Department of Human Services
Med-QUEST Division

Community Integration Services (CIS+)
Medical Respite Provider Attestation Form

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Part 1: Background

To become a Medical Respite Provider registered with Medicaid (provider type A8), providers must demonstrate the ability to deliver Medical Respite services through one of the following three options:

1. *National Institute for Medical Respite Care (NIMRC) Certification:* Proof of certification by NIMRC;
2. *Documented Experience:* Evidence of providing Medical Respite services through public contracts (e.g., state, health plan, hospital, or city/county) for at least one (1) year; or
3. *MQD Approval:* Attestation that the Medical Respite Provider meets the NIMRC Level 1 requirements for a Coordinated Care Model as well as the CIS+ Provider requirements. **To do this, Medical Respite Providers must complete, sign, and return this Medical Respite Provider Attestation Form.**

Regardless of the option used to demonstrate ability to deliver Medical Respite, Medical Respite Providers are required to adhere to the standards and processes set forth in the most recent CIS+ Guidance Memo: Community Integration Services Plus (CIS+) Implementation Update Guidelines (Available on this webpage: https://medquest.hawaii.gov/en/plans-providers/provider-memo.html). QI Health Plans are responsible for verifying that providers meet Medical Respite and CIS+ program requirements. Medical Respite Providers found to be non-compliant with self-attestations of compliance with requirements may face penalties, be suspended, and/or be terminated from participation in the Hawaii State Medicaid Program.

Part 2: Instructions

Please carefully read and populate the *Provider Attestation of Compliance* column in the tables shown below. The form must be populated on behalf of each Medical Respite facility location applying to serve Medicaid members. Please follow HOKU instructions or submit your attestation form to the HCSBInquiries@dhs.hawaii.gov with your HOKU application ID.

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Part 3: Basic Information

Medical Respite Facility Legal Name	
HOKU Application ID	
Organization NPI	
Physical Address of Medical Respite Facility	
Primary Contact Name	
Primary Contact Email Address	
Primary Contact Phone Number	

Part 4: NIMRC Standards for Medical Respite Providers

The standards below outline the eight NIMRC standards for all Medical Respite Providers. Please reference the NIMRC Standards for Medical Respite Care Programs, 2021[1] to confirm that the facility and programming meet all the criteria associated with each standard.

Table 1: NIMRC Standards

Medical Respite Provider Requirement	Provider Attestation of Compliance
Standard 1: Medical Respite program provides safe and quality accommodations.	Does your Medical Respite facility/program meet Standard 1? ☐ Yes ☐ No
Standard 2: Medical Respite program provides quality environmental services.	Does your Medical Respite facility/program meet Standard 2? ☐ Yes ☐ No

[1] https://nhchc.org/wp-content/uploads/2025/03/Standards-for-Medical-Respite-Programs_2025.pdf

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Standard 3: Medical Respite program manages timely and safe care transitions to Medical Respite from acute care, specialty care, and/or community settings.	Does your Medical Respite facility/program meet Standard 3? ☐ Yes ☐ No
Standard 4: Medical Respite program administers high quality post-acute clinical care.	Does your Medical Respite facility/program meet Standard 4? ☐ Yes ☐ No
Standard 5: Medical Respite program assists in health care coordination, provides wrap-around services, and facilitates access to comprehensive support services.	Does your Medical Respite facility/program meet Standard 5? ☐ Yes ☐ No
Standard 6: Medical Respite program facilitates safe and appropriate care transitions out of Medical Respite care.	Does your Medical Respite facility/program meet Standard 6? ☐ Yes ☐ No
Standard 7: Medical Respite care personnel are equipped to address the needs of people experiencing homelessness.	Does your Medical Respite facility/program meet Standard 7? ☐ Yes ☐ No
Standard 8: Medical Respite care is driven by quality improvement.	Does your Medical Respite facility/program meet Standard 8? ☐ Yes ☐ No

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Is your Medical Respite facility/program in complete compliance with other relevant criteria outlined in the 2021 NIMRC Standards for Medical Respite Care Programs?

☐ Yes, the Medical Respite facility, program, and policies are in complete compliance with the 2021 NIMRC standards.

☐ No - if no, please describe:

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Part 5: Guidance Requirements

All Medical Respite Providers must meet the requirements outlined in the most recent CIS+ Guidance Memo: Community Integration Services Plus (CIS+) Implementation Update Guidelines (Available on this page: https://medquest.hawaii.gov/en/plans-providers/provider-memo.html). These standards have been established to meet federal Section 1115 Demonstration requirements.

Table 2: Guidance Requirements

Medical Respite Provider Requirement	Provider Attestation of Compliance
Possess Knowledge of CIS+ Program Housing Services Medical Respite Providers must have knowledge of principles, methods, and procedures of housing services covered under the CIS+ program, including Medical Respite and Housing Navigation.	Please indicate whether your Medical Respite facility/program possesses knowledge of CIS+ program housing services. ☐ Yes ☐ No
Comply with CIS+ Guidance Requirements Medical Respite Providers must comply with the most recent CIS+ Guidance Memo: Community Integration Services Plus (CIS+) Implementation Update Guidelines, including Appendix A – Responsibilities, and have knowledge of principles, methods, and procedures of housing services covered under the CIS+ program, including Medical Respite and Housing Navigation.	Please indicate whether your Medical Respite facility/program has read and will comply with the requirements outlined in the most recent CIS+ Guidance Memo. ☐ Yes ☐ No
Meet Responsibilities Outlined in Appendix A Medical Respite Providers must demonstrate their capabilities and/or experience with providing at least one CIS+ Medical Respite service, as described in Appendix A – Responsibilities of the most recent CIS+ Guidance Memo.	Please indicate whether your Medical Respite facility/program meets the responsibilities outlined in Appendix A of the CIS+ Guidance Memo for the benefit(s) provided. ☐ Yes ☐ No

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Meet Facility Environmental and Safety Minimum Qualifications Medical Respite Providers must meet the following facility and safety minimum qualifications: • Follows regulations for the storage, handling, security, and disposal of patient medications as described in HRS § 328-119; • Adheres to NIMRC standards for Medical Respite facilities; and • Has written protocols on the following topics: ▪ Reporting adverse events using the Adverse Event Report (AER) Form described in **Memo QI-2513**; ▪ Connecting members to physical and behavioral healthcare; ▪ Connecting members to other needed benefits; and ▪ Discharging individuals from, including a policy that members are given a minimum of 24 hours' notice prior to being discharged from the program (exceptions for administrative discharges as determined by admissions, discharge, and program safety policies).	Please indicate whether your Medical Respite facility/program meets the environmental and safety qualifications. ☐ Yes ☐ No
Excluded Service Setting Medical Respite CANNOT be provided in the following settings: • Congregate sleeping spaces; • Facilities that have been temporarily converted to shelters (e.g. gymnasiums or convention centers); • Facilities where sleeping spaces are not available to residents 24 hours a day; and, • Facilities without private sleeping space.	Please confirm that your Medical Respite facility is NOT one of the excluded service settings: ☐ Yes ☐ No, the Medical Respite facility is an excluded setting

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Housing Requirements • A private or semi-private sleeping space available to the Member 24 hours a day. Medical Respite facilities may offer semi-private rooms, defined as rooms with beds for two (2) to four (4) individuals that affords the member a sleeping space with privacy; • Onsite showering and laundering facilities; • Clean linens upon admission; • Secured storage for personal belongings and medications; and, • At least three meals a day provided with monitoring and supporting of nutrition and diet.	Please indicate whether your Medical Respite facility meets the housing requirements: ☐ Yes ☐ No
Is your Medical Respite facility/program compliant with all other criteria outlined in the CIS+ Guidance Memo? ☐ Yes, the Medical Respite facility, program, and policies are compliant with the CIS+ Guidance Memo. ☐ No - if no, please describe:	

Part 6: Attestation

I hereby attest that the information provided in this form is accurate and complete under penalty of perjury. I understand that providing any false or misleading information may result in termination of my ability to provide CIS+ services, administrative penalties, and potential criminal charges.

Medical Respite Provider authorized signatory name (print): _____

Medical Respite Provider authorized signatory position: _____

Signature: _____ Date: _____