STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Policy and Program Development Office
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 12, 2014

Ms. Joeline K. Lono, Executive Director
Ke Ola Mamo
Native Hawaiian
Health Care System-Oahu
1505 Dillingham Boulevard, Room 205
Honolulu, Hawaii 96817

Dear Ms. Lono:

RE: Proposed 1915(c) Home and Community-Based Services Waiver Transition Plan

Pursuant to tribal consultation requirements in section 1902(a)(73) of the Social Security Act as amended by section 5006(e)(2) of the American Recovery and Reinvestment Act of 2009, the Department of Human Services, Med-QUEST Division is soliciting your consultation on the proposed 1915(c) Home and Community-Based Services (HCBS) transition plan for home and community-based services settings.

The 1915(c) HCBS Waiver transition plan for home and community-based services settings is required as outlined by the Centers for Medicare & Medicaid Services in 42 C.F.R. 441.301(c)(4). The purpose of the transition plan is to ensure Medicaid beneficiaries are receiving HCBS in settings that meet the quality requirements specified in the final rule and are appropriate based on the needs of the individual as indicated in their person-centered service plan. The final rule provides the State the opportunity to develop a transition plan that encompasses a period of up to five (5) years after the effective date of the regulation to meet the provisions of the final rule.

Please provide your written comments by January 15, 2015 to the:

Department of Human Services
Med-QUEST Division
P.O. Box 700190
Kapolei, Hawaii 96709-0190
Attention: Ms. Patricia M. Bazin
Health Care Services Branch

AN EQUAL OPPORTUNITY AGENCY
Ms. Joelene K. Lono  
December 12, 2014  
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The 1915(c) HCBS Waiver transition plan is enclosed for your reference. Should you have any questions or desire a meeting, please call Ms. Patricia Bazin at 808-692-8083 or e-mail her at pbazin@medicaid.dhs.state.hi.us.

Thank you for your efforts, support, and advocacy for the American Indian and Alaska Native communities and your continuing support of our Medicaid programs.

Sincerely,

[Signature]

Kenneth S. Fink, MD, MGA, MPH  
Med-QUEST Division Administrator

Enclosure
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 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

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.

<table>
<thead>
<tr>
<th>#</th>
<th>Action Item</th>
<th>Description</th>
<th>Proposed Start Date</th>
<th>Proposed End Date</th>
<th>Responsible Agency(s)</th>
<th>Key Stakeholders</th>
<th>Sources or Documents</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review State Statutes, Rules, Regulations, Standards, or Other Requirements</td>
<td>State will review current statutes, rules, regulations, standards, or other requirements to identify any needed changes for full compliance with the HCBS settings requirements.</td>
<td>10/17/14</td>
<td>04/01/15</td>
<td>DOH-OHCA, DHS-DDD, DOH-DDD</td>
<td>Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers</td>
<td>HRS, HAR, Waiver Standards, contracts, HCBS rules, CMS guidance</td>
<td>Identified areas where current language needs to be strengthened or revised for full compliance with the HCBS settings requirements.</td>
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<tr>
<td>2</td>
<td>Compile list of all licensed homes where HCBS services are provided (residential only)</td>
<td>Build database with information on every home that provides HCBS services: • Provider name; • Address; • Numbers of participants; • Names of HCBS participants by setting; • Other</td>
<td>01/01/15</td>
<td>01/30/15</td>
<td>DOH-OHCA DOH-DDD</td>
<td>My Choice My Way team are the decision makers on the factors to gather DOH-DDD-OCB, DOH-DDD-CMB, DOH-OHCA</td>
<td>Obtain comprehensive list of all licensed homes</td>
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<td></td>
<td>Develop Process for Settings Analysis and Identify the Assessors</td>
<td>My Choice My Way workgroup advises State on development of the process for assessing and analyzing all HCBS settings. Workgroup develops a matrix for determining settings for on-site review in addition to the mandatory Category 3 settings. State is responsible for identifying assessors of selected sites.</td>
<td>01/01/15</td>
<td>02/15/15</td>
<td>DHS-MQD</td>
<td>Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers</td>
<td>HCBS rules, CMS guidance</td>
<td>Written process and training module for assessor. Share process and tools with providers.</td>
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</table>
| 4 | Develop the Settings Analysis Tool | The tool will assist in identifying current settings and classifying them into categories:  
- **Category 1**: Yes, meets requirements  
- **Category 2**: Not Yet, can meet with remediation  
- **Category 3**: Not yet, presumed not HCBS but State will require heightened scrutiny  
- **Category 4**: No, does not meet requirements | 01/01/15 | 02/15/15 | DHS-MQD | Providers | HCBS rules, CMS guidance | A copy of the tool will be submitted as a component of the transition plan. |
<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. | 10/01/15 | 11/30/15 | DOH-DDD, DHS-MQD | Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers | HCBS rules, CMS guidance | Remediation phases of transition plan are updated to include additional information gathered from assessments. |</p>
<table>
<thead>
<tr>
<th>Participants/Consumers</th>
<th>Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Responsible Parties</th>
<th>Notes</th>
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<tbody>
<tr>
<td>6 Develop the Participant/Consumer Experience Survey</td>
<td>HCBS participants and consumer advocacy entities will receive the survey. The survey will provide the participant/consumer the opportunity to report their experience with their current HCBS settings. Survey will: - Formatted in larger font size (i.e., 18 point); - Include pictures; - Plain language; and - Reading level; and - Referred to SAAC for input prior to issuing.</td>
<td>01/01/15</td>
<td>02/01/15</td>
<td>DHS-MQD</td>
<td>Participants, families, SAAC, SPIN DD Council</td>
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<tr>
<td>7 Select a Statistically Significant Sample of HCBS Participants</td>
<td>State will select a statistically significant sample of HCBS Participants who live in provider-owned or controlled settings to complete the Consumer Experience Survey</td>
<td>02/01/15</td>
<td>02/28/15</td>
<td>DOH-DDD, DHS-MQD</td>
<td>Participants, families, SAAC, SPIN</td>
</tr>
<tr>
<td>8 Conduct a Participant/Consumer Experience Survey</td>
<td>State will conduct an assessment using the Participant Experience Survey: - Identify organization(s) that help participant/consumer complete survey (i.e., Case Management Agencies, DDD Case Managers, DD waiver agencies that do not provide residential services); - Utilize family members who have</td>
<td>03/01/15</td>
<td>04/30/15</td>
<td>DOH-DDD, DHS-MQD</td>
<td>Participants, families, SAAC, SPIN DD Council</td>
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<td>9</td>
<td>Participant Survey-Training for Organizations</td>
<td>Training provided to organizations to help participants complete survey.</td>
<td>02/01/15</td>
<td>02/28/15</td>
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<td>DOH-DDD, DHS-MQD</td>
<td>Providers</td>
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<td>HCBS rules, CMS guidance</td>
<td>Individuals assessing providers for compliance with HCBS settings will have training to complete this task.</td>
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<td>10</td>
<td>Analysis of Participant/Consumer Experience Survey</td>
<td>State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate.</td>
<td>05/1/15</td>
<td>06/30/15</td>
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<td>DOH-DDD, DHS-MQD</td>
<td>Participants, families, SAAC, SPIN DD Council</td>
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<td></td>
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<td></td>
<td>HCBS rules, CMS guidance</td>
<td>Identified current level of compliance with the HCBS settings requirements. Identified settings for remediation.</td>
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Revised 12/11/14
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<tr>
<th></th>
<th>Providers</th>
<th>The survey will assist in identifying provider readiness and classifying them into categories identified in Assessment #4.</th>
<th>01/01/15</th>
<th>02/01/15</th>
<th>DHS-MQD</th>
<th>Providers</th>
<th>HCBS rules, CMS guidance</th>
<th>A copy of the survey will be submitted as a component of the transition plan.</th>
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<tbody>
<tr>
<td>11</td>
<td>Develop the Provider Self-Assessment Survey</td>
<td>All providers will be given the opportunity to complete the Provider Self-Assessment Survey Tool</td>
<td>02/01/15</td>
<td>02/28/15</td>
<td>DOH-DDD, DHS-MQD</td>
<td>Providers</td>
<td>Compiled database (Assessment #2)</td>
<td>Identify providers to complete assessment.</td>
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<tr>
<td>12</td>
<td>Identify providers who will complete Self-Assessment Survey</td>
<td>Providers will conduct a self-assessment of settings using the Provider Survey:</td>
<td>03/01/15</td>
<td>04/30/15</td>
<td>DOH-DDD, DHS-MQD</td>
<td>Providers</td>
<td>HCBS rules, CMS guidance</td>
<td>A copy of the database (without the participant information) will be submitted as a component of the transition plan.</td>
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<td>13</td>
<td>Conduct a Provider Self-Survey</td>
<td>• Instructional memo prior to issuing;</td>
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<td>• Post form on-line to download in addition to mailing;</td>
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<td>• Add the survey to “survey monkey” for completion electronically;</td>
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<td>• Contact information for questions- e-mail and voice mail; and</td>
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<td>• Fax # to send back.</td>
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<td>14</td>
<td>Analysis of Participant/Consumer Experience and Provider Surveys</td>
<td>State will perform an analysis that confidentially matches providers with their participants/consumers to verify if assessments are accurate.</td>
<td>05/1/15</td>
<td>06/30/15</td>
<td>DOH-DDD, DHS-MQD</td>
<td>Participants, families, SAAC, SPIN DD Council</td>
<td>HCBS rules, CMS guidance</td>
<td>Identified current level of compliance with the HCBS settings requirements. Identified settings for remediation.</td>
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<td></td>
<td>Provider Survey-Training for Assessors</td>
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<td>15</td>
<td>Training provided to assessors who will conduct validation of provider surveys. State will contact University of Hawaii, Centers for Disability Studies (CDS) to identify if they can support performing provider validation surveys.</td>
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<td>06/01/15</td>
<td>06/30/15</td>
<td>DOH-DDD, DHS-MQD</td>
<td>Providers</td>
<td>HCBS rules, CMS guidance</td>
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<tr>
<td>16</td>
<td>Validate the Provider Self-Survey</td>
<td></td>
<td></td>
<td>07/01/15</td>
<td>09/30/15</td>
<td>DOH-DDD, DHS-MQD</td>
<td>Providers</td>
<td>HCBS rules, CMS guidance</td>
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<tr>
<td>17</td>
<td>Conduct Mandatory Site Visits for Category 3 and 4 Settings</td>
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<td>07/01/15</td>
<td>09/30/15</td>
<td>DOH-DDD will be responsible for the settings where waiver participants reside. DHS-MQD will be responsible for the settings where 1115</td>
<td>Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers</td>
<td>HCBS rules, CMS guidance</td>
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<td>participants reside. Where both live in one home, DOH-DDD and DHS-MQD will be perform a join site visit.</td>
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</table>
### Section 2: Remediation

The State must includes 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.

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<th>Key Stakeholders</th>
<th>Sources or Documents</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Modify State Statutes, Rules, Regulations, Standards, or Other Requirements</td>
<td>State modifies statutes, rules, regulations, standards, or other requirements to identify any needed change for full compliance with the HCBS settings requirements.</td>
<td>06/01/15</td>
<td>06/01/17</td>
<td>DOH-OHCA, DHS-MQD, DOH-DDD</td>
<td>Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers</td>
<td>HCBS rules, CMS guidance</td>
<td>State statutes, rules, regulations, standards, contracts, or other requirements are revised and are in full compliance with the HCBS settings requirements.</td>
</tr>
</tbody>
</table>
| 2  | Issue Provider Remediation Action Letter                                       | State provides report to each provider with settings that require remediation and works with providers to develop site-specific, as well as provider-wide, action plans to achieve full compliance. This process includes:  
  - Template letter for remediation; and  
  - Corrective action format.                                              | 10/01/15           | 11/30/15          | DHS-MQD, DOH-DDD   | Providers                                             |                                                                                     | A copy of the template letter for remediation action will be submitted as a component of the transition plan. Providers review the remediation requirements and develop a corrective action plan to meet the HCBS settings requirements. |
<table>
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<tr>
<th></th>
<th>Justify Category 3 Settings through a Heightened Scrutiny Process</th>
<th>State provides justification that the setting that is presumed not to be HCBS is in fact HCBS and does not have the qualities of an institution, if applicable. Submits justification to CMS for review/approval.</th>
<th>07/01/15</th>
<th>12/31/15</th>
<th>DHS-MQD, DOH-DDD</th>
<th>Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers</th>
<th>CMS accepts Hawaii’s justification of category 3 settings.</th>
</tr>
</thead>
</table>
| 4 | Develop operational procedures for compliance with revised State statutes, rules, regulations, standards, or other requirements | Identify areas within modified statutes, rules, regulations, standards, or other requirements that need changes to operational procedures for full compliance with the HCBS settings requirements.  
  * **Category 1-** Use their operational practices as a guide for other providers for developing remediation | 01/01/16 | 06/30/16 | DOH-OHCA, DHS-MQD, DOH-DDD Providers | Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers | HCBS rules, CMS guidance  
Operational procedures are developed for providers to follow to meet State statutes, rules, regulations, standards, contracts, or other requirements and are in full compliance with the HCBS settings requirements. |
| 5 | Train providers on revised operational procedures | State will train providers on operational procedures to meet compliance with the HCBS settings requirements. This training will include “train the trainer” components for ongoing training. | 07/01/16 | 08/31/16 | DHS-MQD, DOH-DDD | Providers | HCBS rules, CMS guidance  
Providers understand operational procedures to meet full compliance with the HCBS settings requirements. |
| 6 | Develop Standard Remediation Requirements | State develops standard remediation requirements for each element of the survey where non-compliance noted (a “no” response on the Provider or Participant/Consumer Self-Assessment Survey). | 07/01/16 | 08/31/16 | DHS-MQD, DOH-DDD | Providers | DOH-DDD Provider review template for some examples  
Providers will have clear instructions on how to remediate the issues of non-compliance |
<table>
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<tr>
<th></th>
<th>Issue Updated Provider Remediation Action Letter</th>
<th>Reports to be provided annually and on an ongoing basis to assess that those provider settings are in compliance.</th>
<th>09/01/16</th>
<th>Ongoing</th>
<th>DHS-MQD, DOH-DDD</th>
<th>Providers</th>
<th>Providers will have feedback on their status of remediating non-compliance.</th>
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<tbody>
<tr>
<td>8</td>
<td>Provider Oversight and Monitoring</td>
<td>State will provide oversight over the providers during the remediation period by:</td>
<td>09/01/16</td>
<td>Ongoing</td>
<td>DHS-MQD, DOH-DDD</td>
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<td>Assure providers maintain compliance with statutes, rules, regulations, standards, contracts, or other requirements.</td>
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<td>• Verifying that the provider accepted the corrective action plan and provides the State with a remediation action plan;</td>
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<td>• Monitoring providers by performing onsite compliance reviews annually; and</td>
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<td>• Tracking remediation efforts.</td>
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<td>9</td>
<td>Provider Qualifications for New Enrollees</td>
<td>New prospective providers will receive information and technical assistance on HCBS settings requirements.</td>
<td>11/07/14</td>
<td>Ongoing</td>
<td>DOH-OHCA DOH-DDD</td>
<td></td>
<td>Provider is in full compliance with the HCBS settings requirements prior to providing services once requirements are enacted in HRS and HAR.</td>
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</table>
### 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.

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<th>Key Stakeholders</th>
<th>Sources or Documents</th>
<th>Outcome</th>
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</thead>
</table>
| 1 Announcement of Public Comment Period | Post the announcement in at least two forms.  
- One will be public notice in newspapers.  
- One will be public forum at Queen’s conference center. Recommend press release to Director’s office | 12/16/14 | 01/30/15 | DHS-MQD | Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers | Transition plan supporting documentation | DHS-MQD obtains comments from stakeholders on its proposed transition plan. |
| 2 Tribal council requirements | Assure that tribal council requirements are met | 12/17/14 | 02/15/15 | DHS-MQD | Ke Ola Mamo | Tribal council letter and draft transition plan | DHS-MQD obtains comments from Ke Ola Mamo on its proposed transition plan. |
| 3 Posting on website | My Choice My Way will determine website where documents will be posted for review by public. Websites include:  
- DHS/MQD  
- DOH/DDD  
- Blog  
- SPIN (both website and Facebook page)  
- SAAC (Facebook page) | 11/14/14 | Ongoing | DOH-DDD, DHS-MQD, DD council, SAAC, SPIN | Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers | Transition plan Supporting documentation | Documents posted and updated as needed. Links developed so users can easily reach the site where documents are located. |
<table>
<thead>
<tr>
<th></th>
<th>Develop summary of transition plan</th>
<th>Develop summary of transition plan document for communication to:</th>
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<tr>
<td></td>
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<td>• Participants/consumers/families:</td>
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<td>o Formatted in larger font size (i.e., 18 point);</td>
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<td>o Include pictures;</td>
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<td>o Plain language;</td>
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<td>o Reading level; and</td>
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<td>o Referred to SAAC for input prior to issuing.</td>
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<td>• Providers</td>
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<td>4</td>
<td>Public Forum</td>
<td>My Choice My Way shares the transition plan with stakeholders in a public forum (Statewide) to provide information and answer questions.</td>
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<td>• Queen’s conference center</td>
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<td>• Include ASL interpreter</td>
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<td>• Include amplifying devices, as needed</td>
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<td>My Choice My Way workgroup</td>
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<td>Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers</td>
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<td>Transition plan Supporting documentation</td>
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<td>DHS-MQD provides information to the public on the transition plan and is able to address questions from the community.</td>
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<td>5</td>
<td>Compile and Retain Public Comments</td>
<td>State will compile and summarize all comments and retain all public input per CMS requirements.</td>
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<td>01/30/15</td>
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<td></td>
<td>ongoing</td>
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<tr>
<td></td>
<td></td>
<td>DHS-MQD</td>
</tr>
<tr>
<td>6</td>
<td>Revise Transition Plan as needed based on public comments</td>
<td>Based on public comments, the state may revise the statewide transition plan to address comments.</td>
</tr>
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<td></td>
<td></td>
<td>02/01/15</td>
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<tr>
<td></td>
<td></td>
<td>03/15/15</td>
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<tr>
<td></td>
<td></td>
<td>My Choice My Way workgroup</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comments from transition plan and supporting documents</td>
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<tr>
<td></td>
<td></td>
<td>Statewide Transition Plan revised as needed or additional evidence/ rationale for state’s decision if contrary to public comment.</td>
</tr>
</tbody>
</table>

Revised 12/11/14
|   | Develop communication channels for stakeholders | Establish communication procedures, including by email and phone, for stakeholders to get questions answered with Frequently Asked Questions document compiled.  
- Set up My Choice My Way e-mail e-mail account  
- 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 | 11/14/14 | 2/15/15 | DOH-DDD, DHS-MQD | Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers | Mechanisms in place for responding to stakeholder questions, and compiling Frequently Asked Questions. |
|---|-----------------------------------------------|-------------------------------------------------|--------|--------|-----------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9 | Provide Informational Sessions for Waiver Participants, Families, and Advocates | State and its partners will provide informational training sessions for waiver participants, families, and advocates that include both in-person and webinar sessions:  
- 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.  
- Saved and posted on blog. | 01/22/15 (Forum at SAAC Membership Meeting)  
03/2015  
07/2015  
07/2016  
07/2017  
01/2018  
07/2018  
01/2019 | 01/2019 | DOH-DDD, DHS-MQD | Participants, families, SAAC, SPIN, DHS, OHCA, DOH-DDD, DD Council, Providers | HCBS rules, CMS guidance  
On an ongoing basis, those affected by the revised HCBS setting rules will have an opportunity to receive updated information. |
| 10 | Provide Technical Assistance to Providers | State will provide informational sessions, training and technical assistance opportunities for providers. Provider training and technical assistance include both in-person and webinar sessions:

- Understanding the final rule and how it may or may not affect waiver provider services
- Overview of Hawaii’s Proposed HCBS Transition Plan and how to achieve and maintain full compliance
- Encourage participation during periods of public input.
- Saved and posted on blog

<p>|     |     | 03/2015 Every 6 months | 01/2019 | DOH-DDD, DHS-MQD | HCBS rules, CMS guidance | On an ongoing basis, providers will have an opportunity to receive updated information on HCBS settings rules. |
|     |     | 07/2015 | 07/2015 | 07/2016 | 07/2016 | 01/2017 | 07/2017 | 01/2018 | 07/2018 | 01/2019 |</p>
<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CMB</td>
<td>Case Management Branch, DDD</td>
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<tr>
<td>CTA</td>
<td>Community Ties of America, Inc.</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
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<tr>
<td>DDD</td>
<td>Developmental Disabilities Division</td>
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<tr>
<td>DD Council</td>
<td>Hawaii State Council on Developmental Disabilities</td>
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<tr>
<td>DHS</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>HAR</td>
<td>Hawaii Administrative Rule</td>
</tr>
<tr>
<td>HCBS</td>
<td>Home and Community Based Services</td>
</tr>
<tr>
<td>HRS</td>
<td>Hawaii Revised Statutes</td>
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<tr>
<td>MQD</td>
<td>Med-QUEST Division</td>
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<tr>
<td>OHCA</td>
<td>Office of Health Care Assurance</td>
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<tr>
<td>SAAC</td>
<td>Self-Advocacy Advisory Council</td>
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<tr>
<td>SPIN</td>
<td>Special Parent Information Network</td>
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</tbody>
</table>

Group of individuals representing SAAC, SPIN, HCBS providers, DOH-DDD, DD Council, DOH-OHCA, and DHS-MQD