

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

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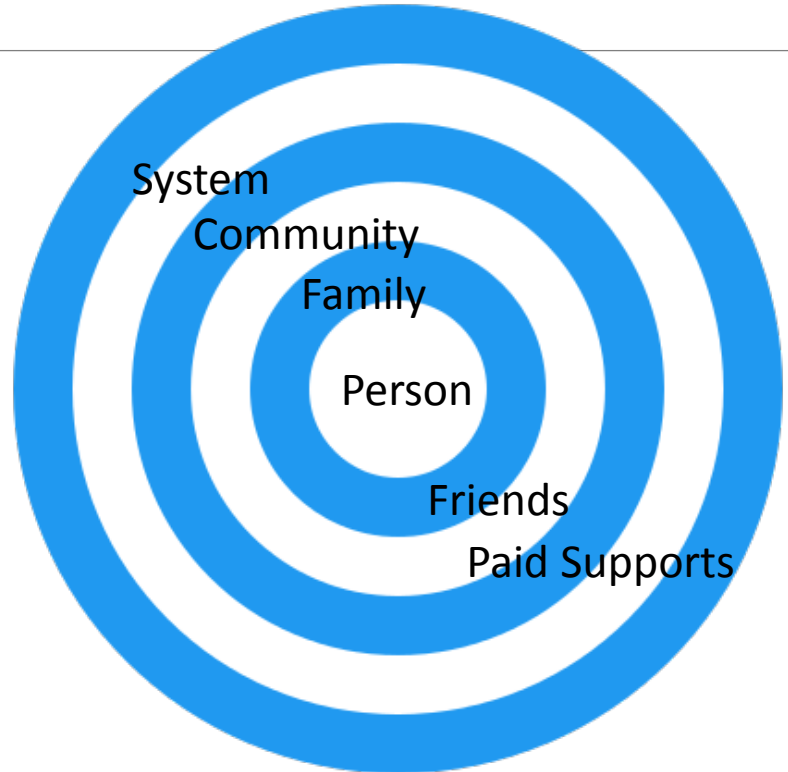
My Choice My Way Transition Plan

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

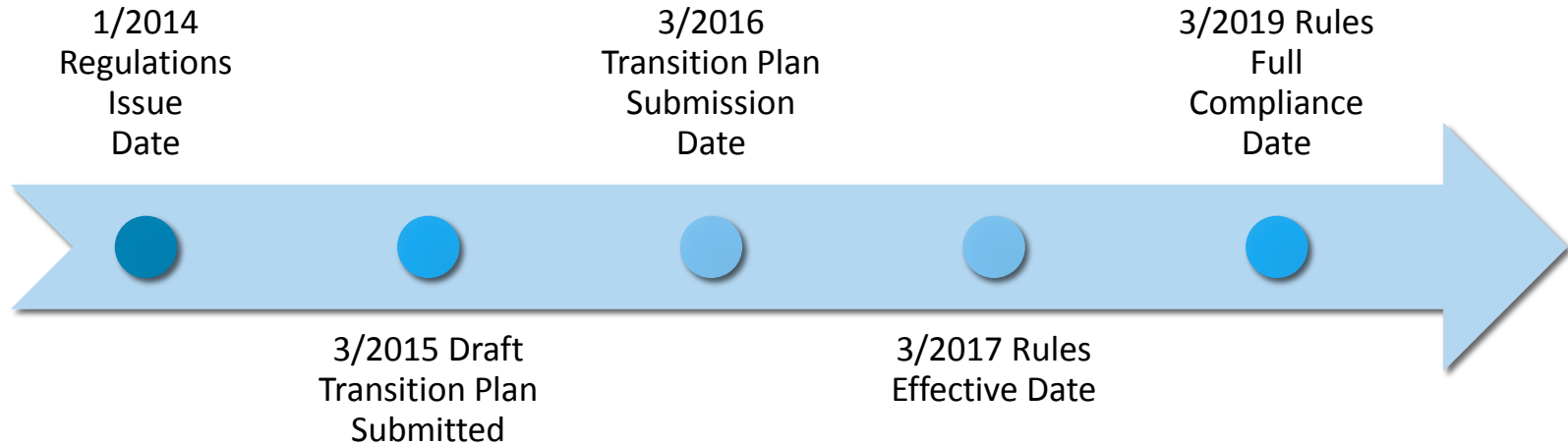
Home and Community Based Setting Qualities

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

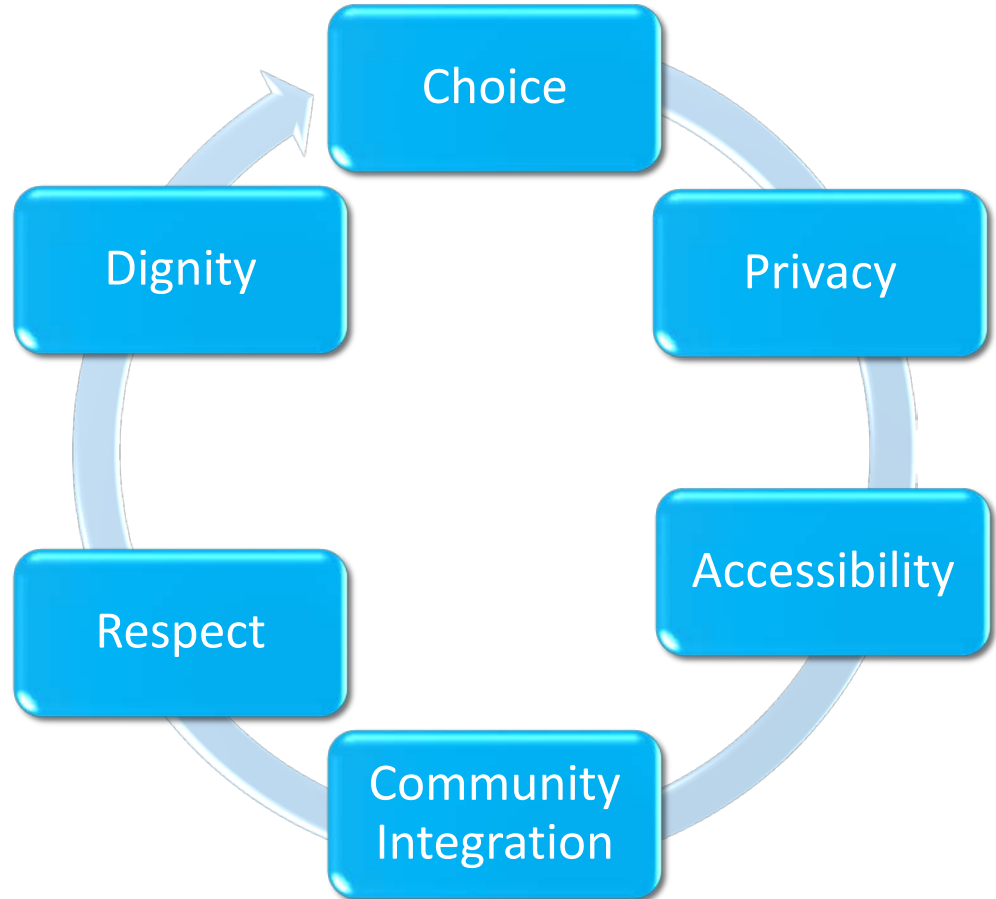
1. • Assessment
2. • TA/Remediation
3. • Milestones and Timeframes
4. • Public Comment

Assessment of Settings

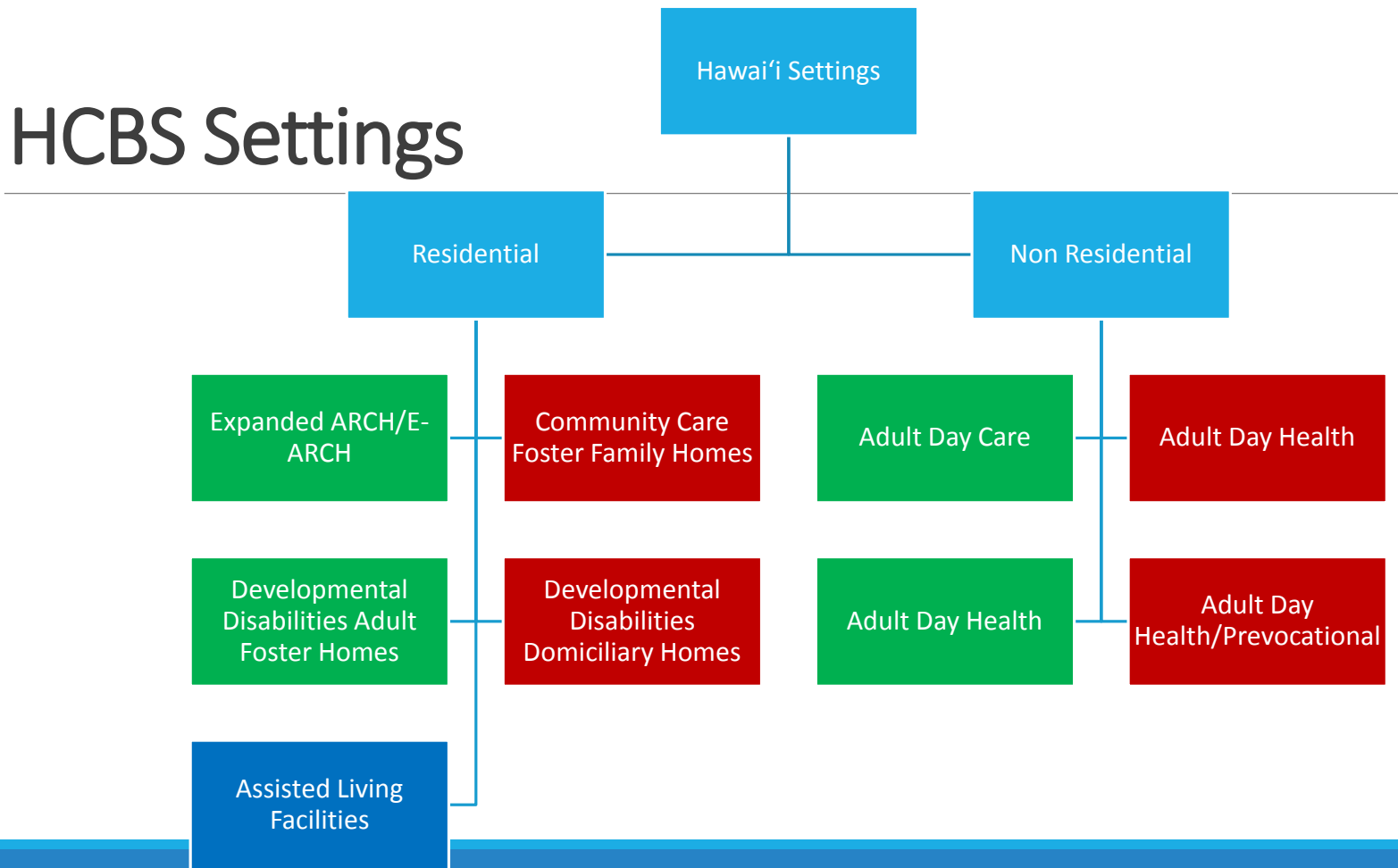


Assessment

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
Participant- Residential	333	47.7%
Provider- Residential	1,688	44.4%
Participant- Non Residential	306	33.6%
Provider- Non Residential	49	59.2%

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

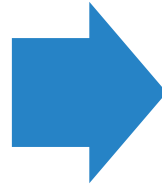


42 CFR 441.301(c)(5)

Methods

October 2015

- Prep
- Letter
- Inform



October-December 2015

- Survey

Findings from On-Site Validation



Final Outcome

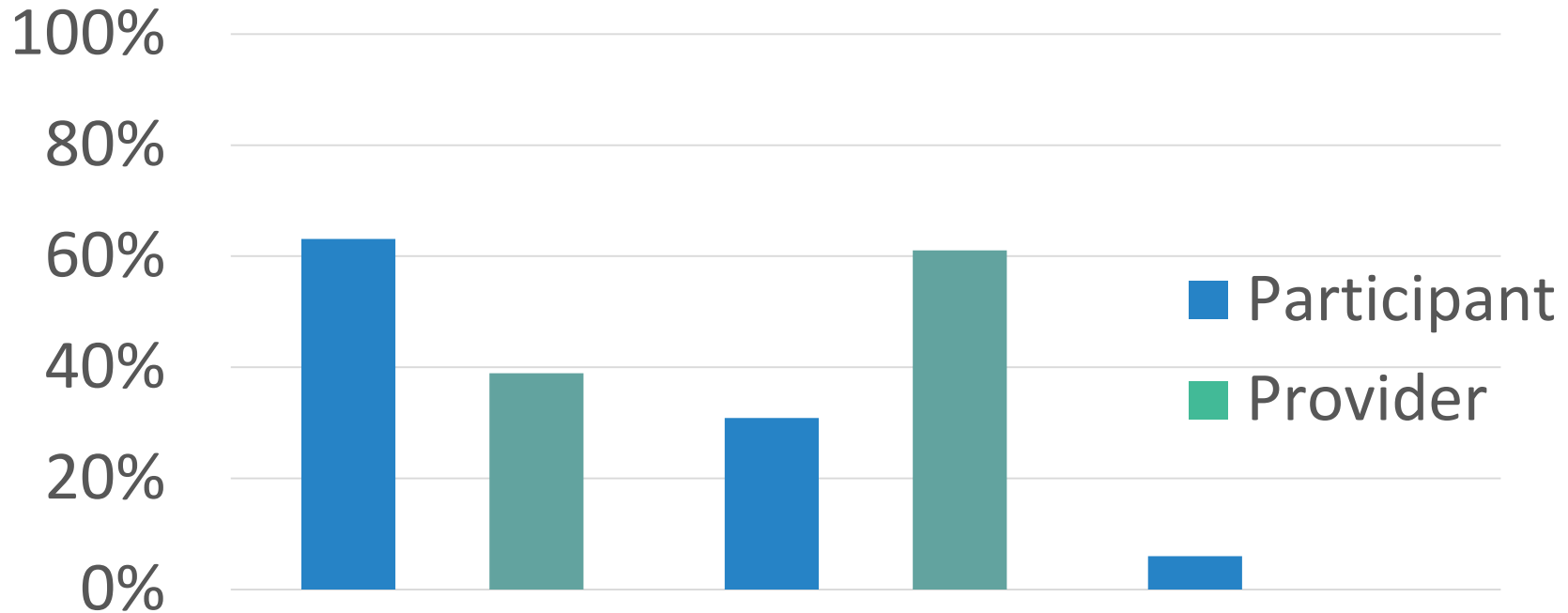
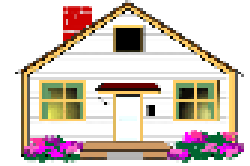
Category	Estimated # of site validations following the survey	Actual # of site validations following the survey by category of compliance
1	All	2
2	40+	68
3	All	0
4	All	38
Total	100	108

108
Sites

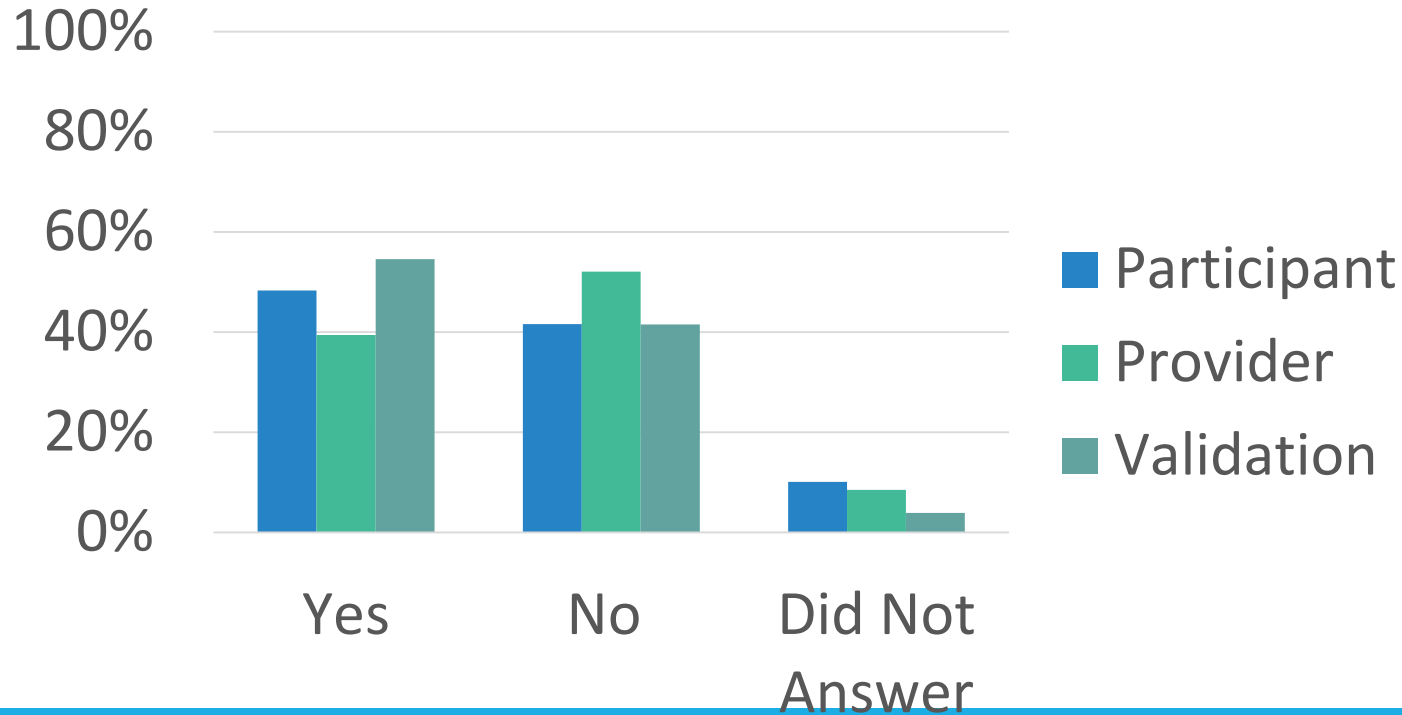
Composition of Site Visits

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

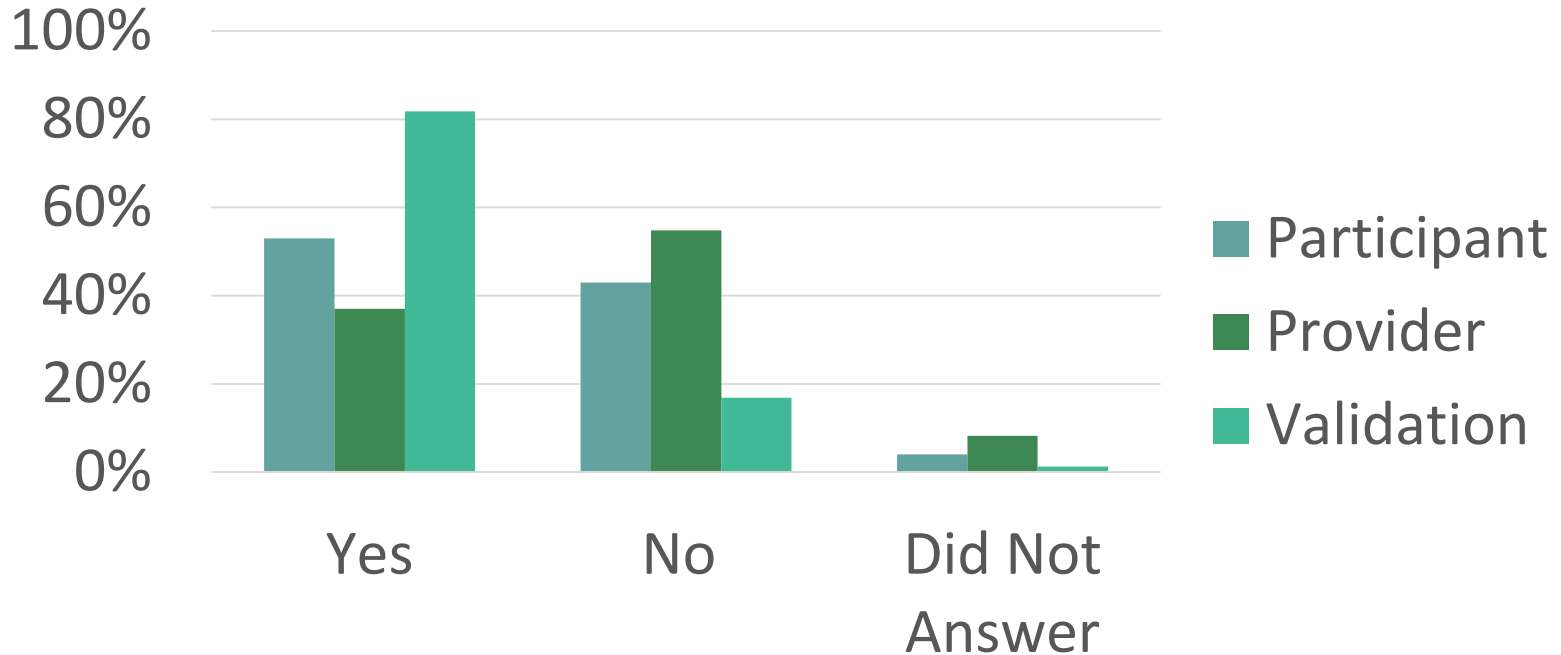
Did you pick where you live?



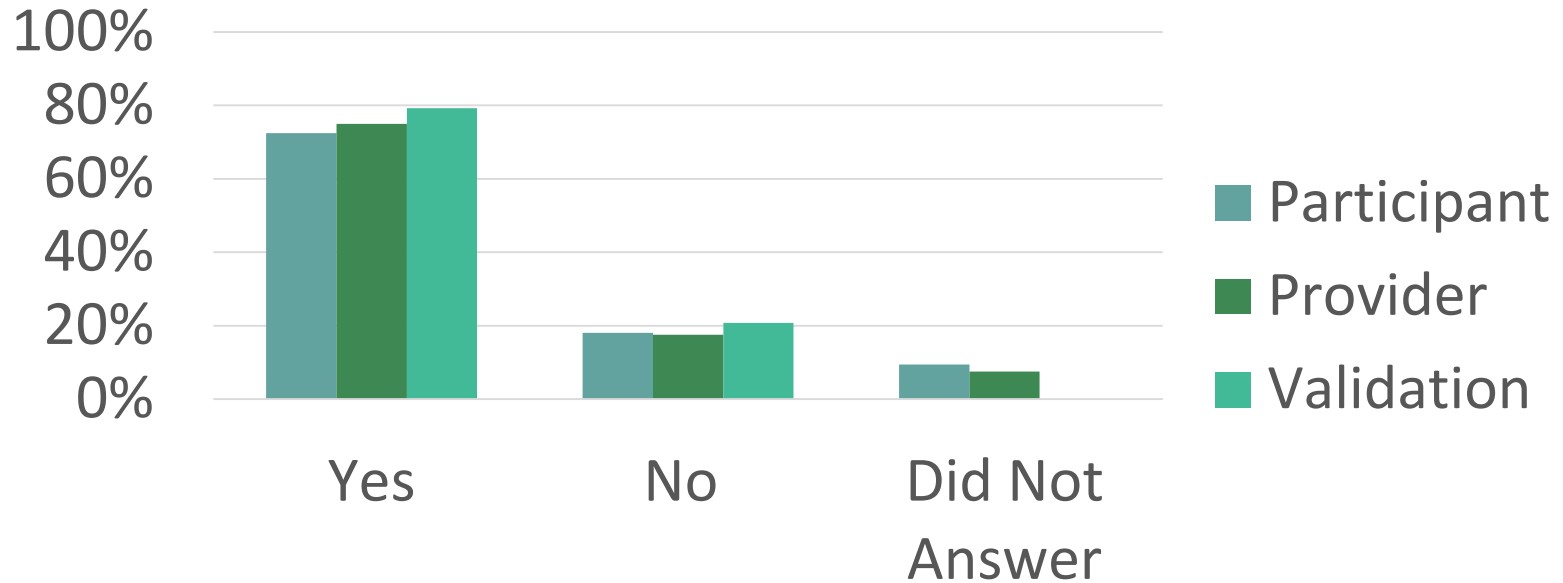
Do you attend your Person-Centered Planning Meetings?



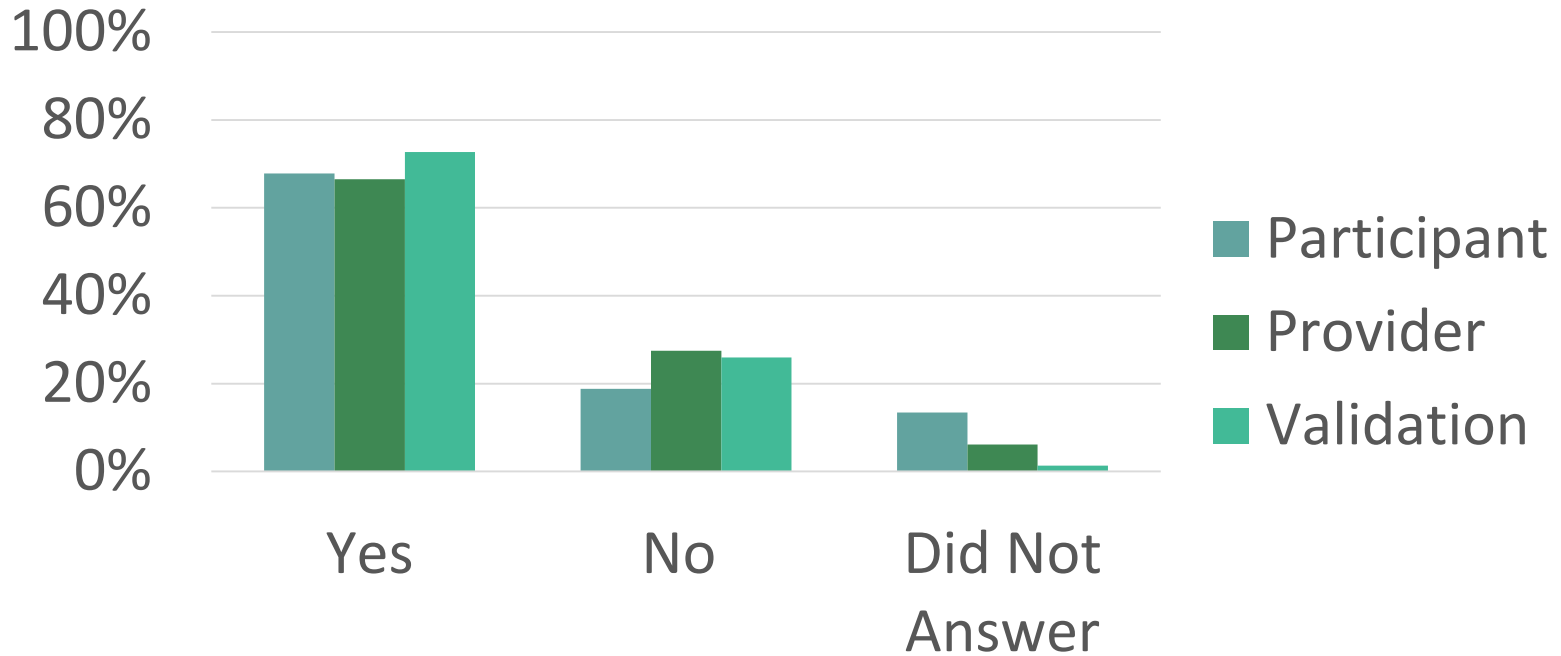
Can you close and lock the bedroom door?



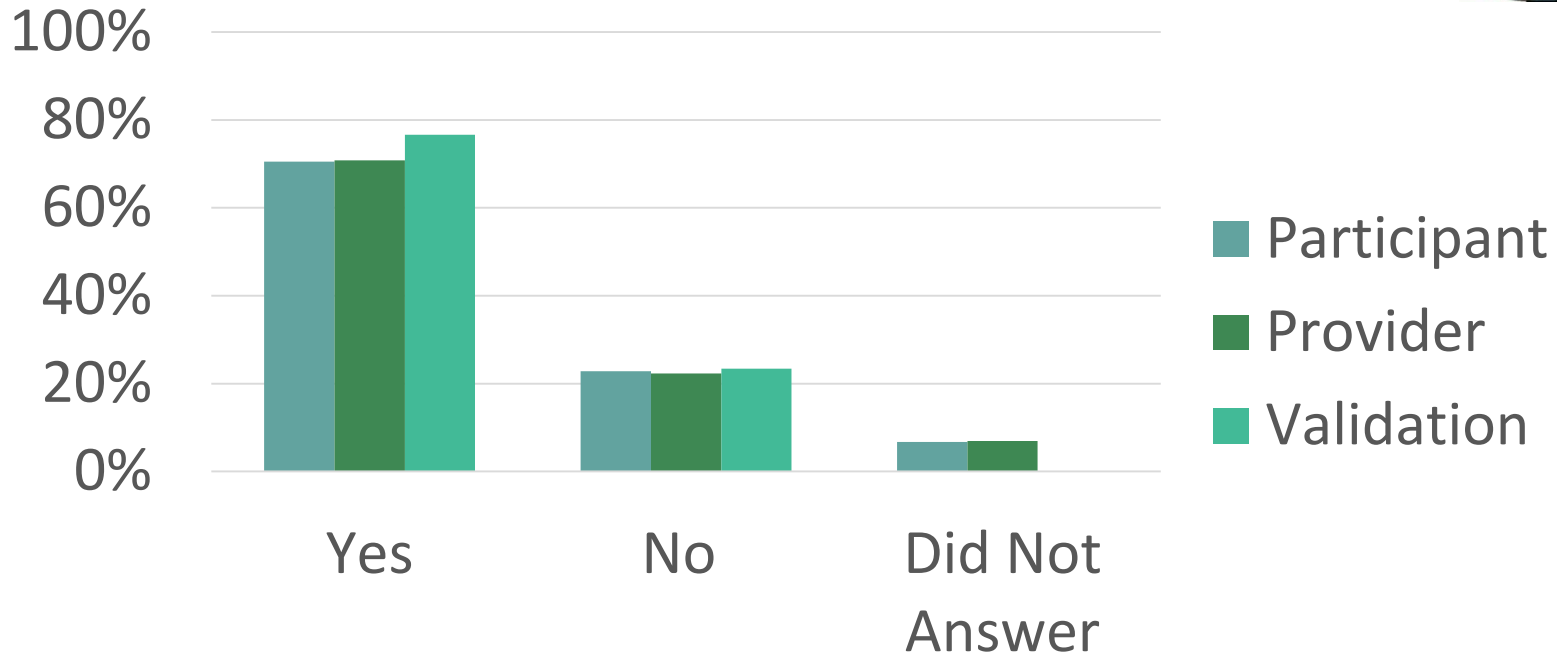
Do you choose what you do when you go out?



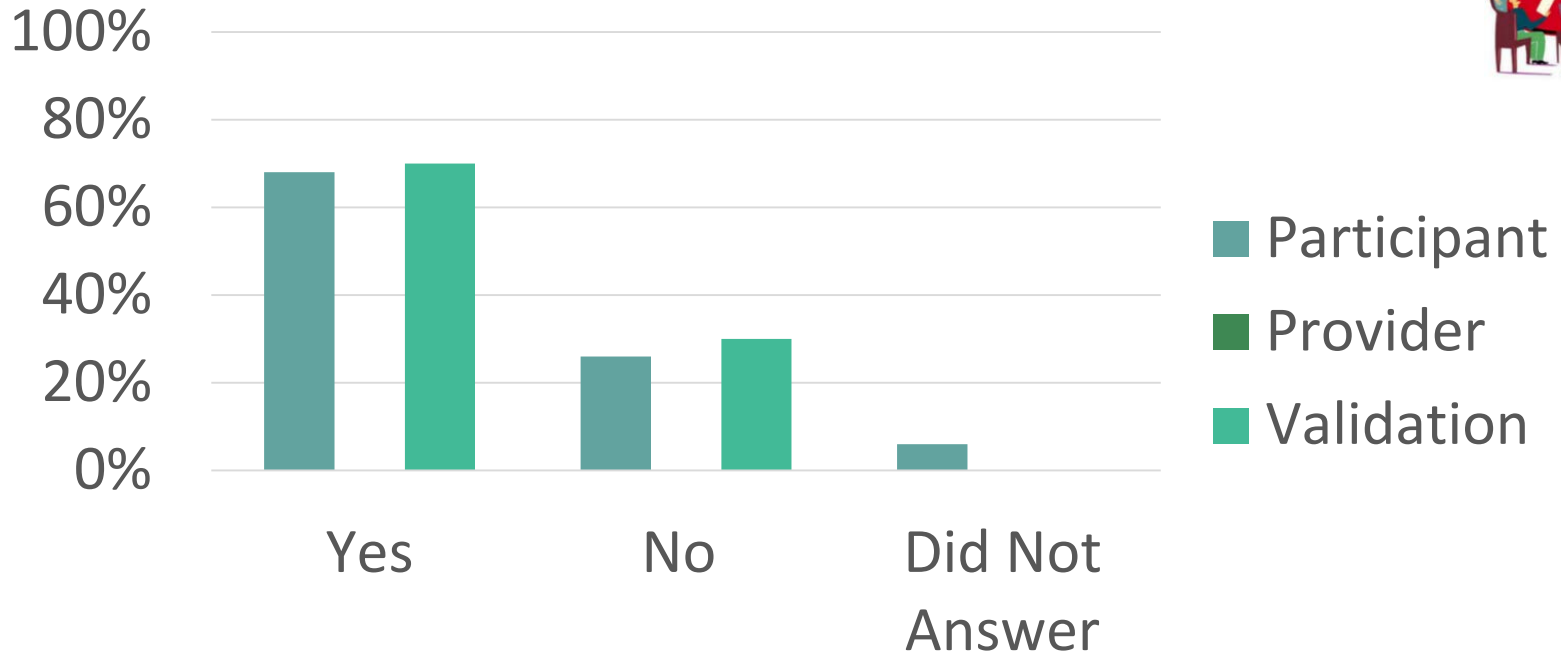
Do you have access to the internet?



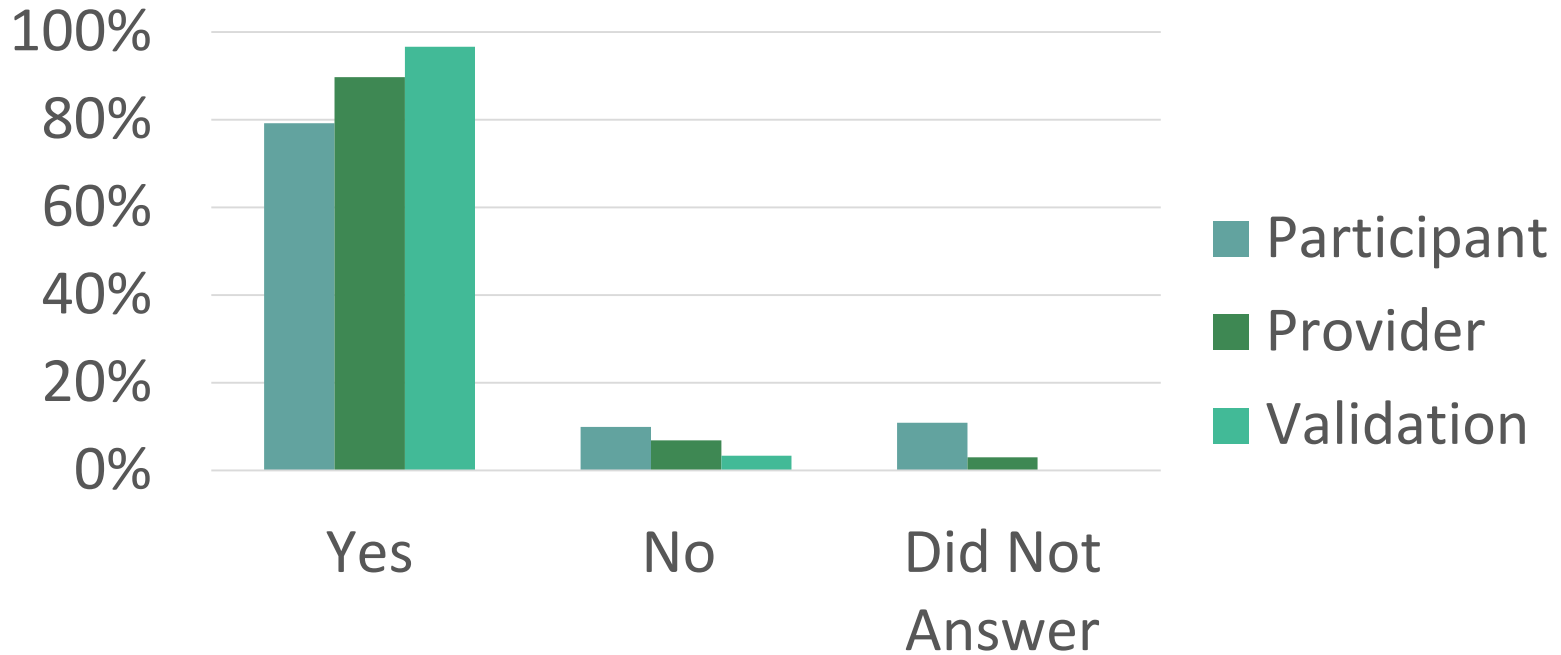
Do you choose what you want to eat?



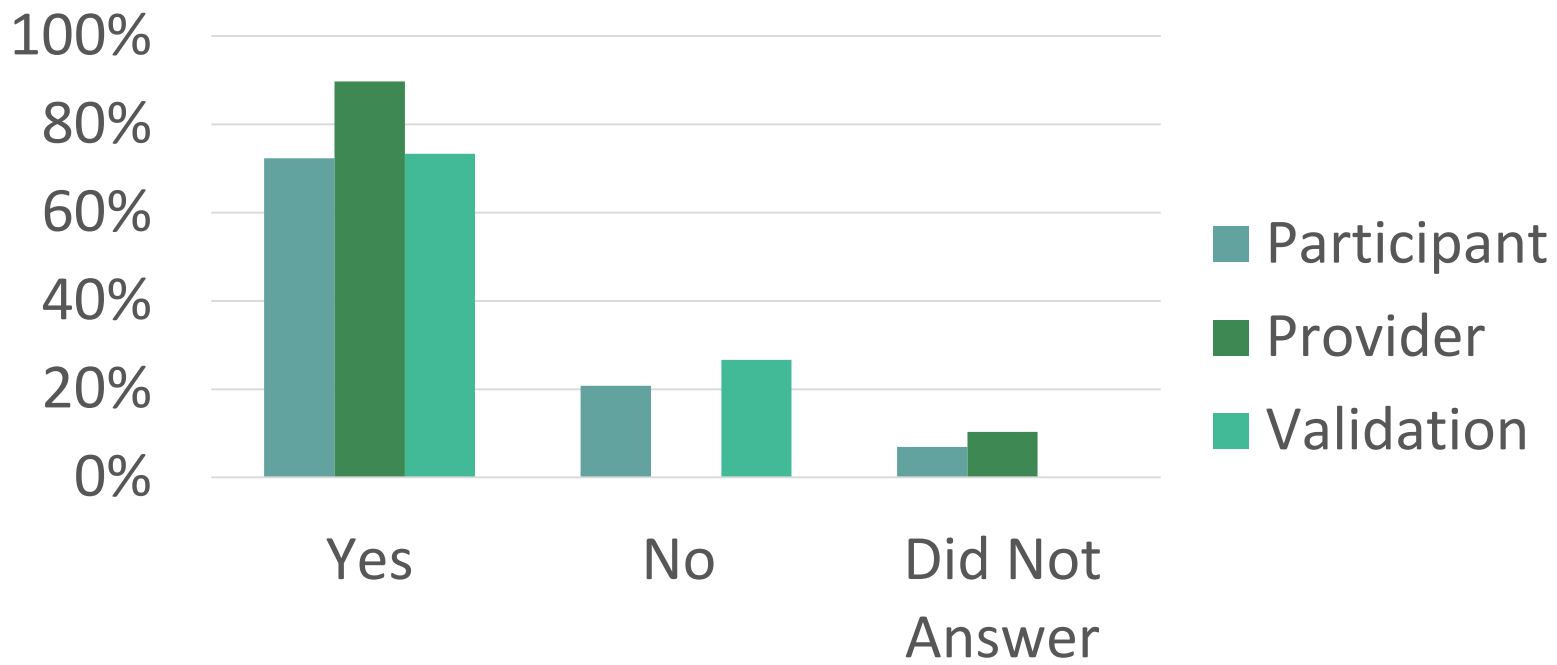
Did you choose your program?



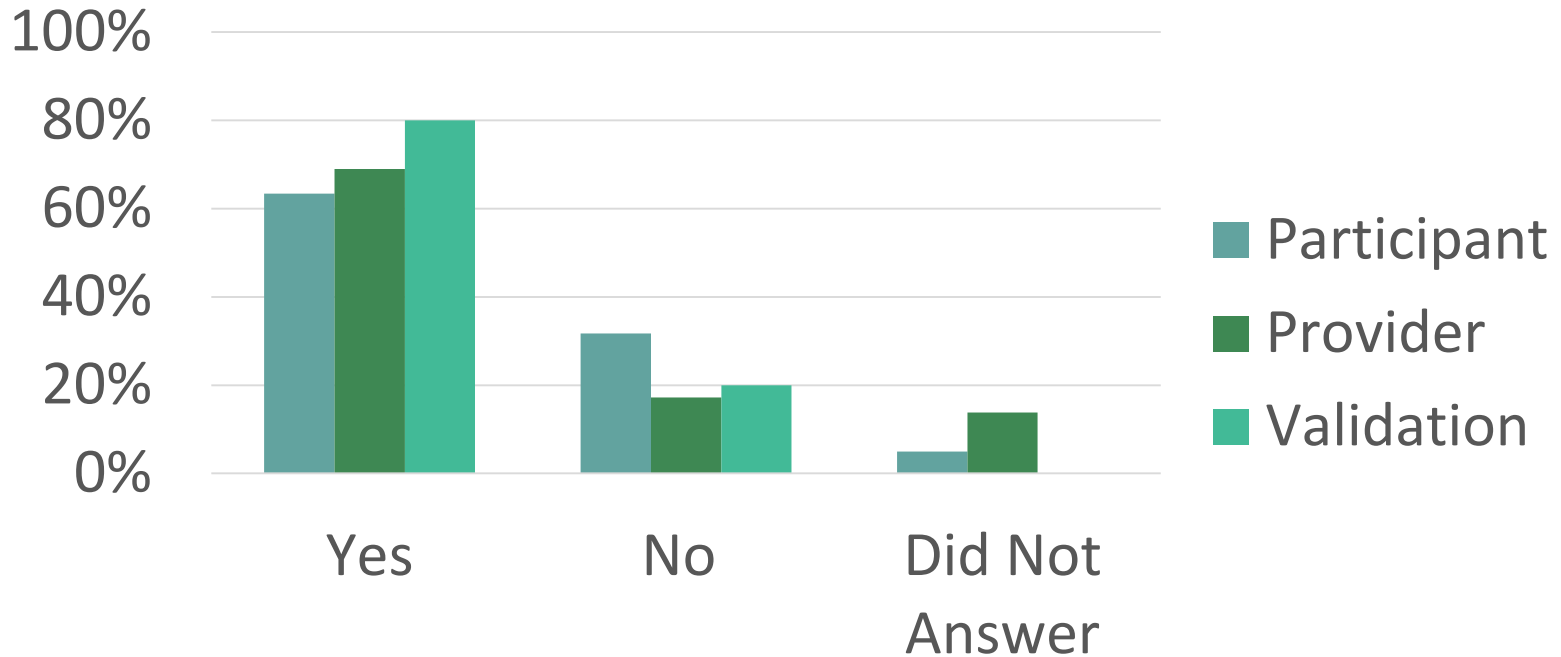
Do participants attend meetings?



Do you choose your program activities?

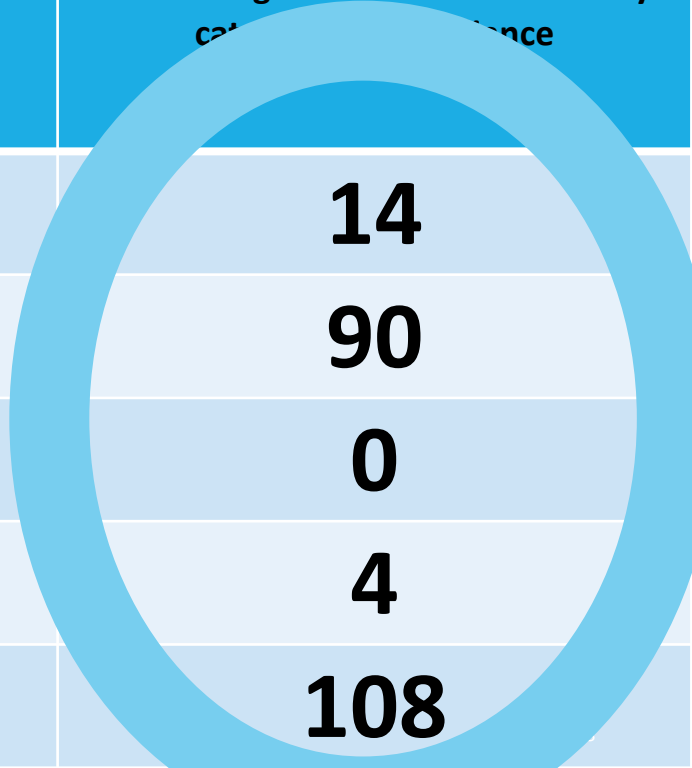


Do you choose what you want to eat?



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
Total	108	108



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?