS Choice Form, Admission Policy and Agreement or Service Contract, and Health Action Plan or Service Plan.

Providers may send questions related to the HCBS Setting Final Rule/My Choice My Way and request for assistance in completing the survey to mychoicemyway@dhs.hawaii.gov.

Providers may send questions related to the HOKU enrollment process to HCSBInquiries@dhs.hawaii.gov or call the Provider Hotlines at (808) 692-8099 for Oahu and at 1-833-909-3630 for the neighbor islands.

All providers (referred to as “caregiver” or “staff”) **must** sign below:

☐ I attest that I have read the QI-2308 memo and reviewed the training materials on HCBS Setting Final Rule/ My Choice My Way and Person-Centered Practices and Thinking. (Please attach additional page(s) as needed)

_____ Provider’s Name and Signature	_____ Completion Date
_____ Provider’s Name and Signature	_____ Completion Date
_____ Provider’s Name and Signature	_____ Completion Date
_____ Provider’s Name and Signature	_____ Completion Date
_____ Provider’s Name and Signature	_____ Completion Date
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Phone number: _____ Email address: _____

Physical address of business: _____

Date you did this survey: _____

This survey will help us understand the services that you provide to Medicaid members in your home. We want to hear about your services and how they help our members to be independent, make decisions, and make choices. When responding to the survey questions, keep in mind the HCBS Setting Final Rule/My Choice My Way requirements. Your responses should reflect general understanding to the final rule and your current policies and practices. You may add comments in the spaces provided for additional information.

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






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



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		YES 	NO 	
CHOICE				
A. Clients Home 	<i>Does your client(s) (and/or their authorized representative, Power of Attorney, and/or legal guardian)</i>			
	1. Have a choice in selecting home from among several setting options including non-disability specific settings (Example: LTSS choice form)?	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Have an agreement in writing for where s/he lives (Example: admission policy & agreement or service contract)?	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Know his/her housing rights in regard to their agreement?	<input type="checkbox"/>	<input type="checkbox"/>	
	4. Have her/his own room?	<input type="checkbox"/>	<input type="checkbox"/>	
	5. If "no" to #4, choose/consent to her/his roommate?	<input type="checkbox"/>	<input type="checkbox"/>	
	6. Get to decorate his/her room with his/her favorite things?	<input type="checkbox"/>	<input type="checkbox"/>	
	7. Pick the clothes s/he wants to wear?	<input type="checkbox"/>	<input type="checkbox"/>	
8. If "no" to any question from #6-#7, are there any health and safety risk(s) identified and are these documented on the health action plan? Provide explanation in the comment box.			<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
B. Going out 	<i>Does your client(s)</i>			
	9. Go out into the community?	<input type="checkbox"/>	<input type="checkbox"/>	
	10. Pick how often s/he goes out?	<input type="checkbox"/>	<input type="checkbox"/>	
	11. Choose what to do?	<input type="checkbox"/>	<input type="checkbox"/>	
	12. Pick who goes out with him/her?	<input type="checkbox"/>	<input type="checkbox"/>	
13. If "no" to any question from #9-#12, are there any health and safety risk(s) identified and are these documented on the health action plan? Provide explanation in the comment box.			<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
C. Schedule 	<i>Does your client(s) pick the time s/he</i>			
	14. Gets up and goes to bed?	<input type="checkbox"/>	<input type="checkbox"/>	
	15. Takes a bath?	<input type="checkbox"/>	<input type="checkbox"/>	
	16. Watches TV?	<input type="checkbox"/>	<input type="checkbox"/>	
	17. Talks on the phone?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Goes on the computer or other devices?			<input type="checkbox"/>	<input type="checkbox"/>



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	19. If "no" to any question from #14-#18, are there any health and safety risk(s) identified and are these documented on the health action plan? Provide explanation in the comment box.	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

D. Meals & Snacks



Does your client(s) choose

20. What s/he wants to eat?	<input type="checkbox"/>	<input type="checkbox"/>
21. If "no" to #20, have a specific diet ordered by a doctor and this is documented on the health action plan?	<input type="checkbox"/>	<input type="checkbox"/>
22. What time s/he wants to eat?	<input type="checkbox"/>	<input type="checkbox"/>
23. If "no" to #22, have a medical condition/treatment that requires specific times to eat her/his meals, and this is documented on the health action plan?	<input type="checkbox"/>	<input type="checkbox"/>
24. Where s/he sits to eat?	<input type="checkbox"/>	<input type="checkbox"/>
25. Who s/he eats with?	<input type="checkbox"/>	<input type="checkbox"/>
26. If "no" to any question from #24-#25, are there any health and safety risk(s) identified and are these documented on the health action plan? Provide explanation in the comment box.	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

E. Person-Centered Service Plan



Does your client(s) (and/or authorized representative, Power of Attorney, and/or legal guardian)

27. Attend a Person-Centered Service Planning meeting with the case manager?	<input type="checkbox"/>	<input type="checkbox"/>
28. Pick the time, place, and who attends the meeting?	<input type="checkbox"/>	<input type="checkbox"/>
29. Get to be in charge of their meeting?	<input type="checkbox"/>	<input type="checkbox"/>
30. If "no" to any question from #27-#29, are there any health and safety risk(s) identified and are these documented on the health action plan? Provide explanation in the comment box.	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

PRIVACY

F. Inside your home



Does your client(s)

31. Have a key to your home if s/he wants to?	<input type="checkbox"/>	<input type="checkbox"/>
32. Have a lockable bedroom and bathroom doors from inside?	<input type="checkbox"/>	<input type="checkbox"/>
33. Close and lock the bedroom door if s/he wants to?	<input type="checkbox"/>	<input type="checkbox"/>
34. Have a key to their bedroom if s/he wants to?	<input type="checkbox"/>	<input type="checkbox"/>
35. Close and lock the bathroom door if s/he wants to?	<input type="checkbox"/>	<input type="checkbox"/>



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	36. If “no” to any question from #31-#35, are there any health and safety risk(s) identified and are these documented on the health action plan? Provide explanation in the comment box.	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

	<i>Do you and other caregiver(s)</i>		
	37. Knock and ask permission to enter the client’s bedroom or bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
	38. Provide care in private?	<input type="checkbox"/>	<input type="checkbox"/>
	39. Keep the client’s and health information private and secured/locked in storage?	<input type="checkbox"/>	<input type="checkbox"/>
	40. Know not to talk about the clients in front of other people?	<input type="checkbox"/>	<input type="checkbox"/>
	41. Know not to talk about other people in front of the client?	<input type="checkbox"/>	<input type="checkbox"/>
	42. Have a place for the client to meet with their family and friends in private?	<input type="checkbox"/>	<input type="checkbox"/>
	43. Have a place for the client to talk on the telephone or use the computer (or other devices) in private?	<input type="checkbox"/>	<input type="checkbox"/>
	44. If “no” to any question from #37-#43, are there any health and safety risk(s) identified and are these documented on the health action plan? Provide explanation in the comment box.	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

DIGNITY & RESPECT

G. Respect

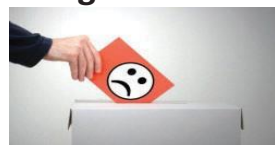


Do you and other caregiver(s)

45. Say hello and use the client’s preferred name?	<input type="checkbox"/>	<input type="checkbox"/>
46. Talk to the client with respect?	<input type="checkbox"/>	<input type="checkbox"/>
47. Use words that the client can understand?	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

H. Free from being bullied



Do your client(s)

48. Know what to do if s/he has a problem with the caregiver or service?	<input type="checkbox"/>	<input type="checkbox"/>
49. Know that his/her complaint is private?	<input type="checkbox"/>	<input type="checkbox"/>
50. Feel listened to by the caregiver if s/he has concerns?	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

ACCESS

I. Inside your home

Does your home

51. Allow client(s) to get around safely if s/he wants to?	<input type="checkbox"/>	<input type="checkbox"/>
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	52. Have ramps, wide doorways or hallways to help the clients get around the home?	<input type="checkbox"/>	<input type="checkbox"/>
	53. Have locks or straps on the refrigerator or cabinets that make it hard for the client to get a snack or a drink (exclude medicine cabinets)?	<input type="checkbox"/>	<input type="checkbox"/>
	54. Have any gates, Velcro strips, locked doors, or other things that stop clients from going in or out of some places?	<input type="checkbox"/>	<input type="checkbox"/>
	55. If "no" to any question from #51-#54, are there any health and safety risk(s) identified and are these documented on the health action plan? Provide explanation in the comment box.	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

	<i>Does your client(s)</i>		
	56. If "yes" to #54, have the option to remove/unlock/open gates, Velcro strips, and/or locked doors if/when s/he wants to with or without support?	<input type="checkbox"/>	<input type="checkbox"/>
	57. If "no" to #56, have a documented health and safety risk(s) in the health action plan that requires safety measures to prevent elopement/wandering? Provide explanation in the comment box.	<input type="checkbox"/>	<input type="checkbox"/>
	58. Use the kitchen when s/he wants to with or without support?	<input type="checkbox"/>	<input type="checkbox"/>
	59. Use the washer and dryer when s/he wants to with or without support?	<input type="checkbox"/>	<input type="checkbox"/>
	60. Get stopped from getting a snack or drink when s/he wants?	<input type="checkbox"/>	<input type="checkbox"/>
	61. Have visitors in your home?	<input type="checkbox"/>	<input type="checkbox"/>
	62. Have certain visiting hours?	<input type="checkbox"/>	<input type="checkbox"/>
	63. Have internet connection that s/he can use?	<input type="checkbox"/>	<input type="checkbox"/>
64. If "no" to any question from #58-#63, are there any health and safety risk(s) identified and are these documented on the health action plan? Provide explanation in the comment box.	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

J. Outside your home 	<i>Does your client(s)</i>		
	65. Have access to other houses, stores, and businesses with or without support?	<input type="checkbox"/>	<input type="checkbox"/>
	66. Have opportunities to interact with the neighbor(s) if/when s/he wants to with or without support?	<input type="checkbox"/>	<input type="checkbox"/>
	67. Have access to transportation?	<input type="checkbox"/>	<input type="checkbox"/>



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	68. Have a curfew or a rule that says what time s/he will have to be back?	<input type="checkbox"/>	<input type="checkbox"/>
	69. If "no" to any question from #65-#68, are there any health and safety risk(s) identified and are these documented on the health action plan? Provide explanation in the comment box.	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

K. Employment



Does your client(s)

70. Have a job?	<input type="checkbox"/>	<input type="checkbox"/>
71. If "yes" to #70, work with people who do not have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
72. If "no" to #70, does not want a job, already retired, and/or have significant medical condition/safety risk(s) that prevents him/her from working?	<input type="checkbox"/>	<input type="checkbox"/>
73. Know someone or have support to help her/him find a job if s/he wants to work?	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

L. Money

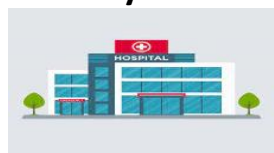


Does your client(s)

74. Have a bank account?	<input type="checkbox"/>	<input type="checkbox"/>
75. If "no" to #74, want a bank account?	<input type="checkbox"/>	<input type="checkbox"/>
76. If "yes" to #74, know how/have support to get money if/when s/he needs it?	<input type="checkbox"/>	<input type="checkbox"/>
77. Know someone or have support to help her/him open a bank account if/when s/he wants?	<input type="checkbox"/>	<input type="checkbox"/>
78. Pick the person or have authorized representative, Power of Attorney, or legal guardian to help manage his/her money?	<input type="checkbox"/>	<input type="checkbox"/>
79. If "no" to any question from #76-#78, provide explanation in the comment box.		

Comment:

M. Heightened Scrutiny



Is your setting

80. Located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (Example: nursing home, hospital)?	<input type="checkbox"/>	<input type="checkbox"/>
81. Located on the grounds of, or immediately adjacent to, a public institution?	<input type="checkbox"/>	<input type="checkbox"/>



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	82. Located where there are multiple settings serving people with disabilities co-located and operated/controlled by the same provider agency (Ex: a street with multiple care homes, in a row, owned by same provider)?	<input type="checkbox"/>	<input type="checkbox"/>
	83. Surrounded by high walls, high fences, security locks or gates?	<input type="checkbox"/>	<input type="checkbox"/>
	84. Located in a community with other private homes, retail businesses, food establishments, and other community resources?	<input type="checkbox"/>	<input type="checkbox"/>
	85. If “yes” to any question from #80-#83 and/or “no” to #84, provide explanation in the comment box.		

Comment:



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Describe/explain how your service and setting will achieve full compliance with the HCBS Setting Final Rule or My Choice My Way. Do not leave blank.

When is a modification or limitation to the requirements allowed and what needs to be done? Do not leave blank.

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