



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

May 11, 2016

Ms. Kristin Dillon
Acting Associate Regional Administrator
Department of Health and Human Services
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)
San Francisco, California 94103-6706

Dear Ms. Dillon:

Re: Resubmission of Hawaii's My Choice My Way Transition Plan

Pursuant to 42 C.F.R. 441.301(c)(B), the Department of Human Services (DHS), is submitting Hawaii's transition plan called "My Choice My Way", which describes how the DHS is in compliance with the regulation requirements for home and community-based setting at 42 C.F.R. 441.301(c)(4) and (5).

In addition, the My Choice My Way transition plan provides a summary of activities that the DHS has undergone to assure full and on-going compliance with the home and community-based setting requirements, with specific timeframes for identified actions and deliverables.

Please contact Mr. Jon Fujii, Acting Health Care Services Branch Administrator, via email at jfujii@dhs.hawaii.gov or call him at 808-692-8093 should you have any questions.

Sincerely,

Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

Enclosures

c: Willie Tompkins, Jr.

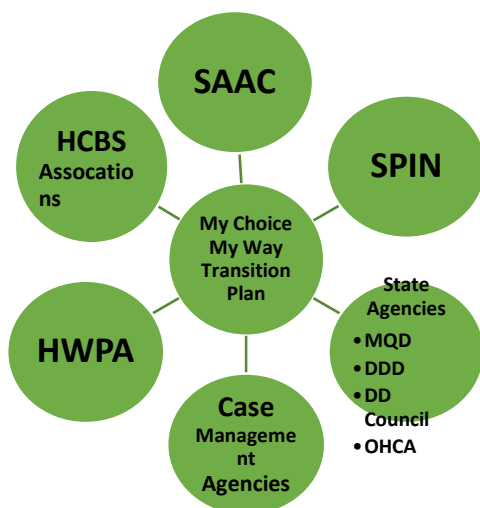
Summary of the CMS Home and Community Based Services Final Rule

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued new regulations that require home and community-based waiver services to be provided in community like settings. See www.medicaid.gov and search for home and community based services for a copy of the regulations. The new rules define settings and that are not community-like and after a transition period, those settings that do not meet the new rules cannot be used to provide federally-funded home and community based services (HCBS). The purpose of these rules is to ensure that people who receive home and community-based waiver services have opportunities to access the benefits of community living and receive services in the most integrated settings. States will be allowed a maximum of five years (until March 2019) to make the transition. Hawaii intends to implement its transition plan by July 2017. The requirements for submitting a transition plan to CMS rest with the single-state Medicaid agency. In Hawaii, the Department of Human Services, Med-QUEST Division (DHS/MQD) has taken the lead for meeting the requirements for the transition plan. Hawaii proposes the My Choice My Way transition plan with the following time table and deliverables to come into compliance with CMS' revised HCBS rules.

Hawaii's "My Choice My Way" Advisory Group

Hawaii's transition plan is called "My Choice My Way." DHS/MQD convened an advisory group called My Choice My Way to develop Hawaii's transition plan. Self-Advocacy Advisory Council (SAAC) participates on the My Choice My Way advisory group. At the formation of the group, SAAC chose the name, My Choice My Way, for the transition plan and advisory group.

The Department of Human Services, Med-QUEST Division (DHS/MQD) is partnering with various organizations in Hawaii that includes SAAC, Special Parent Information Network (SPIN), Department of Health, Developmental Disabilities Division (DDD), Department of Health, Office of Health Care Assurance (DOH/OHCA), State Council on Developmental Disabilities (DD Council), Case Management Agencies, Hawaii Waiver Provider Association (HWPAs), Adult Foster Homes of the Pacific, and Big Island Adult Foster Home Operators. These organizations represent Medicaid waiver participants, waiver families, provider associations, advocates, other State agencies, and other stakeholders throughout this process to develop the plan, receive input, and assure that everyone has access to needed information to assist with transition activities. The organizational structure for the My Choice My Way advisory group is below.



DHS/MQD is committed to engaging with stakeholders through this process and looks forward to continuing to receive feedback. The outcome of this process will be that Medicaid waiver participants will receive services in a way that enables them to live and thrive in truly integrated community settings.

The My Choice My Way advisory group had its first meeting in October 2014. This advisory group has met at least monthly to develop the transition plan, review the public comments, and incorporate public comments into the transition plan. The My Choice My Way advisory group will continue to meet for implementation of the transition plan.

Components of My Choice My Way transition plan

Hawaii's My Choice My Way transition plan is attached to this document. Below is a summary of the components of the transition plan.

1. Assessment (both residential and non-residential settings)

- Process for assessing and analyzing all HCBS settings for compliance
- Individuals who have access to HCBS will have an opportunity to participate in assessing their settings
- The assessment may be completed alone or with help from family/friends
- Case managers and service coordinator may help complete assessment as well
- Providers will be given an opportunity for self-assessment of their settings
- State agencies perform an analysis of both individual and provider assessments
- State agencies perform mandatory site validation visits for providers setting that may isolate
- Update transition plan based upon assessments

2. Remediation

- Modify State Statutes, Rules, Standards, or Other Requirements to meet new HCBS rules
- Inform providers of room for improvement to meet rules based upon assessments
- State agencies submit justification for heightened scrutiny to CMS for settings that may isolate but are in fact HCBS and do not have the qualities of an institution
- Develop operational procedures with providers to implement changes to meet new HCBS rules
- Develop relocation plan for individuals that are in a setting that does not meet the new HCBS rules

3. Key Stakeholder Engagement and Public Comment

- Posted a public notices and conducted comment periods. December 16, 2014 to January 30, 2015 and January 15, 2016 to March 1, 2016
- Sent tribal consultation letters with draft transition plan was sent to Ke Ola Mamo. For December 12, 2014 and December 30, 2015- Ke Ola Mamo did not provide comments on the transition plan to MQD for the first and second public comment period
- Public Forums held at the Queen's Conference Center Auditorium and streamed live through video teleconference (VTC) sites on neighboring islands, January 14, 2015 and January 14, 2016.
- Informational session held twice a year in January and July: one session will be for participants, families, advocates and the other for providers.

Location of My Choice My Way Transition Plan

- On the Med-QUEST website at www.med-quest.us News and Events section

Summary of Public Comments

DHS/MQD received public comment from two public forums as well as through its formal public comment period. In addition, several organizations from the My Choice My Way advisory

group distributed to their membership information about the forum to include SPIN, HWPA, DOH/DDD, DHS/MQD, and Case Management Agencies. DHS/MQD has copies of all of the public comments that we received for submission to CMS, if indicated. In addition, below is a summary of the public comments that DHS/MQD received since publishing its draft My Choice My Way transition plan as well as changes that DHS/MQD made to the transition plan based upon public comment.

Public Forums

January 14, 2015 and January 14, 2016

Approximately 200 individuals statewide attended the public forum to include in person and video teleconference (VTC) sites on the following islands: Hawai'i (one in Hilo and one in Kona), Kaua'i, Maui, Moloka'i, O'ahu (one in person and one VTC). The attendees included waiver participants, their families, providers to individuals receiving HCBS, state agencies that provide services to waiver participants, and other stakeholders. The first forum provided an overview of the HCBS rules and a summary of the draft transition plan. The forum provided an overview site validation visits. Afterwards the My Choice My Way advisory group (or panelists) answered questions from the attendees. For questions that were related to the transition plan, the panelists referred individuals to components of the My Choice My Way transition plan (i.e., process for assessments). Both events were moderated by Hilopa'a, Hawaii's Family to Family Health Information Center. Many of the questions in the first forum were not related to the My Choice My Way transition plan. The second forum provided a summary of updates on the transition plan and shared assessment results from validations.

Public Comments

January 14, 2015 and January 14, 2016

DHS/MQD received public input from the first public forum as well as four written comments: one stakeholder organization, two parents, and one provider association. DHS/MQD received public input from the second public forum as well as 3 written comments: two stakeholder organization and one provider association. The My Choice My Way advisory group reviewed all of the public comments. My Choice My Way advisory group revised the transition plan to include additional steps to assure continued public input throughout implementation of the transition plan. The timeframes for several functions were delayed by a month to allow increased public input. DHS/MQD has posted a question and answer on its website that responds to all of questions posed through public comment process. A summary provides information on the comment type, date received, comment summary, state response, and impact on transition plan.

Information on My Choice My Way Transition Plan

Individuals may continue to obtain information on Hawaii's My Choice My Way transition plan or submit questions or comments to:

Website: www.med-quest.us News and Events section
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

Telephone: Kapolei, Hawaii 96709-0190
808-692-8094
Fax: 808-692-8087

**HAWAII STATEWIDE TRANSITION PLAN
FOR HOME AND COMMUNITY BASED SERVICES (HCBS)**

The State of Hawaii has prepared this statewide transition plan in accordance with the new Home and Community Based Services (HCBS) regulations in 42 CFR Section 441.301(c)(4)(5) and Section 441.710(a)(1)(2). This plan addresses settings where home and community based services are provided through the Med-QUEST Division's QUEST Integration program and the 1915(c) waiver for persons with intellectual/developmental disabilities. Hawaii's plan outlines the activities to be undertaken by the State in partnership with the individuals who receive home and community based services, their families, friends, advocates, providers, and other stakeholders. The State of Hawaii will implement this plan in a manner that assures the health and safety of the individuals receiving HCBS. In addition, this transition plan does not replace previous assessments that an individual receiving HCBS may have had. The plan is organized into three sections: Assessment, Remediation, and Stakeholder Engagement/Public Input. Action steps, timeframes and the products of the steps are included with each area of the HCBS Plan.

Section 1: Assessment- Residential Settings

This area focuses on two key areas: 1) a system-level analysis of the State's regulations, standards, policies, licensing requirements, and other provider requirements that ensure settings to ensure full and on-going compliance with the federal requirements; and 2) an analysis of settings where HCBS are delivered to assess readiness to meet the federal regulations. The Assessment Phase employs a number of strategies to fully assess and determine compliance

#	Action Item	Description	Start Date	End Date	Responsible Agency(s)	Key Stakeholders	Sources or Documents	Outcome
Residential Assessment Activities								
1	Review State Standards	State will review current statutes, rules, regulations, standards, or other requirements to identify any needed changes for full compliance with the HCBS settings requirements.	10/17/14	04/01/15	DOH/OHCA, DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HRS, HAR, Waiver Standards, contracts, HCBS rules, CMS guidance	A systemic assessment was completed and the State has identified areas where current language needs to be strengthened or revised for full compliance with the HCBS settings requirements. <i>State systemic assessment and remediation</i> http://www.med-quest.us/#hcbstran
2	Compile list of all licensed/certified homes where HCB services are provided	Build database with information on every home that provides HCB services: <ul style="list-style-type: none"> • Provider name; • Address; • Telephone; • Number of licensed beds; • Numbers of participants; • Names of HCBS participants by setting; • Other 	01/01/15	01/30/15	DOH/OHCA DOH/DDD	My Choice My Way team are the decision makers on the factors to gather	DOH/DDD-OCB, DOH/DDD-CMB, DOH/OHCA	The State has obtained a comprehensive list of all licensed/certified homes. DHS/MQD will receive monthly updates for certifications/licensures, closures and admission suspensions for foster homes, adult residential care homes and developmentally disabled domiciliary homes

3	Develop process for settings analysis and identify reviewers for onsite validation	My Choice My Way workgroup advises State on development of the process for assessing and analyzing all HCBS settings. Workgroup develops a provider compliance matrix to identify settings for onsite review in addition to the mandatory Category 3 settings. State is responsible for identifying reviewers for onsite validations. The public will have input into the process for setting analysis.	03/01/15	04/30/15	DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	<p>The State developed a process for assessing and analyzing all HCBS settings. The provider compliance matrix is used throughout the assessment process. The State developed a process for settings validation and reviewer training, see Assessment #15 and #16.</p> <p><i>Provider compliance matrix</i> http://www.med-quest.us/PDFs/News%20Releases/ProviderComplianceTable.pdf</p>
4	Develop the settings analysis tool	<p>The tool will assist in identifying current settings and classifying them into categories:</p> <ul style="list-style-type: none"> • <i>Category 1</i>- Yes, meets requirements • <i>Category 2</i>- Not Yet, can meet with remediation • <i>Category 3</i>- No, cannot meet requirements • <i>Category 4</i>- Not yet, presumed not HCBS but State will require heightened scrutiny • The public will have input into the setting analysis tool. 	03/01/15	04/30/15	DHS/MQD	Providers	HCBS rules, CMS guidance	<p>The setting analysis tool was used after the self-assessment surveys were completed. See Assessment #10 for details on the analysis. The tool was shared with providers and was posted on the DHS/MQD website prior to use. There were no comments received on the setting analysis tool.</p> <p><i>Residential setting analysis tool</i> http://www.med-quest.us/#hcbstran</p>
5	Revise transition plan to include assessment information as described below	Transition plan will be updated to incorporate information found from assessment of providers and participants/consumers. Stakeholders will review transition plan for input.	12/14/15	01/14/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The remediation section of the transition plan was updated to include additional information gathered from assessments. See Remediation Section:2, page 18.

Residential Participants/Consumers								
6	Develop the participant/consumer experience survey	<p>HCBS participants and consumer advocacy entities will receive the experience survey. The survey will provide the participant/consumer with the opportunity to report their experience with their current HCBS settings. Survey will be:</p> <ul style="list-style-type: none"> - Formatted in larger font size (i.e., 18 point); - Include pictures; - Plain language; - Reading level; and - Referred to SAAC for input prior to issuing. 	01/01/15	02/01/15	DHS/MQD	Participants, families, SAAC, SPIN, DD Council	Crosswalk document of NCI and HCBS Rule. Other states' surveys and CMS exploratory questions	SAAC reviewed the survey and provided valuable feedback. The State then finalized the survey and mailed the surveys to a sample of participants.
7	Select a statistically significant sample of HCBS participants	State will select a statistically significant sample of HCBS participants who live in provider-owned or controlled settings to complete the survey.	02/01/15	02/28/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN	Compiled database (Assessment #2)	<p>The State used the Raosoft sample size calculator to determine how many HCBS participants will be mailed a survey.</p> <ul style="list-style-type: none"> • The margin of error was 5%; • The confidence level was 99%; • The estimated population used was 6,000; and • The response distribution was 50%. <p>Using the values above, the minimum recommended sample size was about 600 combined residential and non-residential participants.</p>
8	Conduct a participant/consumer experience survey	<p>State will conduct an assessment using the survey:</p> <ul style="list-style-type: none"> • Identify organization(s) that help participant/consumer complete survey (i.e., Health plan service coordinators, DDD case managers, DD waiver agencies that do not provide residential services); • Utilize family members who have active contact with their relative to 	04/01/15	05/31/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DD Council	HCBS rules, CMS guidance	<p>Surveys were mailed in April 2015 and returned by May 2015. Each survey was given a unique identifier number. After the survey results were inputted into survey monkey. The State posted the survey on the DHS/MQD website.</p> <p><i>Residential participant/consumer experience survey</i> http://www.medquest.us/PDFs/News%20Releases/ResidentialParticipantSurvey.pdf</p>

		<p>interpret the needs/experiences of non-verbal participants/consumers;</p> <ul style="list-style-type: none"> • Ask SAAC to complete the survey; • Attach instructional information when issuing; • Post form on-line (and through survey monkey) to download in addition to mailing; • Provide contact information for questions- e-mail and voice mail; • Provide self-addressed envelope to return to DHS/MQD; and • Fax # to send back. 						
9	Training for organizations on the participant/consumer survey	The State will provide training to organizations that will help participants to complete the survey.	03/01/15	03/31/15	DOH/DDD, DHS/MQD	Providers	HCBS rules, CMS guidance	The State provided training primarily to health plan service coordinators and DDD waiver case managers. The health plans and DDD were given the list of participants that were receiving a survey. Training for the services coordinators and case managers was experiential based and included: contacting the participant/guardian/provider to see if they received a survey and if they needed help completing it, arranging a date and time to assist completion of the survey, and assuring participants that responses will not affect them or their HCBS services.

10	Analysis of participant/consumer experience survey	The State will perform an analysis of the surveys. In addition, the State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate.	06/1/15	07/31/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DD Council	HCBS rules, CMS guidance	<p>The State mailed about 333 residential participant surveys which received a 47.7% response rate. State staff entered all the survey responses into survey monkey, analyzed the data, and sorted providers into categories of compliance.</p> <p>The My Choice My Way advisory group recommended an average rating by percent compliance. Weight for each question was the same.</p> <p>The State also performed an analysis that confidentially matched providers with their participants to verify if assessments were accurate using the setting analysis tool. Providers that had a less than 60% match response were placed on the list for validation.</p>
Residential Providers								
11	Develop the provider self-assessment survey	The survey will assist in identifying provider readiness and classifying them into categories identified in Assessment #4. The public will have input into the provider survey.	01/01/15	03/31/15	DHS/MQD	Providers	HCBS rules, CMS guidance	The MCMW workgroup created and reviewed the survey and provided valuable feedback. The State then finalized the survey and mailed the provider self-assessment surveys
12	Identify providers who will complete self-assessment survey	All providers will be given the opportunity to complete the provider self-assessment survey	02/01/15	02/28/15	DOH/DDD, DHS/MQD	Providers	Compiled database (Assessment #2)	Based on the systemic assessment of statutes, rules, regulations etc. all HCBS providers were not in compliance with at least one or more of the HCBS rule requirements. Therefore, the State determined that all HCBS providers shall complete a self-assessment survey.
13	Conduct a provider self-assessment survey	<p>Providers will conduct a self-assessment of settings using the Provider Survey:</p> <ul style="list-style-type: none"> • Create instructional memo prior to issuing; • Post form on-line to download in addition to mailing; 	04/01/15	05/31/15	DOH/DDD, DHS/MQD	Providers	HCBS rules, CMS guidance	<p>Surveys were mailed in April 2015 and returned by May 2015. Each survey was given a unique identifier number. To ensure that all providers are encouraged to respond the State issued a letter in addition to the survey stating that completion of the survey was mandatory. After the surveys were all inputted into survey monkey the State posted the survey on the DHS/MQD website.</p> <p><i>Residential provider survey</i></p>

		<ul style="list-style-type: none"> • Add the survey to “survey monkey” for completion electronically; • Provide contact information for questions- e-mail and voice mail; and • Provide a fax # to send back. 						http://www.medquest.us/PDFs/News%20Releases/ResidentialProviderSurvey.pdf
14	Analysis of participant/consumer experience and provider surveys	The State will perform an analysis of the surveys. In addition, the State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate. Providers will then be placed in a category of compliance.	06/1/15	07/31/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DD Council	HCBS rules, CMS guidance	<p>The State mailed about 1688 residential provider surveys which resulted in 44.4% response rate. State staff entered all the survey responses into survey monkey, analyzed the data, and placed each provider in a category of compliance based on their survey response. The State also performed an analysis, using the setting analysis tool that confidentially matched providers with their participants to verify if assessments were accurate. Providers that had less than a 60% match response were placed on the list for validation. If the provider did not complete a survey, they were viewed as a non-compliant provider in all required areas and were also placed on the list for validation.</p> <p><i>Summary of provider compliance</i> http://www.medquest.us/PDFs/News%20Releases/ProviderComplianceTable.pdf</p>
15	Develop a validation tool for reviewers	In addition to conducting a provider self-assessment surveys, the onsite validations will assist in identifying provider readiness and validating the appropriate category identified in Assessment #4. The public will have input into the validation tool.	08/01/15	09/30/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	<p>The MCMW workgroup developed and reviewed the validation tools and provided valuable feedback. The tool was shared with HCBS providers and was posted on the DHS/MQD website. There were no comments received on the validation tool. The State then finalized the validation tools and posted the validation tools on the DHS/MQD website.</p> <p><i>Residential validation tool</i></p>

								http://www.medquest.us/PDFs/News%20Releases/ResidentialProviderSettingValidation.pdf
16	Validation training for reviewers	The State will provided training to reviewers to validate the provider survey. The State will need to identify reviewers to help with validations (i.e., MCMW advisory workgroup, self-advocates, families, and State staff)	10/08/15	10/08/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The State provided training for 50 reviewers to validate provider surveys for compliance with the HCBS rules. Training included knowledge about the different categories of compliance, development of teams of two (2) reviewers that included self-advocates, families, and state staff, reviewers roles and responsibilities, review of the validation tool, how to get the information needed, and interview techniques which encouraged a "Let's Talk Story" approach. Reviewers were able to utilize the "Big Tent" website as communication platform during the validation period to post questions, ask for/share advice. The website served as a discussion board and tracking tool which reviewers can view any validations that have been scheduled or already completed.
17	Validate the provider self-assessment survey by conducting onsite visits	Reviewers will conduct onsite visits to a sample of providers to validate findings in the provider survey and aggregate data. The purpose of this visit is to observe the individual's life experience and validate the survey responses. Teams of two to three reviewers will conduct the site validations including self-advocates, families, and State staff. Reviewers are required to attend the validation training as described in Assessment #17.	10/15/15	12/11/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The validation period was conducted from October 2015 to mid-December 2015. The My Choice My Way advisory group determined that an estimated total of 100 settings needed to be validated. Validation sample included: <ul style="list-style-type: none"> • All Category 1 that had a 100% score on the survey • More than 40 Category 2 that had a survey discrepancy between provider and participant which less than 60% of responses matched and random sample of providers who did not complete a survey • All Category 3 that cannot meet the requirements • All Category 4 that may have the effect of isolation or qualities of an institution based on survey responses to community integration and settings identified by the My Choice My Way

								advisory group that may have qualities of an institution.
18	Conduct mandatory site visits for all category 3 and 4 settings	The State will perform a mandatory site visits to determine whether the setting will undergo the heightened scrutiny process as defined by CMS https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/settings-that-isolate.pdf	01/2016	01/2016	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	Based on the survey results there were no providers that met category 3 but there were 16 providers that met category 4. There were a number of providers that were also identified by the MCMW advisory group that met category 4 due to service location or operational structure and were added to the validation list. The State conducted site visits to all category 4 settings.
19	Analysis of onsite validation reviews	The State will then review each validation tool submitted and look for consistency in responses among the different settings. Any category 4 determination will undergo the CMS heightened scrutiny process.	01/2016	02/2016	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	At the end of the validation, the reviewers confirmed the compliance of each setting. After the analysis of the validation tools, a secondary review was conducted by DHS/MQD of the ones that were identified as a true category 4 setting and there was 1 provider that will need to undergo the heightened scrutiny process. All the other residential settings will require modifications to comply with the HCBS final rule. <i>Summary of validations</i> http://www.med-quest.us/#hcbstran <i>Summary of provider compliance</i> http://www.med-quest.us/PDFs/News%20Releases/ProviderComplianceTable.pdf <i>Provider compliance list</i> http://www.med-quest.us/#hcbstran

Section 1: Assessment- Non-Residential Settings

This area focuses on two key areas: 1) a system-level analysis of the State’s regulations, standards, policies, licensing requirements, and other provider requirements that ensure settings to ensure full and on-going compliance with the federal requirements; and 2) an analysis of settings where HCBS are delivered to assess readiness to meet the federal regulations. The Assessment Phase employs a number of strategies to fully assess and determine compliance

#	Action Item	Description	Start Date	End Date	Responsible Agency(s)	Key Stakeholders	Sources or Documents	Outcome
Non-Residential Assessment Activities								
1	Review State Standards	State will review current statutes, rules, regulations, standards, or other requirements to identify any needed changes for full compliance with the HCBS settings requirements.	10/17/14	04/01/15	DOH/OHCA, DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HRS, HAR, Waiver Standards, contracts, HCBS rules, CMS guidance	A systemic assessment was completed and the State has identified areas where current language needs to be strengthened or revised for full compliance with the HCBS settings requirements. <i>State systemic assessment and remediation</i> http://www.med-quest.us/#hcbstran
2	Compile list of all non-residential settings where HCB services are provided	Build database with information on every non-residential setting that provides HCB services: <ul style="list-style-type: none"> • Provider name; • Address; • Telephone; • Numbers of participants; • Names of HCBS participants by setting; • Other 	01/01/15	01/30/15	DOH/OHCA DOH/DDD	My Choice My Way team are the decision makers on the factors to gather	DOH/DDD-OCB, DOH/DDD-CMB, DOH/OHCA	The State has obtained a comprehensive list of all non-residential settings.
3	Develop process for settings analysis and identify reviewers for onsite validation	My Choice My Way workgroup advises State on development of the process for assessing and analyzing all HCBS settings. Workgroup develops a provider compliance matrix to identify settings for onsite review in addition to the mandatory Category 3 settings. State is responsible for identifying reviewers for onsite validations. The public will have input into the process for setting analysis.	03/01/15	04/30/15	DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The State developed a process for assessing and analyzing all HCBS settings. The provider compliance matrix is used throughout the assessment process. The State developed a process for settings validation and reviewer training, see Assessment #15 and #16. <i>Provider compliance matrix</i> http://www.med-quest.us/PDFs/News%20Releases/ProviderComplianceTable.pdf

4	Develop the settings analysis tool	The tool will assist in identifying current settings and classifying them into categories: <ul style="list-style-type: none"> • <i>Category 1</i>- Yes, meets requirements • <i>Category 2</i>- Not Yet, can meet with remediation • <i>Category 3</i>- No, cannot meet requirements • <i>Category 4</i>- Not yet, presumed not HCBS but State will require heightened scrutiny • The public will have input into the setting analysis tool. 	03/01/15	04/30/15	DHS/MQD	Providers	HCBS rules, CMS guidance	The setting analysis tool was used after the self-assessment surveys were completed. See Assessment #10 for details on the analysis. The tool was shared with providers and was posted on the DHS/MQD website prior to use. There were no comments received on the setting analysis tool. <i>Non-residential setting analysis tool</i> http://www.med-quest.us/#hcbstran
5	Revise Statewide transition plan to include assessment information as described below	Transition plan will be updated to incorporate information found from assessment of providers and participants/consumers. Stakeholders will review transition plan for input.	12/14/15	01/14/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The remediation section of the transition plan were updated to include additional information gathered from assessments.
Non-Residential Participants/Consumers								
6	Develop the participant/ consumer experience survey	HCBS participants and consumer advocacy entities will receive the experience survey. The survey will provide the participant/consumer with the opportunity to report their experience with their current HCBS settings. Survey will be: <ul style="list-style-type: none"> - Formatted in larger font size (i.e., 18 point); - Include pictures; - Plain language; - Reading level; and 	01/01/15	02/01/15	DHS/MQD	Participants, families, SAAC, SPIN, DD Council	Crosswalk document of NCI and HCBS Rule. Other states' surveys and CMS exploratory questions	SAAC reviewed the survey and provided valuable feedback. The State then finalized the survey and mailed the surveys to a sample of participants.

		- Referred to SAAC for input prior to issuing.						
7	Select a statistically significant sample of HCBS participants	State will select a statistically significant sample of HCBS participants who receive services in a non-residential settings to complete the survey.	02/01/15	02/28/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN	Compiled database (Assessment #2)	<p>The State used the Raosoft sample size calculator to determine how many HCBS participants will be mailed a survey.</p> <ul style="list-style-type: none"> • The margin of error was 5%; • The confidence level was 99%; • The estimated population used was 6,000; and • The response distribution was 50%. <p>Using the values above, the minimum recommended sample size was about 600 combined residential and non-residential participants.</p>
8	Conduct a participant/consumer experience survey	<p>State will conduct an assessment using the survey:</p> <ul style="list-style-type: none"> • Identify organization(s) that help participant/consumer complete survey (i.e., Health plan service coordinators, DDD case managers, DD waiver agencies that do not provide residential services); • Utilize family members who have active contact with their relative to interpret the needs/experiences of non-verbal participants/consumers; • Ask SAAC to complete the survey; • Attach instructional information when issuing; • Post form on-line (and through survey monkey) to download in addition to mailing; • Provided contact information for questions- e-mail and voice mail; 	04/01/15	05/31/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DD Council	HCBS rules, CMS guidance	<p>Surveys were mailed in April 2015 and returned by May 2015. Each survey was given a unique identifier number. After the survey results were all inputted into survey monkey and the State posted the survey results on the DHS/MQD website.</p> <p><i>Non-residential participant/consumer experience survey</i> http://www.medquest.us/PDFs/News%20Releases/NonResidentialParticipantSurvey.pdf</p>

		<ul style="list-style-type: none"> • Provided self-addressed envelope to return to DHS/MQD; and • Fax # to send back. 						
9	Training for organizations on the participant/consumer survey	The State will provide training to organizations that will help participants to complete the survey.	03/01/15	03/31/15	DOH/DDD, DHS/MQD	Providers	HCBS rules, CMS guidance	The State provided training primarily to health plan service coordinators and DDD waiver case managers. The health plans and DDD were given the list of participants that were receiving a survey. Training for the services coordinators and case managers was experiential based and included: contacting the participant/guardian/provider to see if they received a survey and if they needed help completing it, arranging a date and time to assist completion of the survey, and assuring participants that responses will not affect them or their HCBS services.
10	Analysis of participant/consumer experience survey	The State will perform an analysis of the surveys. In addition, the State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate.	06/1/15	07/31/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DD Council	HCBS rules, CMS guidance	The State mailed about 306 non-residential participant surveys which received a 33.6% response rate. State staff entered all the survey responses into survey monkey, analyzed the data, and sorted providers into categories of compliance. The My Choice My Way advisory group also recommended an average rating by percent compliance. Weight for each question was the same. Categories and average ratings are located on the DHS/MQD website. The State also performed an analysis that confidentially matched providers with their participants to verify if assessments were accurate using the setting analysis tool. Providers that had a less than 60% match response were placed on the list for validation.
Non-Residential Providers								
11	Develop the provider self-assessment survey	The survey will assist in identifying provider readiness and classifying them into categories identified in Assessment #4. The public will have input into the provider survey.	01/01/15	03/31/15	DHS/MQD	Providers	HCBS rules, CMS guidance	The MCMW workgroup developed and reviewed the survey and provided valuable feedback. The State then finalized the survey and mailed the provider self-assessment surveys to all HCBS providers.

12	Identify providers who will complete self-assessment survey	All providers will be given the opportunity to complete the provider self-assessment survey	02/01/15	02/28/15	DOH/DDD, DHS/MQD	Providers	Compiled database (Assessment #2)	Based on the systemic assessment of statues, rules, regulations etc. all HCBS providers were not in compliance with at least one or more of the HCBS rule requirements. Therefore, the State determined that all HCBS providers shall complete a self- assessment survey.
13	Conduct a provider self-assessment survey	<p>Providers will conduct a self-assessment of settings using the Provider Survey:</p> <ul style="list-style-type: none"> • Instructional memo prior to issuing; • Post form on-line to download in addition to mailing; • Add the survey to “survey monkey” for completion electronically; • Contact information for questions- e-mail and voice mail; and • Fax # to send back. 	04/01/15	05/31/15	DOH/DDD, DHS/MQD	Providers	HCBS rules, CMS guidance	<p>Surveys were mailed in April 2015 and returned by May 2015. Each survey was given a unique identifier number. To ensure that all HCBS providers are encouraged to respond the State issued a letter in addition to the survey stating that completion of the survey was mandatory. After the surveys were all inputted into survey monkey the State posted the survey on the DHS/MQD website.</p> <p><i>Non-residential provider survey</i> http://www.med-quest.us/PDFs/News%20Releases/NonResidentialProviderSurvey.pdf</p>
14	Analysis of participant/consumer experience and provider surveys	The State will perform an analysis of the surveys. In addition, the State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate. Providers will then be placed in a category of compliance.	06/1/15	07/31/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DD Council	HCBS rules, CMS guidance	The State mailed about 49 residential provider surveys which resulted in a 59.2% response rate. State staff entered all the survey responses into survey monkey, analyzed the data, and placed each provider in a category of compliance based on their survey response. The State also performed an analysis, using the setting analysis tool that confidentially matches providers with their participants to verify if assessments were accurate. Providers that had less than a 60% match response was placed on the list for validation. If the provider did not complete a survey, they were viewed as a non-compliant provider in all required areas and were also placed on the list for validation.

								<p><i>Summary of provider compliance</i> http://www.medquest.us/PDFs/News%20Releases/ProviderComplianceTable.pdf</p>
15	Develop a validation tool for reviewers	In addition to conducting a provider self-assessment surveys, the onsite validations will assist in identifying provider readiness and validating the appropriate category identified in Assessment #4. The public will have input into the validation tool.	08/01/15	09/30/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	<p>The MCMW workgroup developed and reviewed the validation tools and provided valuable feedback. The tool was shared with providers and was posted on the DHS/MQD website. There were no comments received on the validation tool. The State then finalized the validation tools and posted the validation tools on the DHS/MQD website.</p> <p><i>Non-residential validation tool</i> http://www.medquest.us/PDFs/News%20Releases/NonResidentialProviderSettingValidation.pdf</p>
16	Validation training for reviewers	The State will provided training to reviewers to validate the provider survey. The State will need to identify reviewers to help with validations (i.e., MCMW advisory workgroup, self-advocates, families, and State staff)	10/08/15	10/08/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	<p>The State provided training for 50 reviewers to validate provider surveys for compliance with the HCBS rules. Training included knowledge about the different categories of compliance, development of teams of two (2) reviewers that included self-advocates, families, and state staff, reviewers roles and responsibilities, review of the validation tool, how to get the information needed, and interview techniques which encouraged a "Let's Talk Story" approach. Reviewers were able to utilize the "Big Tent" website as communication platform during the validation period to post questions, ask for/share advice. The website served as a discussion board and tracking tool which reviewers can view any validations that have been scheduled or already completed.</p>

17	Validate the provider self-assessment survey by conducting onsite visits	Reviewers will conduct onsite visits to a sample of providers to validate findings in the provider survey and aggregate data. The purpose of this visit is to observe the individual's life experience and validate the survey responses. Teams of two to three reviewers will conduct the site validations including self-advocates, families, and State staff. Reviewers are required to attend the validation training as described in Assessment #17.	10/15/15	12/11/15	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	<p>The validation period was conducted from October 2015 to mid-December 2015. The My Choice My Way advisory group determined that an estimated total of 100 settings needed to be validated.</p> <p>Validation sample included:</p> <ul style="list-style-type: none"> • All Category 1 that had a 100% score on the survey • More than 40 Category 2 that had a survey discrepancy between provider and participant which less than 60% of responses matched and random sample of providers who did not complete a survey • All Category 3 that cannot meet the requirements • All Category 4 that may have the effect of isolation or qualities of an institution based on self-assessment survey responses to community integration and settings identified by the My Choice My Way advisory group that may have qualities of an institution as defined by CMS.
18	Conduct mandatory site visits for all category 3 and 4 settings	The State will perform a mandatory site visits to determine whether the setting will undergo the heightened scrutiny process as defined by CMS https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/settings-that-isolate.pdf	01/2016	01/2016	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	Based on the survey results there were no providers that met category 3 but there were 19 providers that met category 4. There were a number of providers that were also identified by the MCMW advisory group that met category 4 due to service location or operational structure and were added to the validation list. The State conducted site visits to all category 4 settings.
19	Analysis of onsite validation reviews	The State will then review each validation tool submitted and look for consistency in responses among the different settings. Any category	01/2016	02/2016	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD,	HCBS rules, CMS guidance	At the end of the validation, the reviewers confirmed the compliance of each setting. After the analysis of the validation tools, a secondary review was conducted by DHS/MQD of the ones that were identified as a true

		4 determination will undergo the CMS heightened scrutiny process.				DOH/OHCA, DOH/DDD, DD Council, Providers	<p>category 4 setting and there were 2 provider that will need to undergo the heightened scrutiny process. All the other non-residential settings will require modifications to comply with the HCBS final rule.</p> <p><i>Summary of validations</i> http://www.med-quest.us/#hcbstran</p> <p><i>Summary of provider compliance</i> http://www.med-quest.us/PDFs/News%20Releases/ProviderComplianceTable.pdf</p> <p><i>Provider compliance list</i> http://www.med-quest.us/#hcbstran</p>
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Section 2: Remediation

The State must include remediation activities with timeframes for completion and the process for monitoring to assure that milestones are met as Hawaii moves toward full compliance with the HCBS Rule. Remediation will include revise administrative rules, provider standards, and training to assure compliance with revisions.

#	Action Item	Description	Proposed Start Date	Proposed End Date	Responsible Person(s)	Key Stakeholders	Sources or Documents	Outcome
1	Modify State standards	State will modify statutes, rules, regulations, standards, or other requirements to identify any needed change for full compliance with the HCBS settings requirements.	06/2015	03/2019	DOH/OHCA, DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	Based on the systemic assessment, the State has identified areas where current language needs to be strengthened or revised for full compliance with the HCBS settings requirements. The responsible State agency will track and monitor the modifications. Public notification of status or the proposed changes will occur and all revisions will be posted on the DHS/MQD website for public input. <i>State systemic assessment and remediation</i> http://www.med-quest.us/#hcbstran
2	Develop program specific remediation strategies and milestones	The State will develop program specific remediation strategies and milestones.	03/2016	06/2016	DOH/OHCA, DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	The States program specific remediation strategies and milestones are under development and some of the areas include administrative rule revisions, 1115 waiver demonstration amendments to special terms and conditions, amendments to contracts to managed care providers, provider training, provider monitoring tools, 1915c waiver standards, and participant relocation plan. <i>Waiver specific transition plans</i> http://www.med-quest.us/#hcbstran
3	Develop site specific standard remediation requirements	State will develop standard remediation requirements for each element of the survey where non-compliance noted (a “no” response on the Provider or Participant Self-Assessment Survey) and on common deficiencies identified during the validation reviews.	05/2016	07/2016	DHS/MQD, DOH/DDD	Providers	DOH/DDD Provider review template for some examples	Providers will have training, clear instructions, and ongoing technical assistance on how to remediate the issues of non-compliance.
4	Notification for site specific remediation	The State will provide a report to each provider with settings that require remediation. The	05/2016	07/2016	DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN,	HCBS rules, CMS guidance	The provider will review the remediation letter, attend a training on completing the transition plan, and submit a transition plan to meet the HCBS rules requirements.

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		<p>responsible state agency will work with providers to develop site-specific, as well as provider-wide, transition plan to achieve full compliance. This process includes:</p> <ul style="list-style-type: none"> • Developing a letter and transition plan template for remediation; • Training on how to develop a provider specific transition plan; • Providers will be given 21 calendar days after the training to submit a completed transition plan; • The transition plan will be reviewed and approved by the responsible state agency; • Ongoing technical assistance will be provided; and • Providers are required to attend mandatory trainings throughout the state transition process 				DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers		The transition plan will need to be reviewed and approved by the State agency. Providers will receive ongoing technical assistance and is required to attend all mandatory trainings throughout the transition process.
5	Develop operational procedures for compliance with revised State standards	Identify areas within modified State standards that need changes to operational procedures for full compliance with the HCBS settings requirements.	01/2016	10/2016	DOH/OHCA, DHS/MQD, DOH/DDD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA,	HCBS rules, CMS guidance	Operational procedures will be developed for providers to follow to meet State standards and are in full compliance with the HCBS rules requirements.

		<ul style="list-style-type: none"> • <i>Category 1</i>- Use their operational practices as a guide for other providers for developing remediation • Assure that operational protocols provide guidance to the providers related to the change in any State standard • Track and monitor proposed changes to the State standards while operational procedures are being developed 				DOH/DDD, DD Council, Providers		
6	Mandatory provider training on operational procedures	<p>State will train providers on operational procedures to meet compliance with the HCBS settings requirements. Process includes:</p> <ul style="list-style-type: none"> • Provider type specific and in person, group trainings; • “train the trainer” model components for ongoing training; • focused on person centered planning; and • obtain a training certificate of completion • Training materials will be available on the DHS/MQD website 	01/2017	12/2018	DHS/MQD, DOH/DDD	Providers	HCBS rules, CMS guidance	Providers will understand operational procedures and obtains 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.

7	Provider oversight and monitoring	<p>Oversight and monitoring will occur over all providers during the remediation period by:</p> <ul style="list-style-type: none"> • 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 • Provider notification of revised State standards or operational procedures 	04/01/16	Ongoing	DOH/OHCA DHS/MQD DOH/DDD	Providers	HCBS rules, CMS guidance	Assure providers complete items stated in transition plan, maintain compliance with state standards, and attend all mandatory trainings. The My Choice My Way advisory group will periodically conduct satisfactory surveys or self-assessments to validate setting compliance.
8	Heightened scrutiny process- Remediation for all category 4 providers	<p>The State will apply the CMS heightened scrutiny process for providers that have been confirmed during the validation. https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/settings-that-isolate.pdf</p>	06/01/16	Ongoing	DOH/OHCA DHS/MQD DOH/DDD	Providers	HCBS rules, CMS guidance	<p>There was a total of 3 settings that needed a secondary validation and all were confirmed a category 4. The provider compliance list was posted on the DHS/MQD website for public comment. The list included provider information, number of individuals served, category of compliance and survey score. No comments were received on validation findings or provider compliance list. State will work collaboratively with the category 4 settings that been presumed institutional. The State will use the heightened scrutiny process to disprove the presumption that a setting has institutional qualities. Evidence will be collected to explain and document that the setting does not have qualities of an institution and is home and community based.</p> <p><i>Heightened scrutiny process</i> http://www.med-quest.us/#hcbstran</p>

9	Status notification for site specific remediation	Annual reports will be provided to the provider on an ongoing basis. The report will assess that those provider settings are in compliance.	09/01/16	Ongoing	DHS/MQD, DOH/DDD	Providers	HCBS rules, CMS guidance	Providers will have feedback on their status of remediating non-compliance.
10	Provider Qualifications for New Enrollees	New prospective providers will receive information and technical assistance on HCBS settings requirements.	11/07/14	Ongoing	DOH/OHCA DHS/MQD DOH/DDD	Providers	HCBS rules, CMS guidance	New providers must be in full compliance with the HCBS rules requirements prior to providing services once requirements are enacted in HRS and HAR.
11	Plan to transition to a compliant provider	<p>The contracted entity will coordinate a transition of care plan for participants in settings that cannot meet the HCBS requirements. The process includes:</p> <ul style="list-style-type: none"> • Issuing a notification letter to the participant and provider • The case manager or service coordinator will discuss different setting options in a person centered planning meeting • Participant/consumer and case manager or service coordinator will work collaboratively during transition to setting of choice 	10/2018	Ongoing	DOH/OHCA DHS/MQD DOH/DDD	Providers	HCBS rules, CMS guidance	Case manager or service coordinator and provider shall coordinate throughout transition process.

Section 3: Key Stakeholder Engagement and Public Comment

Hawaii will use a transparent and robust stakeholder engagement process to provide information and gather input throughout the process of developing the transition plan and its implementation. Stakeholders were included on the My Choice My Way workgroup and are instrumental in developing the action steps, timeframes, and outcomes. DHS/MQD will announce the 30-day public comment period through website, newspaper, and public forum. DHS/MQD will retain all comments for future review.

	Action Item	Description	Start Date	End Date	Responsible Person(s)	Key Stakeholders	Sources or Documents	Outcome
1	Announcement of public comment period	<p>Post the announcement in at least two forms.</p> <ul style="list-style-type: none"> • One will be public notice in newspapers. • One will be public forum at Queen’s conference center. • Recommend press release to Director’s office • Public announcements will occur, as needed, when there are significant changes to the transition plan 	12/16/14 12/30/15	01/30/15 03/01/16	DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	<p>Transition plan supporting documentation</p> <p>2015 http://www.med-quest.us/PDFs/News%20Releases/AttachmentBPublicNotice2015.pdf</p> <p>2016 http://www.med-quest.us/PDFs/News%20Releases/AttachmentBPublicNotice2016.pdf</p>	DHS/MQD obtains comments from stakeholders on its proposed transition plan.
2	Tribal council requirements	Assure that tribal council requirements are met	12/12/14 12/30/15	01/15/15 03/01/16	DHS/MQD	Ke Ola Mamo	<p>Tribal consultation letter and draft transition plan</p> <p>2015 http://www.med-quest.us/PDFs/News%20Releases/TribalConsultationLetter2015.pdf</p> <p>2016 http://www.med-quest.us/PDFs/News%20Releases/TribalConsultationLetter2016.pdf</p>	DHS/MQD obtains comments from Ke Ola Mamo on its proposed transition plan.
3	Posting on website	<p>My Choice My Way will determine website where documents will be posted for review by public. Websites include:</p> <ul style="list-style-type: none"> • DHS/MQD • DOH/DDD 	11/14/14	Ongoing	DOH/DDD, DHS/MQD, DD council, SAAC, SPIN	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD	<p>Transition plan supporting documentation</p> <p>Documents posted and updated as needed. Links developed so users can easily reach the site where documents are located. Website hyperlinks make navigation easy. <i>DHS, Med-QUEST Division website</i> www.med-quest.us/#HCBSTran</p>	Documents posted and updated as needed. Links developed so users can easily reach the site where documents are located. Website hyperlinks make navigation easy. <i>DHS, Med-QUEST Division website</i> www.med-quest.us/#HCBSTran

		<ul style="list-style-type: none"> SPIN (both website and Facebook page) SAAC (Facebook page) 				Council, Providers		
4	Develop summary of transition plan	<p>Develop summary of transition plan document for communication to:</p> <ul style="list-style-type: none"> Participants/consumers/families: <ul style="list-style-type: none"> Formatted in larger font size (i.e., 18 point); Include pictures; Plain language; Reading level; and Referred to SAAC for input prior to issuing. Providers 	12/08/14 07/30/15	01/07/15 01/14/16	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, OHCA, DOH/DDD, DD Council, Providers	Summary of Transition plan	The Summary of Transition plan will be modified to a document that can be used in training and education.
5	Public Forum	<p>My Choice My Way shares the transition plan with stakeholders in a public forum (Statewide) to provide information and answer questions.</p> <ul style="list-style-type: none"> Queen's conference center Include ASL interpreter Include amplifying devices, as needed Public forums will be held, as needed, when there are significant changes to the transition plan 	01/14/15 01/14/16	01/14/15 01/14/16	My Choice My Way workgroup	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	Transition plan supporting documentation	<p>DHS/MQD provides information to the public on the transition plan and is able to address questions from the community.</p> <p>2015 http://www.med-quest.us/PDFs/News%20Releases/Publicforumpresentation2015.pdf</p> <p>2016 http://www.med-quest.us/PDFs/News%20Releases/Publicforumpresentation2016.pdf</p>
6	Assure public input into all aspects of the process of implementing HCBS rules	<p>Establish mechanism to obtain input through the process of implementation of the HCBS rules.</p> <ul style="list-style-type: none"> Develop e-mail list of individuals interested in implementation of the HCBS rules 	2/2/15	Ongoing	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers, other stakeholders	Transition plan documents	<p>Mechanisms in place for obtaining public input throughout the process of implementing the HCBS rules. Public input will be ongoing. Public input is welcomed to the State Department of Human Services, Med-QUEST Division by:</p> <p><i>Telephone:</i> 808-692-8094 <i>Fax:</i> 808-692-8087 NEW Email: mychoicemyway@dhs.hawaii.gov</p>

		<ul style="list-style-type: none"> Provide updates to individuals as opportunities to provide public comment occur Maintain updated information on the Med-QUEST Division website throughout implementation of the HCBS rules The State public input process include timely notification and effective communication to participants, families, and providers via mail, email, or website. 						<p><i>Mailing address:</i> Department of Human Services Med-QUEST Division Attention: Health Care Services Branch P.O. Box 700190 Kapolei, Hawaii 96709-0190</p> <p><i>Public input and stakeholder engagement</i> http://www.med-quest.us/#hcbstran</p>
7	Compile and retain public comments	On an ongoing basis, the State will compile and summarize all comments and retain all public input per CMS requirements.	01/30/15	ongoing	DHS/MQD	DHS/MQD	Transition plan documents	<p>A summary of the public comments will be available to the public on the DHS/MQD website.</p> <p><i>Public Comments</i> http://www.med-quest.us/#hcbstran</p>
8	Revise Transition Plan as needed based on public comments	Based on public comments, the State may revise the statewide transition plan to address comments.	02/01/15 03/01/16	03/15/15 03/15/16	My Choice My Way workgroup	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	Comments from transition plan and supporting documents	The Statewide Transition Plan will be revised as needed or additional evidence/rationale for state's decision if contrary to public comment.
9	Develop communication channels for stakeholders	<p>Establish communication procedures, including by email and phone, for stakeholders to get questions answered with Frequently Asked Questions document compiled.</p> <ul style="list-style-type: none"> Set up My Choice My Way e-mail account 	11/14/14	Ongoing	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	Transition plan documents	Mechanisms in place for responding to stakeholder questions, and compiling Frequently Asked Questions.

		<ul style="list-style-type: none"> Determine one telephone number to call with questions One primary way to receive comments Compile Q&A for posting on websites identified in #2 above 						
10	Information sessions for participants, families, and advocates	<p>State and its partners will provide informational training sessions every 6 months for waiver participants, families, and advocates that include in-person, webinar sessions, and written information:</p> <ul style="list-style-type: none"> Understanding the final rule and how it may or may not effect waiver services; Overview of Hawaii's Proposed HCBS Transition Plan and how it will guide the path forward toward full compliance; and Encourage participation during periods of public input. 	01/22/15	01/2019	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	<p>On an ongoing basis, those affected by the revised HCBS setting rules will have an opportunity to receive updated information.</p> <p><i>Handout 2015</i> http://www.medquest.us/PDFs/News%20Releases/InformationSessionHandout2015.pdf</p> <p><i>Presentation 2015</i> http://www.medquest.us/PDFs/News%20Releases/InformationSessionPresentation2016.pdf</p>
	Information sessions for providers	<p>State will conduct informational sessions every 6 months , training and technical assistance opportunities for providers. Provider training and technical assistance include in- person, webinar sessions, and written information:</p> <ul style="list-style-type: none"> Understanding the final rule and how it may or may not effect waiver services; Overview of Hawaii's Proposed HCBS Transition Plan and how 	01/22/15	01/2019	DOH/DDD, DHS/MQD	Participants, families, SAAC, SPIN, DHS/MQD, DOH/OHCA, DOH/DDD, DD Council, Providers	HCBS rules, CMS guidance	<p>On an ongoing basis, providers will have an opportunity to receive updated information on HCBS rules. Organizations that have expressed interest include:</p> <ul style="list-style-type: none"> Case Management Agencies Community Care Foster Family Home Association(s) Hawaii Waiver Providers Association (HWPAA) Adult Residential Care Home Association(s)

		it will guide the path forward toward full compliance; and <ul style="list-style-type: none"> Encourage participation during periods of public input. 						
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Acronyms			
CMS	Centers for Medicare & Medicaid Services	HCBS	Home and Community Based Services
CMB	Case Management Branch, DDD	HRS	Hawaii Revised Statutes
CTA	Community Ties of America, Inc.	HWPA	Hawaii Waiver Provider Association
DOH	Department of Health	My Choice My Way advisory group	Group of individuals representing SAAC, SPIN, HCBS associations, HWPA, DOH/DDD, DD Council, DOH/OHCA, and DHS/MQD
DDD	Developmental Disabilities Division	MQD	Med-QUEST Division
DD Council	Hawaii State Council on Developmental Disabilities	OHCA	Office of Health Care Assurance
DHS/MQD	Department of Human Services	SAAC	Self-Advocacy Advisory Council
HAR	Hawaii Administrative Rule	SPIN	Special Parent Information Network

DRAFT