

REMEDIATION STRATEGIES AND MILESTONES FOR THE HAWAII 1115 WAIVER DEMONSTRATION

REVISIONS TO HAWAII ADMINISTRATIVE RULES

Anticipated Date of Completion: 03/2019

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

Anticipated Date of Completion: 10/2017

DHS/MQD will amend the Special Terms and Conditions to include language that is complaint with the HCBS final rule. DHS/MQD will coordinate with DHS/MQD Policy and Procedures Development Office (PPDO). Timelines will be established for completion. This process will include stakeholder input.

REVISIONS TO REQUEST FOR PROPOSAL (RFP)

Anticipated Date of Completion: 10/2017

DHS/MQD will amend the RFP to include language that is complaint with the HCBS final rule. DHS/MQD will coordinate with DHS/MQD Policy and Procedures Development Office (PPDO). Timelines will be established for completion. This process will include stakeholder input.

REVISIONS TO MANAGED CARE ORGANIZATION (MCO) CONTRACTS

Anticipated Date of Completion: 10/2017

In order to ensure current and ongoing compliance with the HCBS requirements, DHS/ MQD will review the MCO contracts to reflect the HCBS requirements. DHS/MQD will coordinate with DHS/MQD Policy and Procedures Development Office (PPDO). Timelines will be established for completion. This process will include stakeholder input.

REVISIONS TO HEALTH PLAN POLICIES AND PROCEDURES

Anticipated Date of Completion: 12/2017

Health plans will develop or revise current policies and procedures to include HCBS requirements. DHS/MQD and the health plans will develop timelines for this process. All new and revised policies and procedures will be submitted to DHS/MQD for review and approval.

REVISIONS TO HEALTH PLAN PROVIDER SERVICE AGREEMENTS

Anticipated Date of Completion: 12/2017

Health plans will develop or revise current provider services agreements to include HCBS requirements. DHS/MQD and the health plans will develop timelines for this process. All new and revised provider services agreements will be submitted to DHS/MQD for review and approval. The health plans will develop processes for new prospective providers. New prospective provider must be in full compliance with the HCBS Final Rule. The health plan will provide technical assistance, as needed.

REVISIONS TO DHS/MQD AND DOH/DDD MEMORANDUM OF AGREEMENT (MOA) FOR 1915c WAIVER

Anticipated Date of Completion: 10/2016

DHS/MQD and DOH/DDD will review and revise the MOA to include language that is compliant with the HCBS final rule.

PROVIDER TRAINING

Anticipated Date of Completion: Ongoing

DHS/MQD and the health plans will provide focused trainings related to provider-specific issues requiring remediation. In addition, the State will train providers on operational procedures to meet compliance with the HCBS settings requirements. Process includes:

- Provider type specific and in person, group trainings;
- “train the trainer” model components for ongoing training;
- focused on person centered planning;
- obtain a training certificate of completion; and
- training materials will be available on the DHS/MQD website

Providers will understand operational procedures and obtain a certificate or verification of training completion. The certificate or verification of training will be presented during annual licensing/certification or provider review until State standards are fully implemented.

PROVIDER MONITORING FOR REMEDIATION AND ONGOING COMPLIANCE

Anticipated Date of Completion: Ongoing

Each provider will need to develop a provider specific transition plan to ensure compliance with HCBS requirements. The transition plan will be submitted to and reviewed by the Health Plan. The Health Plan will be redesigning the monitoring tool and process for evaluating providers, including the addition of new strategies such as reviewing the benchmarks identified in the provider’s transition plan, observations in the community and interviews with participants and families. Revised monitoring materials will be submitted to DHS/MQD for review and approval. In addition, oversight and monitoring will occur over all settings during the remediation period by:

- Verifying that the provider has an approved transition plan;
- Oversight and monitoring of providers by annual licensing/certification or quality improvement monitoring;
- Revised monitoring tools will be used to document compliance;
- Tracking remediation efforts by attending mandatory trainings; and
- Provider notification of revised State standards or operational procedures

DEVELOP PROCESS FOR PROVIDER ACCOUNTABILITY

Anticipated Date of Completion: 6/2018

In the event the provider has gone through remediation activities and continues to demonstrate non-compliance with HCBS requirements, the state will develop a specific process for issuing provider

sanctions up to disenrollment. This process is needed to ensure statewide compliance with HCBS requirements. The state will include stakeholders in discussions to develop the process. DHS/MQD and DOH/DDD will hold a formal public comment period to disseminate information on the provider sanctions and disenrollment criterion and to receive feedback from stakeholders.

PLAN TO TRANSITION TO COMPLIANT PROVIDER

Anticipated Date of Completion: Ongoing

The Health Plan will issue a notification letter to the provider and the participant. The service coordinator will discuss different setting options in a person centered planning meeting. The member, service coordinator, and supports will work collaboratively during transition to setting of choice.