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

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

System
Community
Family
Person
Friends
Paid Supports
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

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

My Choice My Way Transition Plan

- SAAC
- SPIN
- HCBS Associations
- HWPA
- CMA
- State Agencies
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?
## Survey Responses

<table>
<thead>
<tr>
<th>Category</th>
<th># of surveys sent</th>
<th>% of surveys completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant- Residential</td>
<td>333</td>
<td>47.7%</td>
</tr>
<tr>
<td>Provider- Residential</td>
<td>1,688</td>
<td>44.4%</td>
</tr>
<tr>
<td>Participant- Non Residential</td>
<td>306</td>
<td>33.6%</td>
</tr>
<tr>
<td>Provider- Non Residential</td>
<td>49</td>
<td>59.2%</td>
</tr>
</tbody>
</table>
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

1. Required onsite validation
2. Validate site is Category 4
3. Determine if compliance can be achieved
4. Begin federal heightened scrutiny process

January 14, 2016
Federal Heightened Scrutiny Process

State

Disprove

Document

CMS

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated # of site validations following the survey</th>
<th>Actual # of site validations following the survey by category of compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>40+</td>
<td>68</td>
</tr>
<tr>
<td>3</td>
<td>All</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>All</td>
<td>38</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>108</td>
</tr>
</tbody>
</table>
## Composition of Site Visits

<table>
<thead>
<tr>
<th>Setting Type</th>
<th># of visits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Residential</strong></td>
<td></td>
</tr>
<tr>
<td>Adult Foster Home- DD</td>
<td>16</td>
</tr>
<tr>
<td>Adult Residential Care Home, Expanded Type II- QI</td>
<td>3</td>
</tr>
<tr>
<td>Assisted Living Facility- QI</td>
<td>3</td>
</tr>
<tr>
<td>Community Care Foster Family Home- QI</td>
<td>42</td>
</tr>
<tr>
<td>Domiciliary Homes- DD</td>
<td>14</td>
</tr>
<tr>
<td><strong>Non- Residential</strong></td>
<td></td>
</tr>
<tr>
<td>Adult Day Care- QI</td>
<td>2</td>
</tr>
<tr>
<td>Adult Day Health- DD</td>
<td>22</td>
</tr>
<tr>
<td>Adult Day Health- QI</td>
<td>6</td>
</tr>
</tbody>
</table>
Did you pick where you live?

- Participant
- Provider
Do you attend your Person-Centered Planning Meetings?

- Yes
- No
- Did Not Answer

Participant
Provider
Validation
Can you close and lock the bedroom door?

![Bar chart showing the response distribution for whether participants can close and lock the bedroom door.]

- **Yes**: 80% (Participant), 50% (Provider), 10% (Validation)
- **No**: 40% (Participant), 40% (Provider), 5% (Validation)
- **Did Not Answer**: 10% (Participant), 20% (Provider), 5% (Validation)
Do you choose what you do when you go out?

Yes: 80%
No: 20%
Did Not Answer: 0%

[Chart showing the distribution of responses]
Do you have access to the internet?

- Yes: 80%
- No: 20%
- Did Not Answer: 0%

- Participant: [Graph Color]
- Provider: [Graph Color]
- Validation: [Graph Color]
Do you choose what you want to eat?

- **Yes**
- **No**
- **Did Not Answer**

[Bar chart showing percentages for Participant, Provider, and Validation]
Did you choose your program?

- Yes
- No
- Did Not Answer

Options:
- Participant
- Provider
- Validation
Do participants attend meetings?

- **Yes**: 100%
- **No**: 0%
- **Did Not Answer**: 20%

**Legend**:
- **Participant**: Blue
- **Provider**: Green
- **Validation**: Cyan
Do you choose your program activities?

- Yes
- No
- Did Not Answer

- Participant
- Provider
- Validation
Do you choose what you want to eat?

- **Yes**: 80%
- **No**: 20%
- **Did Not Answer**: 0%
### Setting Compliance

<table>
<thead>
<tr>
<th>Category</th>
<th># of site validations following the survey by category of compliance</th>
<th># of settings after the validations by category of compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>68</td>
<td>90</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>38</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>108</td>
<td>108</td>
</tr>
</tbody>
</table>
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

*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
Email: mychoicemyway@medicaid.dhs.State.hi.us
Telephone: 808-692-8094
CMS Resources

CMS HCBS Website –
http://www.medicaid.gov/hcbs
QUESTIONS?