# MY CHOICE MY WAY



**Participant Fact Sheet** 

March 2017

#### **Provider-Owned, Controlled, or Operated Residential Settings**

**Authority:** 42 CFR 441.301 (c)(4)(vi)(A)

## What is a Provider-Owned, Controlled, or Operated Residential Settings?

A residential setting is provider-owned, controlled, or operated when

• You receive Medicaid home and community-based services from a provider who owns, controls, or operates the licensed or certified home

#### **Provider-Owned, Controlled, or Operated Residential Settings include:**

- Adult Residential Care Homes or Expanded Adult Residential Care Homes
- Assisted Living Facilities
- Community Care Foster Homes
- Developmental Disabilities Adult Foster Homes
- Developmental Disabilities Domiciliary Homes
- Special Treatment Facilities/Therapeutic Living Programs

## Does **NOT** include:

- Your own home
- A family member's home where you live

For more information about Hawaii's transition plan, please contact us below.

Hawai'i Department of Human Services, Med-QUEST Division My Choice My Way, HCBS Transition Plan

Website: <a href="http://www.med-quest.us/#HCBSTran">http://www.med-quest.us/#HCBSTran</a>
Email: <a href="mailto:mychoicemyway@dhs.hawaii.gov">mychoicemyway@dhs.hawaii.gov</a>