My Choice My Way
Hawai‘i State Transition Plan
Information Session July 2016
Agenda

- Background Review
- Update on Transition Plan
Background Review
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

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

<table>
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<th>Person-Centered Thinking</th>
<th>Integrated</th>
<th>Provides Choice</th>
<th>Person-Centered Planning</th>
<th>Tenant Protections</th>
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**Person-Centered Thinking**
- Integrated
- Provides Choice
- Person-Centered Planning
- Tenant Protections
Rules Timeline

1/2014 Regulations Issue Date

3/2015 Draft Transition Plan Submitted

3/2016 Transition Plan Submission Date

3/2017 Rules Effective Date

3/2019 Rules Full Compliance Date
My Choice My Way Advisory Group

SAAC

HCBS Associations

SPIN

HWPA

My Choice My Way Transition Plan

State Agencies

CMA
Completed Assessments

✔ Self Assessment Conducted
✔ Site Visit Conducted
Updated Transition Plan

✓ Submitted to CMS May 2016
✓ Available on DHS/MQD website www.med-quest.us
✓ Available for review
What’s Happening Now?
Waiver Specific Remediation

Hawaii Remediation Plan

- 1115 QUEST Integration
- 1915(c) DD/ID Waiver
- Systems HAR
- Provider
REMEDICATION STRATEGIES AND MILESTONES FOR THE HAWAII 1115 WAIVER DEMONSTRATION

REVISIONS TO HAWAII ADMINISTRATIVE RULES

Anticipated Date of Completion: 03/2019

DHS/MOD and DOH/OHCA will coordinate revisions to the Hawaii Administrative Rules (HAR). DHS/MOD
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
- 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
- Adult Day Health (ADH) Chapter 11-94.1.47 and Chapter 11-96
- Adult Day Care (ADC) Chapter 17-1417
- Developmental Disability Domiciliary Homes (DD Dom) Chapter 11-89
1915(c) Remediation

REMEDICATION STRATEGIES AND MILESTONES FOR THE HAWAII 1915(c) I/DD WAIVER

REVISIONS TO 1915c WAIVER
Date of Completion: 03/2016
Waiver renewal activities were completed concurrent with the My Choice My Way transition plan to provide information and training for stakeholders on the Final Rule requirements. The State engaged in a consultative, open communication process across stakeholders using multiple venues and forums to have discussions with waiver participants, families, advocates, providers, legislators, other state agencies, staff and other interested members of the public. Feedback was obtained from more than 200 stakeholders during several months that was used to shape the service array and guide other revisions for the renewal application. During the formal public notice and comment period prior to submitting the proposed renewal application, further refinement to the waiver was completed.

A number of changes were made to the 1915(c) waiver application that was submitted to CMS in March 2016 to support individuals to have full lives in their communities. Existing services were revised and new services were added. Personal Assistance Habilitation (PAB) was separated into two distinct services – PAB would be delivered in the participant’s home and a new service, Community Learning Services, would be delivered in the community with a specific focus on improving and supporting full access to the community. Existing services were revised to clarify the expectations for community participation and employment in integrated competitive settings. Prevocational services in the current waiver were redefined as Discovery and Career Planning to reflect a strong emphasis on the discovery process and planning that is needed in order for
System Remediation

HAWAII ADMINISTRATIVE RULES
TITLE 17
DEPARTMENT OF HUMAN SERVICES
SUBTITLE 9 ADULT AND COMMUNITY CARE PROGRAMS
CHAPTER 1454
REGULATION OF HOME AND COMMUNITY-BASED CASE MANAGEMENT AGENCIES AND COMMUNITY CARE FOSTER FAMILY HOMES

§17-1454-1  Purpose
§17-1454-2  Definitions
§17-1454-3  Penalty
§17-1454-4  Separability
§17-1454-5  Exceptions

Subchapter 1 General Requirements For Licensure and Certification

§17-1454-6  Required license or certificate of approval
§17-1454-7  Application
§17-1454-7.1  Background checks
§17-1454-8  Disposition of application
§17-1454-9  Issuance of license or certificate of approval
§17-1454-9.1  Monitoring and investigation
§17-1454-10  Reporting changes
§17-1454-11  Renewal of license or certificate of approval
Provider Specific Remediation

• ALL HCBS settings will require remediation
• Develop a “Provider Specific Transition Plan” also know as a corrective action plan
• Access to technical assistance
• State oversight and monitoring of transition plan
Relocation Plan

Coordinate a transition of care plan for participants in settings that cannot meet the HCBS requirements.
Mandatory Training Workshops

• Letters will be sent to all providers
• Attend mandatory training workshops
• Details on the training workshop will be sent at a later time
New HCBS Providers

New HCBS providers must be in full compliance with the HCBS rules requirements prior to providing services.
Continued Public Input

MQD will continue to have info sessions

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

Participation is greatly appreciated and necessary!
Big Tent

https://www.bigtent.com/groups/mcmwhi

Search Group Name: MCMWHI
For More Information - MQD

Website: www.med-quest.us/#HCBSTran

New Email: mychoicemyway@dhs.hawaii.gov

New Telephone: 808-692-8101
CMS Resources

CMS HCBS Website –
http://www.medicaid.gov/hcbs
QUESTIONS?
Send comments/questions/suggestions

**New Email:** mychoicemyway@dhs.hawaii.gov

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

**New Telephone:** 808-692-8101

**Fax:** 808-692-8087