

# My Choice My Way

## Hawai'i State Transition Plan

---

### Public Forum



# Agenda

---

- ❖ Background
- ❖ Findings from Assessment of Settings



# Background

---



# What is the Intention of the Final Rule?

---

- Full access to benefits of community living
- Receive services in the **most integrated setting appropriate**
- Provide protections to participants
- Focus on the quality

**CMS Final Rule**

```
graph TD; A[CMS Final Rule] --> B[My Choice My Way Transition Plan]; B --> C[Waivers*];
```

**My Choice My Way Transition Plan**

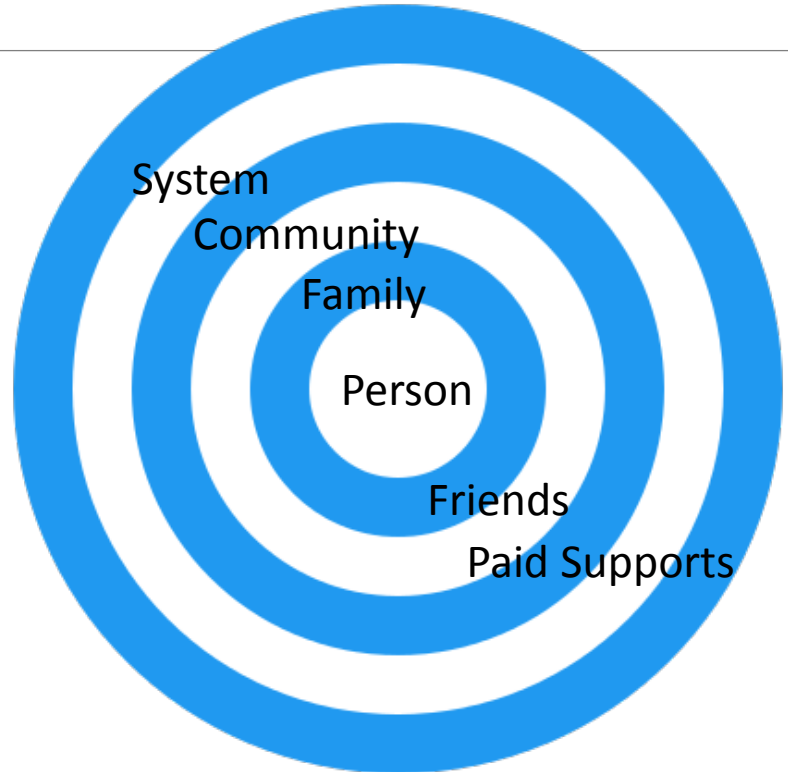
**Waivers\***

\* sections 1915(c), 1915(i), 1915(k), 1915(b)(3), and 1115 of the Social Security Act

# Home and Community Based Setting Qualities

---

## Person-Centered Thinking



# Home and Community Based Setting Qualities

---

- Integrated
- Greater community access
- Get jobs
- Engage in community life
- Maintain control

## Home and Community Based Setting Qualities

---

Provides choice and  
uses person-centered  
planning



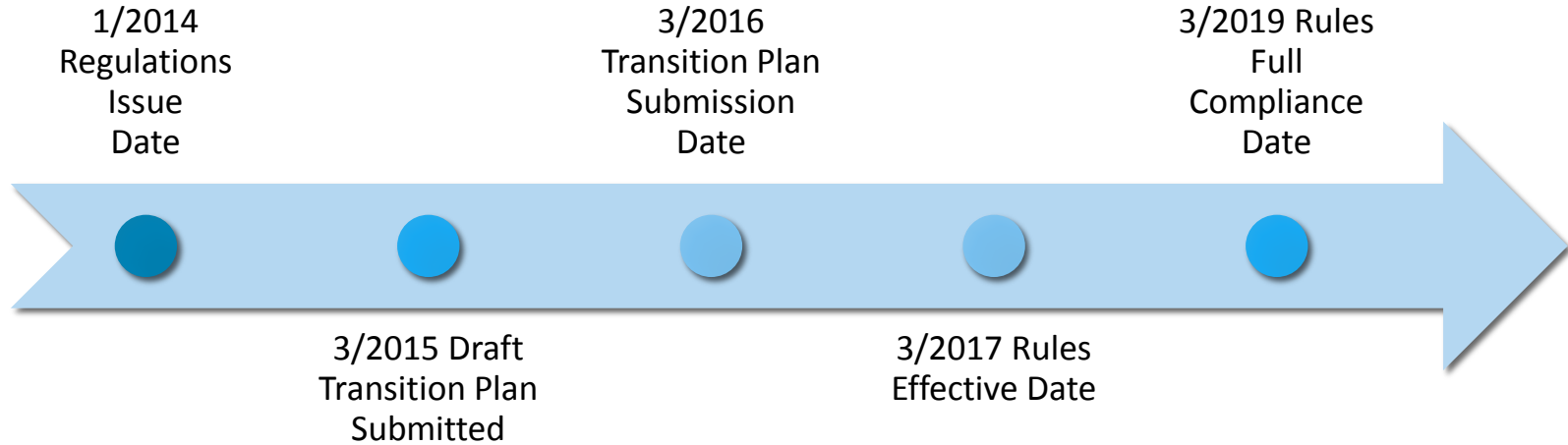
## Home and Community Based Setting Qualities

---

- Ensures individual rights
- Optimizes ***self-determination!***
- Ensures tenant protections

# Rules Timeline

---



# My Choice My Way Advisory Group

---



# Components of the Transition Plan

---

1. • Assessment
2. • TA/Remediation
3. • Milestones and Timeframes
4. • Public Comment

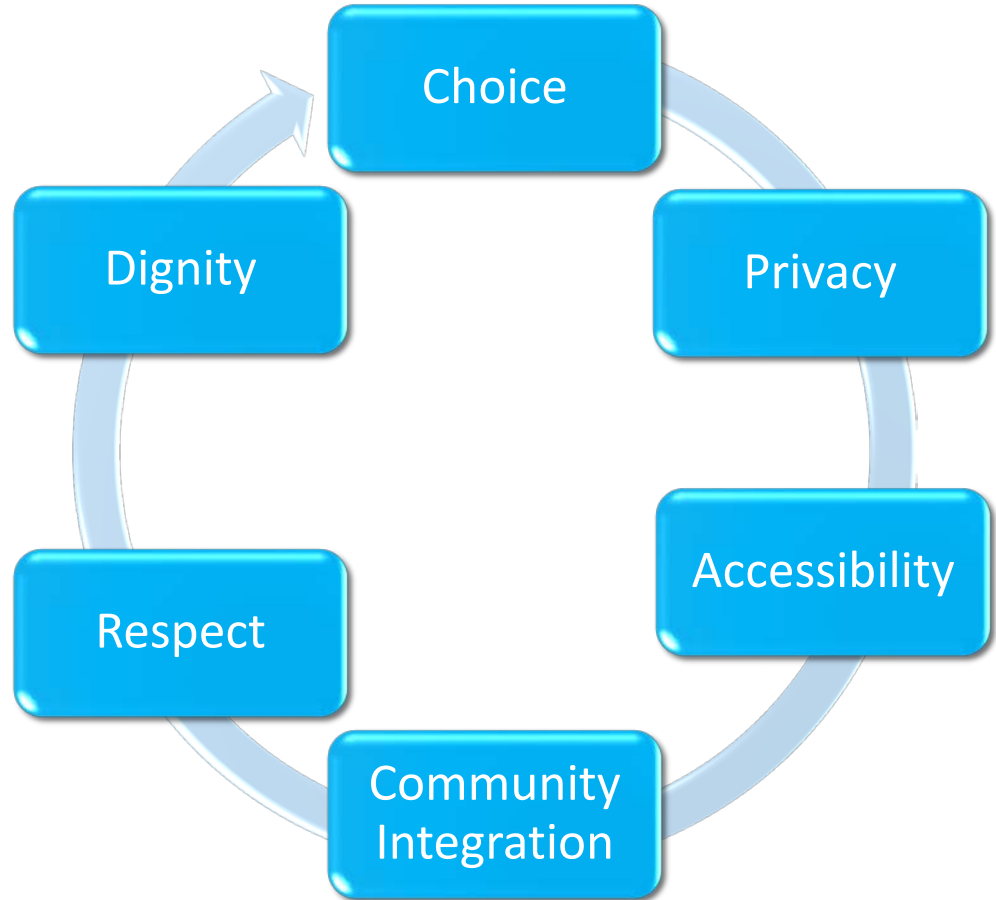
# Assessment of Settings

---

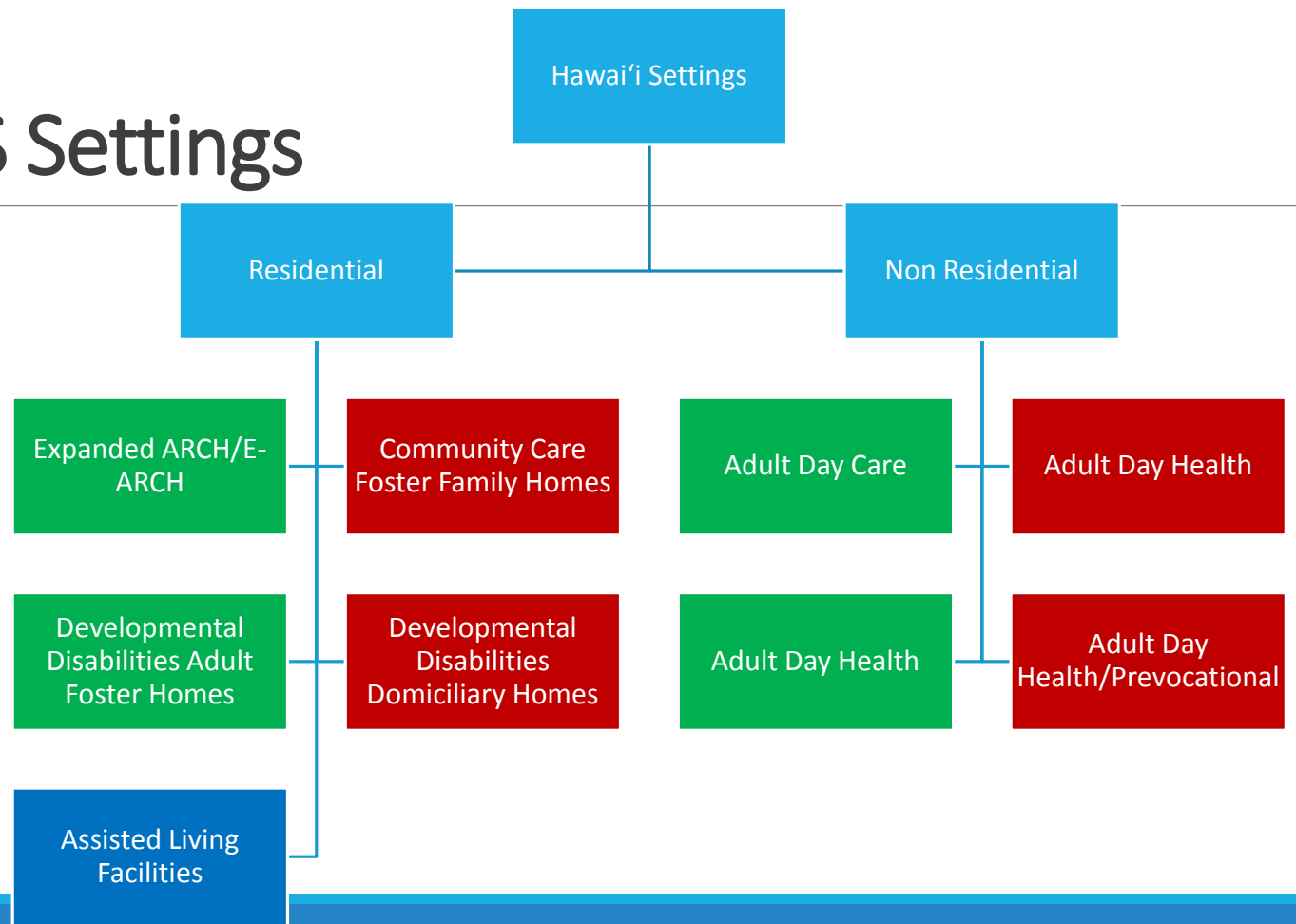


# Assessment

How are our settings doing in community integration?



# HCBS Settings



# Assessment Process

---

Self-  
Assesment  
Survey  
Developed

Sample  
Selected

Survey  
Distributed

Site Visit  
Conducted



# Survey Responses

	# of surveys sent	% of surveys completed
<b>Participant- Residential</b>	<b>333</b>	<b>47.7%</b>
<b>Provider- Residential</b>	<b>1,688</b>	<b>44.4%</b>
<b>Participant- Non Residential</b>	<b>306</b>	<b>33.6%</b>
<b>Provider- Non Residential</b>	<b>49</b>	<b>59.2%</b>

# Survey Analysis

---

## Federal Categories of Compliance

Category  
1

Category  
2

Category  
3

Category  
4

# Qualities of an Institution

---

1. Inpatient
2. Adjacent
3. Isolating
4. Limiting



# Characteristics of Settings with Effect of Isolation

---

- ❖ institutional interventions or restrictions
- ❖ services provided only to individuals with disabilities
- ❖ limited interaction with the broader community



# Consequence of Category 4

---

Required onsite validation



Validate site is Category 4



Determine if compliance can be achieved



Begin federal heightened scrutiny process

# Federal Heightened Scrutiny Process

---

State

CMS

Disprove

Document

Determine

# Non-HCBS Settings

---



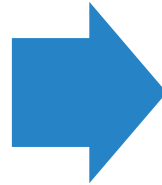
**42 CFR 441.301(c)(5)**

# Methods

---

## October 2015

- Prep
- Letter
- Inform



## October-December 2015

- Survey



# Findings from On-Site Validation

---



# Final Outcome

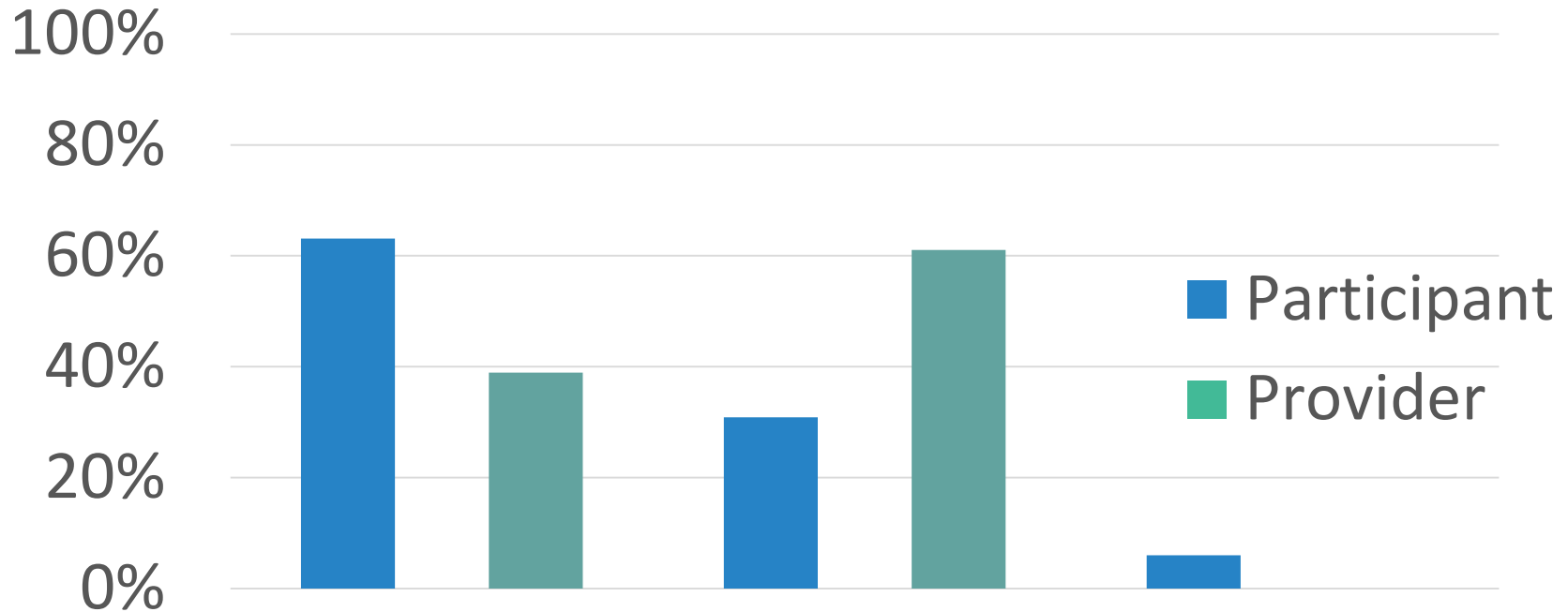
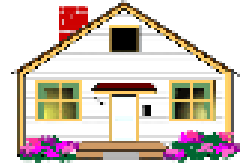
Category	Estimated # of site validations following the survey	Actual # of site validations following the survey by category of compliance
1	All	2
2	40+	68
3	All	0
4	All	38
Total	100	108

108  
Sites

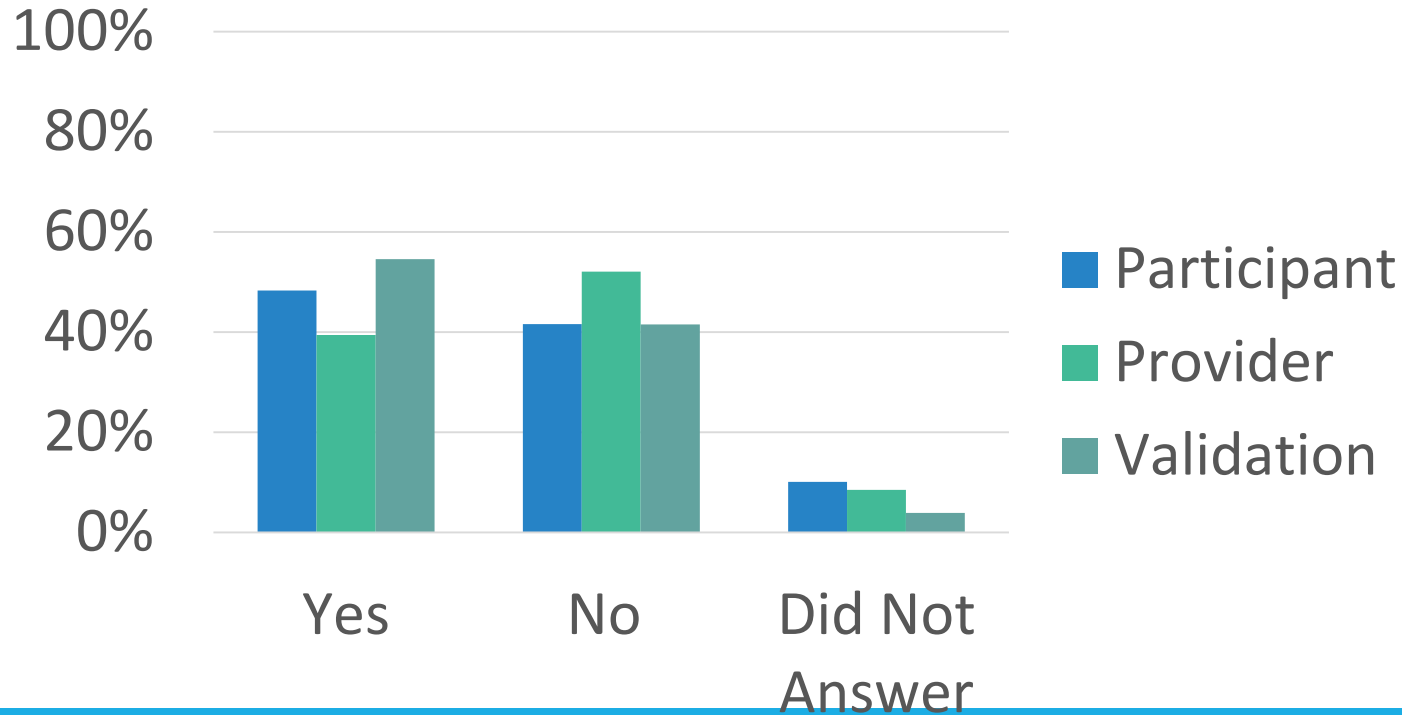
# Composition of Site Visits

Residential	
Setting Type	# of visits
Adult Foster Home- DD	16
Adult Residential Care Home, Expanded Type II- QI	3
Assisted Living Facility- QI	3
Community Care Foster Family Home- QI	42
Domiciliary Homes- DD	14
Non- Residential	
Adult Day Care- QI	2
Adult Day Health- DD	22
Adult Day Health- QI	6

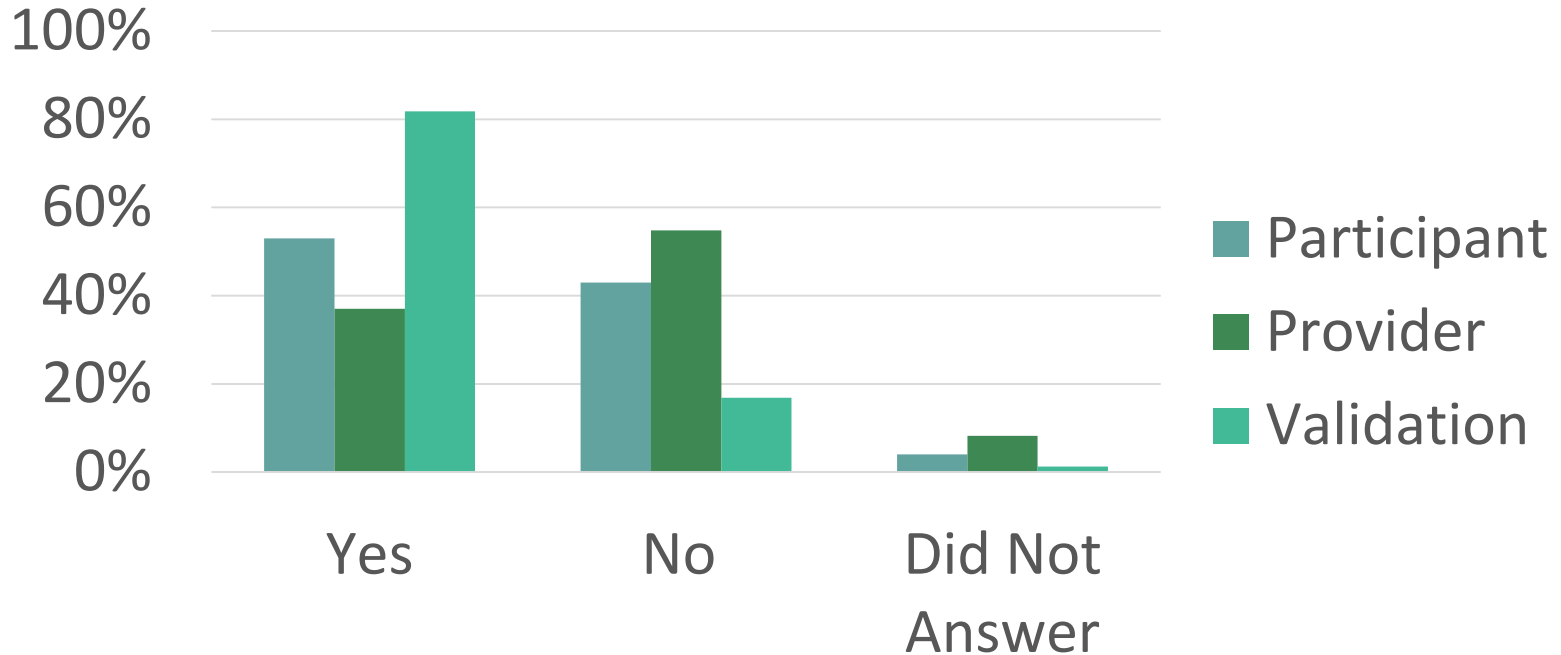
# Did you pick where you live?



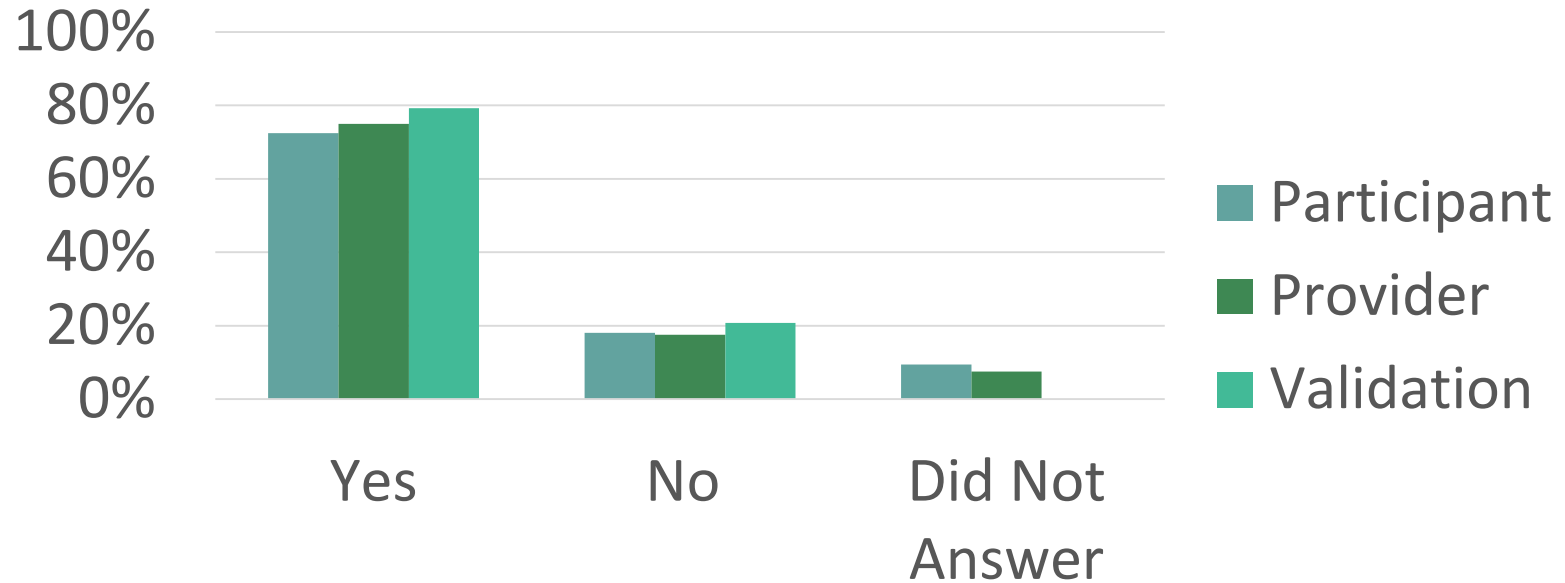
# Do you attend your Person-Centered Planning Meetings?



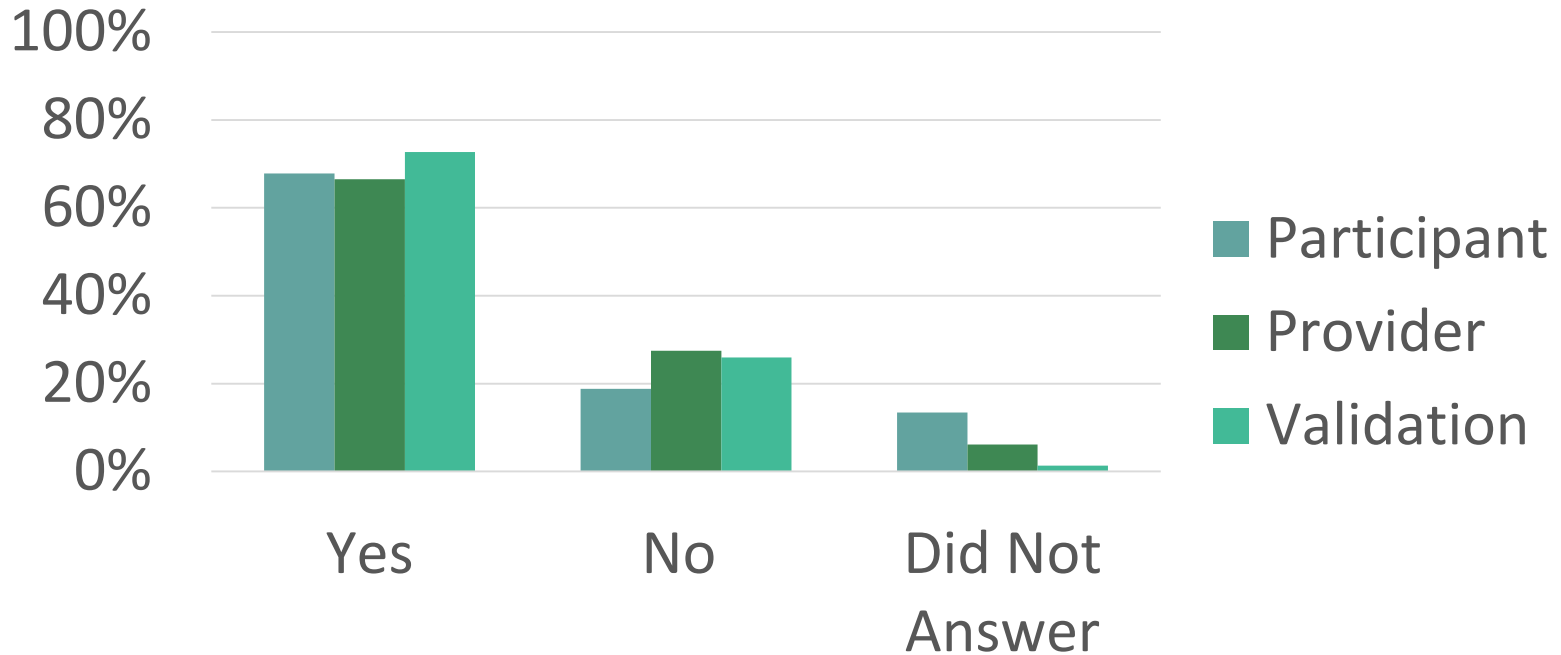
# Can you close and lock the bedroom door?



# Do you choose what you do when you go out?

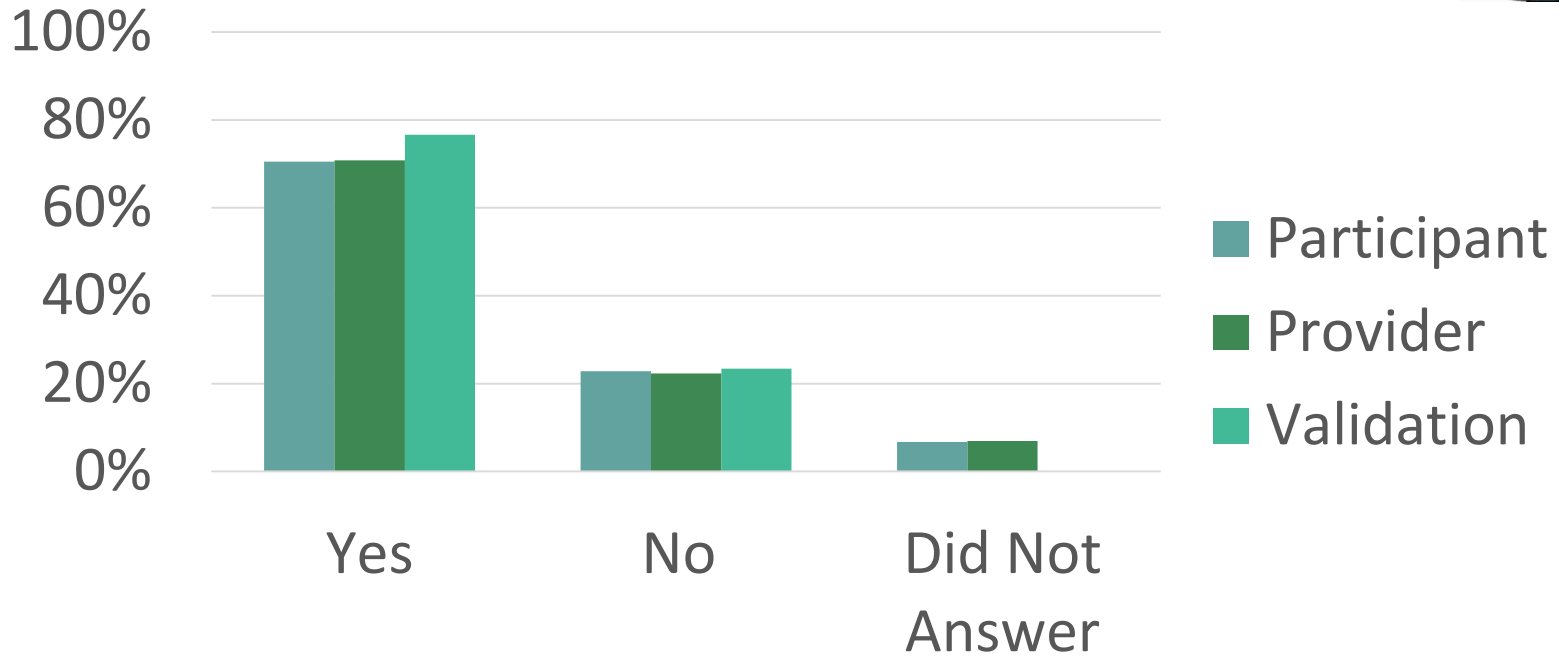


# Do you have access to the internet?

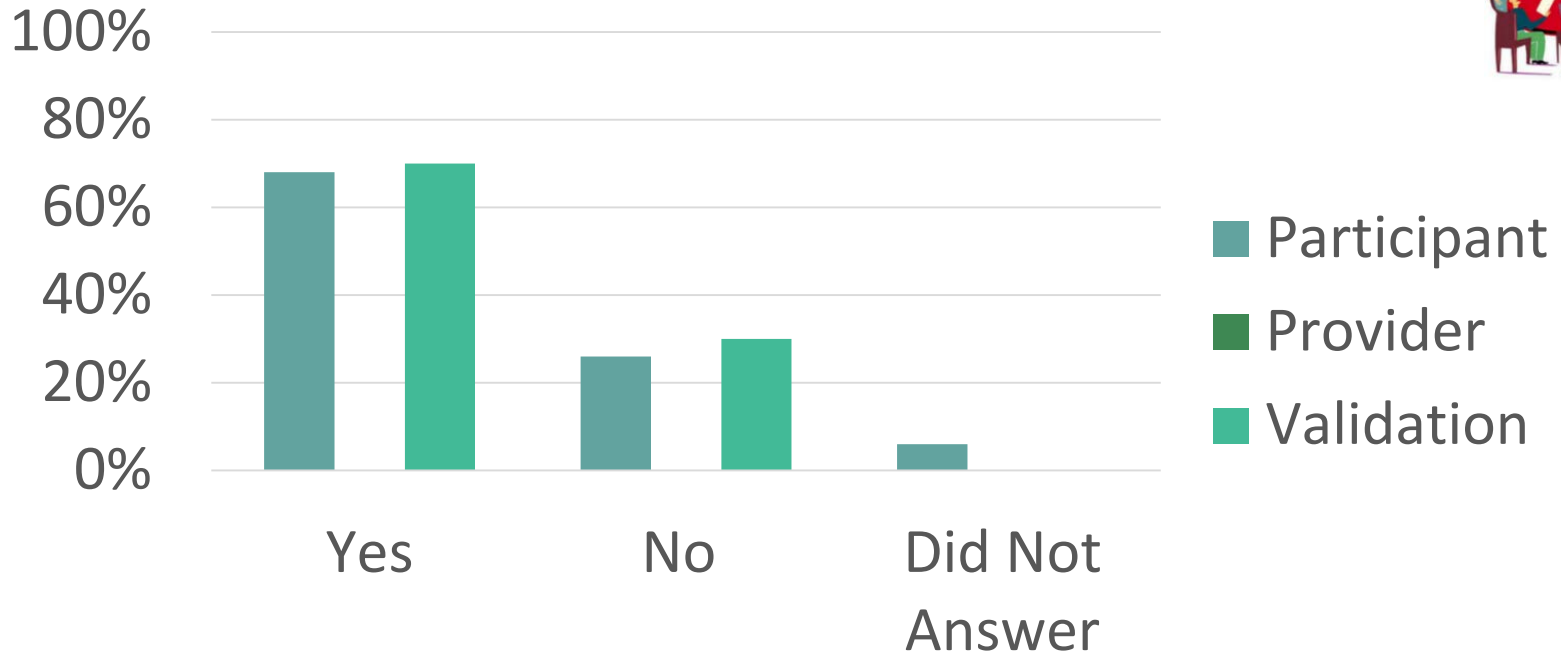




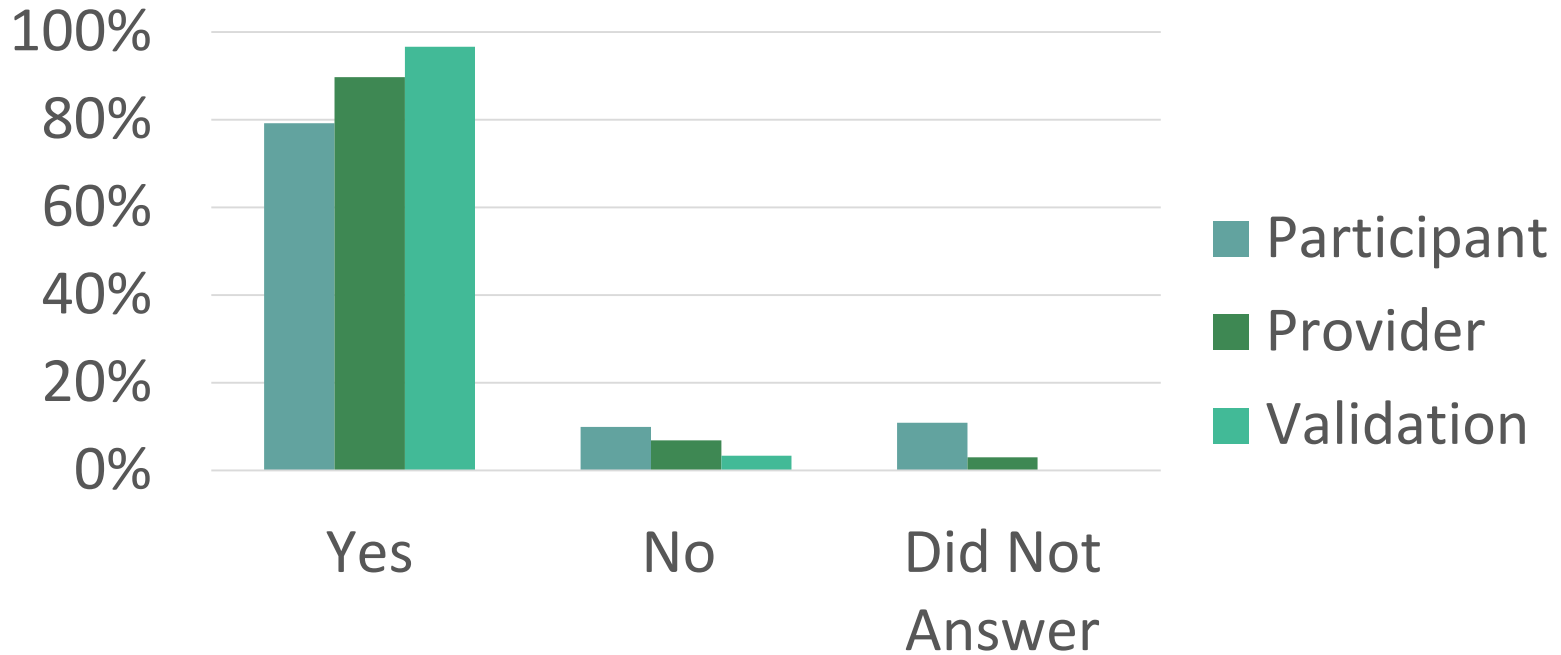
# Do you choose what you want to eat?



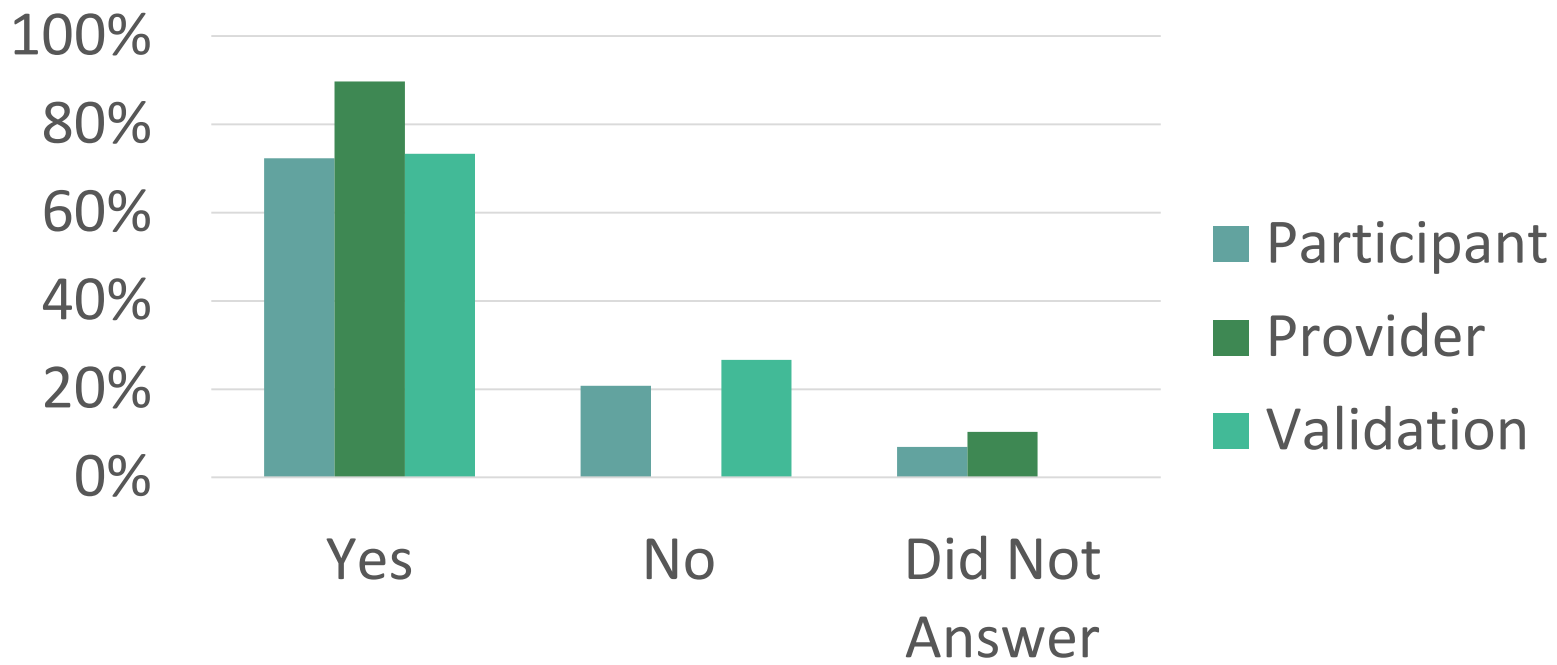
# Did you choose your program?



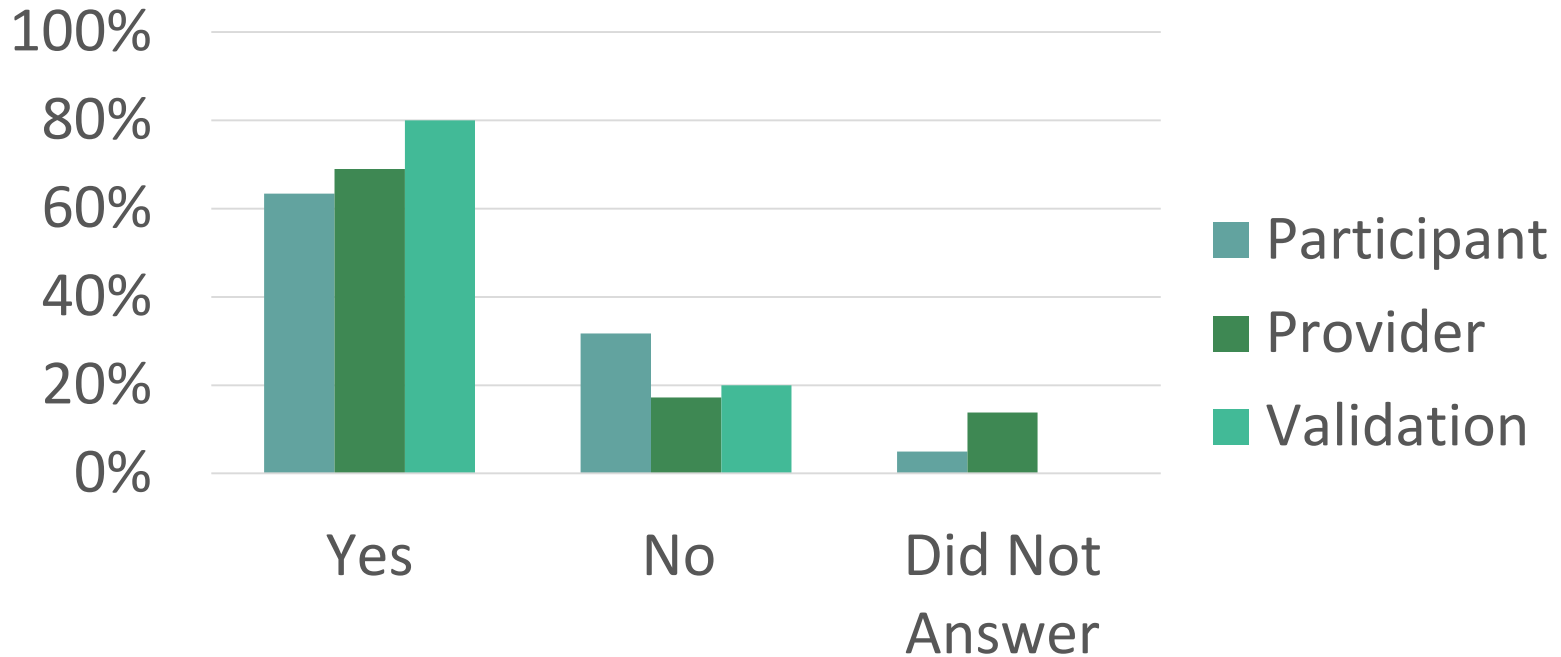
# Do participants attend meetings?



# Do you choose your program activities?

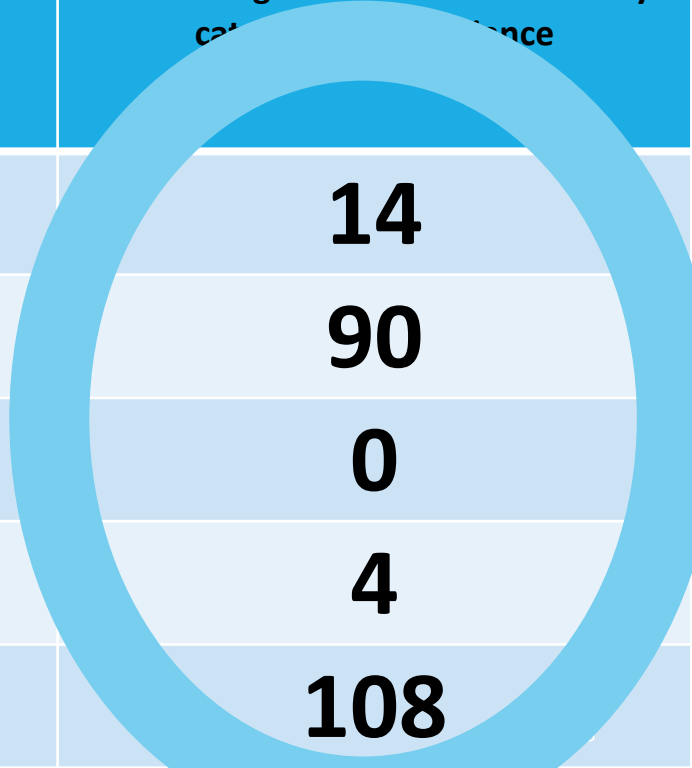


# Do you choose what you want to eat?



# Setting Compliance

Category	# of site validations following the survey by category of compliance	# of settings after the validations by category of compliance
1	2	14
2	68	90
3	0	0
4	38	4
<b>Total</b>	<b>108</b>	<b>108</b>



# Settings for Heightened Scrutiny

---

- Category 4 Settings are Reported to CMS
  - Provider Information
  - Reason
  - Justification



# Transition Plan

---





# Updated State Transition Plan

---

- Available January 29, 2016

Web

Email

Upon  
Request

# Public Comment Period

---

Timeframe: **February 1, 2016 to March 1, 2016**

Send comments/questions/suggestions by March 1, 2016 to:

*Email:* [mychoicemyway@medicaid.dhs.State.hi.us](mailto:mychoicemyway@medicaid.dhs.State.hi.us)

*Mailing address:* Department of Human Services  
Med-QUEST Division  
Attention: Health Care Services Branch  
P.O. Box 700190  
Kapolei, Hawaii 96709-0190

*Telephone:* 808-692-8094

*Fax:* 808-692-8087

# What's Next?

---



# Remediation

---

- All HCBS settings will require remediation
- Relocation if settings cannot be compliant



# Continued Public Input

---

MQD will continue to have sessions

- ❖ Face to Face Meetings
- ❖ Web-based Sessions
- ❖ Writing

participation is greatly appreciated and necessary!



## For More Information - MQD

---

Website: [www.med-quest.us/#HCBSTran](http://www.med-quest.us/#HCBSTran)

Email: [mychoicemyway@medicaid.dhs.State.hi.us](mailto:mychoicemyway@medicaid.dhs.State.hi.us)

Telephone: 808-692-8094

# CMS Resources

---

**CMS HCBS Website –**

**<http://www.medicaid.gov/hcbs>**

---

# QUESTIONS?