

REMEDIATION STRATEGIES AND MILESTONES FOR THE HAWAII 1115 WAIVER DEMONSTRATION

REVISIONS TO HAWAII ADMINISTRATIVE RULES

Anticipated Date of Completion: 12/31/2017

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
<http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-1454-CMA-CCFFH.pdf>
- 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
<http://health.hawaii.gov/opppd/files/2015/06/11-90.pdf>
- Adult Day Health (ADH) Chapter 11-94.1.47 and Chapter 11-96
<http://health.hawaii.gov/opppd/files/2015/06/11-94.1.pdf>
<http://health.hawaii.gov/opppd/files/2015/06/11-96.pdf>
- Adult Day Care (ADC) Chapter 17-1417
<http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-1417-Adult-Day-Care.pdf>
- Developmental Disability Domiciliary Homes (DD Dom) Chapter 11-89
<http://health.hawaii.gov/opppd/files/2015/06/11-89.pdf>

REVISIONS TO SECTION 1115 WAIVER DEMONSTRATION- QUEST Integration (QI)

Anticipated Date of Completion: 12/31/2017 (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: 12/31/2016

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: 12/31/2017

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: 12/31/2017

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 and in person, group trainings;
- “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.

STATE LICENCING 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: 12/2018

In the event the HCBS provider has gone through remediation activities and continues to demonstrate non-compliance with HCBS final rule federal requirements, the applicable state agency will issue provider sanctions that include but are not limited to: state licensing agency suspension of admissions to the setting or termination of the license/ certification; and/or the MCO termination of the provider's service agreement. These processes are needed to ensure statewide compliance with HCBS final rule federal regulations. The state will meet with stakeholders to obtain feedback while developing the process. DHS/MQD and DOH/DDD will also hold a formal public comment period to disseminate information on the HCBS provider sanctions and disenrollment criterion and to receive feedback from stakeholders.

PLAN TO TRANSITION PARTICIPANTS/MEMBERS TO COMPLIANT PROVIDERS

Anticipated Date of Completion: 3/2019

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 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.