



HCBS Non-Residential Provider Setting Evidence Tool

Date of Review: March 21, 2024	Provider Name: Hale Makua Kahului Adult Day Health Services Address: 472 Kaulana Street, Kahului, HI 96732	Provider ID: 20	# Medicaid Individuals: 5
Reason(s) for Presumed Non-Compliance: Prong 1: The setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.			
Setting Description: Hale Makua Health Services is located in Kahului, Maui. Hale Makua Health Services offers multiple services such as Adult Day Health, Home Health, Care Home, Long Term Care, and Rehabilitation. The Adult Day Health is licensed by the Department of Health, Office of Health Care Assurance. The Adult Day Health is located in the Long-Term Care facility. Services at the Adult Day Health program include: <ul style="list-style-type: none"> • consultation with social worker, dietitian, and activities staff; • nursing care; • collaborative meetings with recipient, family, and community agencies; • monitoring and evaluation of recipients health progress; • rehabilitation; • choice of social, recreational, and spiritual activities; • transportation to and from program; • transportation and coordination for social outings; • personalized exercise programs; • medication assistance; and • meals and snacks. 			
History: In 1946, Hale Makua was founded as a home for Maui elders who needed residential care that had no one to care for them and no means to pay for care. Following World War II, members of the Young Buddhist Association and the community raised funds and built our first 24-bed home. In 1968, recognizing those who needed nursing care preferred to remain at home for treatment, Hale Makua pioneered in-home health services. With the demand for additional skilled nursing home beds during the early 1970s, and with the help of the community and government resources, Hale Makua opened in 1978. In 1987, the adult day health program was established to meet the need for a safe place for adults who required restorative and rehabilitative health services during the day. In 1996, Hale Makua Kahului expanded by 118 beds by opening the Weinberg Care Center. The opening of a short-stay rehab wing added another 16 beds in 2002 bringing the total number of beds at Hale Makua 254. Then in 2023, the Adult Residential Care Home opened for individuals that required minimal to moderate assistance with personal care and prefer to remain living in a home environment.			



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	HCBS Requirements	Meets	Summary of Findings from Site Visit(s) and Desk Review
1	<p>42 CFR 441.301 (c)(4)(i) The setting is integrated in and supports full access of members 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 members not receiving Medicaid HCBS.</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<p>Findings: Members control their own daily schedules and activities. They are also supported to control their own personal belongings and resources. Members are able to come and go with or without supports from the setting at any time without restrictions. Due to aging and/or physical or cognitive impairment, competitive integrated employment is not feasible at this time.</p> <p>Prior to pandemic, members integrated in the community and participated in various activities such as going to the movies. Community integration was discontinued during the COVID-19 pandemic. Currently, the facility's vans are undergoing repair. They have also purchased two brand new vans which are currently being processed for requirements (Department of Transportation). The facility plans to resume community integration when vans are repaired, and requirements have been processed.</p>
2	<p>42 CFR 441.301 (c)(4)(ii) The setting is selected by the member from among setting options, including non-disability specific settings. The settings options are identified and documented in the person-centered plan and are based on the member's needs and preferences.</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<p>Findings: Members receive services and supports in location(s) of their choosing. Members are given the choice to attend program at this facility or other facilities. One member recalls being given this option and chose to attend this facility.</p> <p>Members are supported to lead and actively participate in their person-centered planning process, including pre-planning and planning meetings. They have quarterly opportunities to update their care plan, including their activities and preferences, or when there is a change in their needs. Members and their family are given copies of their care plans. This facility, however, does not have copies of the members' health action plans.</p> <p>Support staff are not familiar with the term "care plan meetings". The program manager explained that care plan meetings are often referred using the terms "discussions" or "care conference".</p>



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<p>3</p>	<p>42 CFR 441.301 (c)(4)(iii) The setting ensures member's right of privacy, dignity, and respect and freedom from coercion and restraint.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Findings: Members are supported to know and understand their program rights, including access to a copy of the rights in a manner and format that is accessible and understandable. Copies are included in the admission packet. They are also supported to access information on resources like the Hawaii Disability Rights Center (HDRC) and Adult Protective Services (APS).</p> <p>There are no restraints used in this program. Support staff interact and communicate with members respectfully and promote informed decision-making. Members are supported when issues or problems with support staff or their services arise.</p> <p>Privacy is ensured in this setting. Members' personal information is kept private and maintained in a secure and locked cabinet in the program manager's office. Members have privacy to use phone or when personal care is provided. Bathroom stalls have curtains and the main bathroom door is lockable. A private room is available to members when needed.</p>
<p>4</p>	<p>42 CFR 441.301 (c)(4)(iv) The setting optimizes, but does not regiment, member initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Findings: Members are supported to make informed choices, and to exercise those choices, about opportunities to participate in activities of interest, both within the setting and in the broader community. Members have individualized and variable schedules that can change daily or weekly but is consistent with their individual preferences and needs.</p>
<p>5</p>	<p>42 CFR 441.301 (c)(4)(v) The setting facilitates member choice regarding services, supports, and who provides them.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Findings: Members are asked about their needs and preferences. They are supported to make informed decisions and choices. Members are supported to know how to request a change in service provider, setting, or support staff. Members know to speak with the program director if they want to transfer to a different day program.</p> <p>Members shared that they are happy with this current program and do not want to attend elsewhere. One member confirmed being offered choices but ultimately chose to attend this facility.</p>



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6	<p>42 CFR 441.301 (c)(4)(vi)(C)</p> <p>Members have the freedom and support</p> <ul style="list-style-type: none"> • to control their schedules and activities • to have access to food anytime 	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<p>Findings:</p> <p>Members can control their own daily schedules and activities.</p> <p>Although lunch is served from 11-11:15, members have access to food of their choosing at any time, without restrictions. They are allowed to bring their own food and snacks per preference. Members shared that they are allowed to have food and snacks at any time and that they are given other options if they do not want what is on the menu.</p>
7	<p>42 CFR 441.301 (c)(4)(vi)(D)</p> <p>Members have the right to visitors and access to family and friends.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<p>Findings:</p> <p>Members are allowed to have visitors at any time, without restrictions. There is a large shaded visiting area outside and an extra small room with lockable door that the members can use to meet privately with their visitors.</p>
8	<p>42 CFR 441.301 l(4)(vi)(E)</p> <p>Setting is physically accessible to the member.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<p>Findings:</p> <p>Members have physical access to areas around the setting. They are able to maneuver through the hallways, doorways, bathrooms, and common areas with or without assistive devices.</p>
9	<p>42 CFR 441.301(c)(5)(v)</p> <p>Prong 1: The setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<p>Findings:</p> <p>Located in a building that also includes ICF/SNF facility under the same roof/corporation.</p>



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Provider Corrective Action Plan (including timelines, if not already implemented) & State Oversight to Verify Implementation:

HCBS Requirement	Action Required	Corrective Action Plan	Completion Date	State Oversight
<p>42 CFR 441.301 (c)(4)(i)</p>	<p>Demonstrate how members can access and integrate to the broader community.</p>	<p>Facility will plan monthly routine outings with facility vehicle. Clients will participate in planning of outings.</p> <p>Activity assessments are conducted upon admission, annually and if any significant change occurs. Information from those assessments is then taken to create the resident person-centered care plans. If the client expresses interest in activities in the broader community, the facility will work with the client and/or their family to arrange participation in those services.</p> <p>Activities are planned by group discussions with clients and staff. After a new activity, the ADH Manager asks clients if the activity was enjoyable and if they would like to be a regular scheduled activity on the monthly ADH activity calendar. Other activities are offered based on their preferences gathered through activity assessments. Activity assessments are done on upon admission and annually or significant change in condition. An activity care plan is then developed and personalize based on client preferences. ADH Manager and care team discuss preferences and provide activities that clients can engage in group settings or self-directed.</p>	<p>Date completed: 4/1/2024</p>	<p>The State reviewed the Activity Program Policy that ensures members can access and integrate to the broader community.</p> <p>The State will continue to monitor implementation by reviewing activity assessments, care plans, and calendars and outing records by end of Quarter 2, June 2024.</p>



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		Monthly routine outings will be planned for 2x/month and as needed.		
42 CFR 441.301 (c)(4)(ii)	Contact health plan to request copies of the members' health action plans (HAP). The HAPs should be included in the member's medical records.	<p>Facility will maintain each member's Health Action Plan (HAP) within their electronic medical record (EMR) and ensure it is updated annually or as needed.</p> <p>Future plans: ADH Director will contact client case manager to obtain copies within 24 hours of identifying missing documentation from audit.</p> <p>Monthly audits will be conducted and reported to Quality Assurance and Performance Improvement (QAPI).</p>	Date completed: April 9-16, 2024	The State will continue to monitor implementation by reviewing monthly audits and QAPI reports by end of Quarter 2, June 2024.
42 CFR 441.301 (c)(5)(v)	Heightened Scrutiny: Complete evidence packet and provide documents that the setting does <i>not</i> have the qualities of an institution and that the setting does have the qualities of home and community-based settings.	<p>Provided is the list of supporting documents:</p> <p>My Choice, My Way: Person-Centered Care Policy Activity Program Policy Organizational Chart Staff Training in HCBS Settings Final Rule Attendance Sheet Responses to Non-Residential Exploratory Questions</p>	Date completed: May 13, 2024	The State reviewed the evidence packet. The State commented on the evidence provided and recommended revisions which have been made. No further action is needed currently.

Summary of Public Comments & State Responses:

Additional Comments: