

# My Choice My Way

## Hawai'i State Transition Plan

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### Information Session July 2016



# Agenda

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❖ Background Review

❖ Update on  
Transition Plan



# Background Review

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# What is the Intention of the Final Rule?

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- Full access to benefits of community living
- Receive services in the **most integrated setting appropriate**
- Provide protections to participants
- Focus on the quality

**CMS Final Rule**





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

**Waivers\***

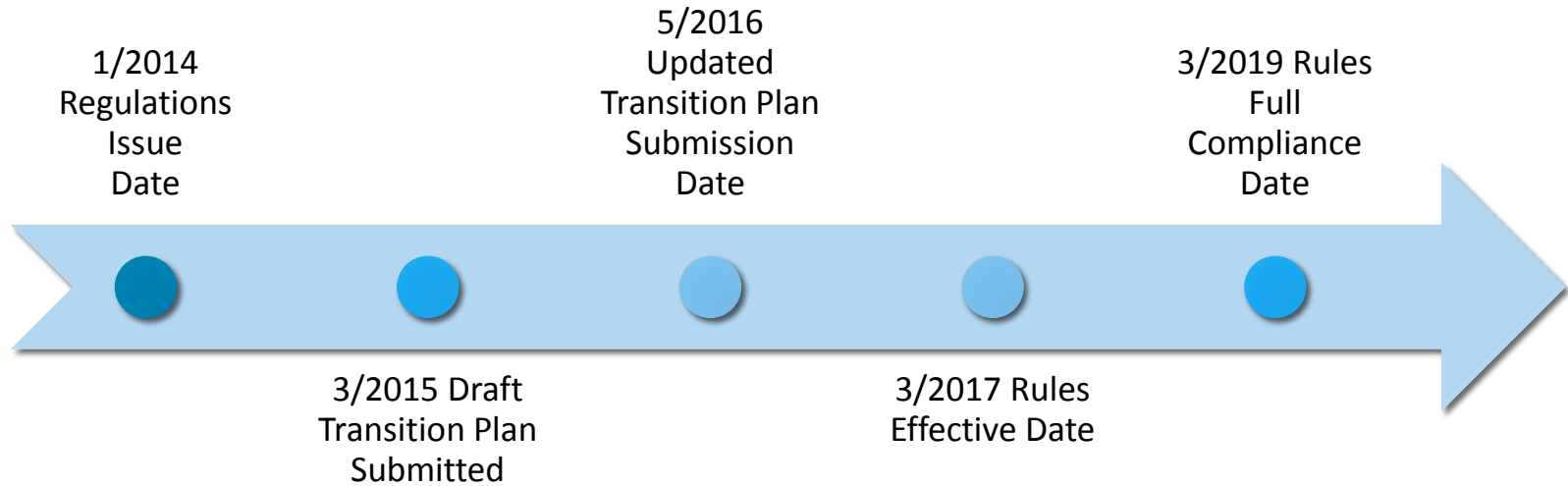
\* sections 1915(c), 1915(i), 1915(k), 1915(b)(3), and 1115 of the Social Security Act

# Home and Community Based Setting Qualities

 <p>Skills needed to support people</p> <ul style="list-style-type: none"> <li>Supporting Dreams</li> <li>Supporting Relationships/Community Connecting</li> <li>Being "Mindful" &amp; Recording Learning             <ul style="list-style-type: none"> <li>- Learning Log</li> <li>- The 4 Questions</li> <li>- Working/Not Working</li> </ul> </li> <li>Matching Staff and These Being Services             <ul style="list-style-type: none"> <li>Learning, Using and Recording Communication</li> <li>Recognizing and Sorting Important To and Important For</li> <li>Defining Staff Roles and Responsibilities</li> <li>Finding the Balance Between Them</li> </ul> </li> </ul>				
<p>Person-Centered Thinking</p>	<p>Integrated</p>	<p>Provides Choice</p>	<p>Person-Centered Planning</p>	<p>Tenant Protections</p>

# Rules Timeline

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# My Choice My Way Advisory Group

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# Completed Assessments

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- ✓ Self Assessment Conducted
- ✓ Site Visit Conducted

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# Federal Categories of Compliance

Category  
1

Category  
2

Category  
3

Category  
4

# Characteristics of Settings with Effect of Isolation

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- ❖ institutional interventions or restrictions
- ❖ services provided only to individuals with disabilities
- ❖ limited interaction with the broader community



# Settings for Heightened Scrutiny

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- Category 4 Settings are Reported to CMS
  - Provider Information
  - Reason
  - Justification



# Federal Heightened Scrutiny Process

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State

CMS

Disprove

Document

Determine

# Updated Transition Plan

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- ✓ Submitted to CMS May 2016
- ✓ Available on DHS/MQD website  
[www.med-quest.us](http://www.med-quest.us)
- ✓ Available for review

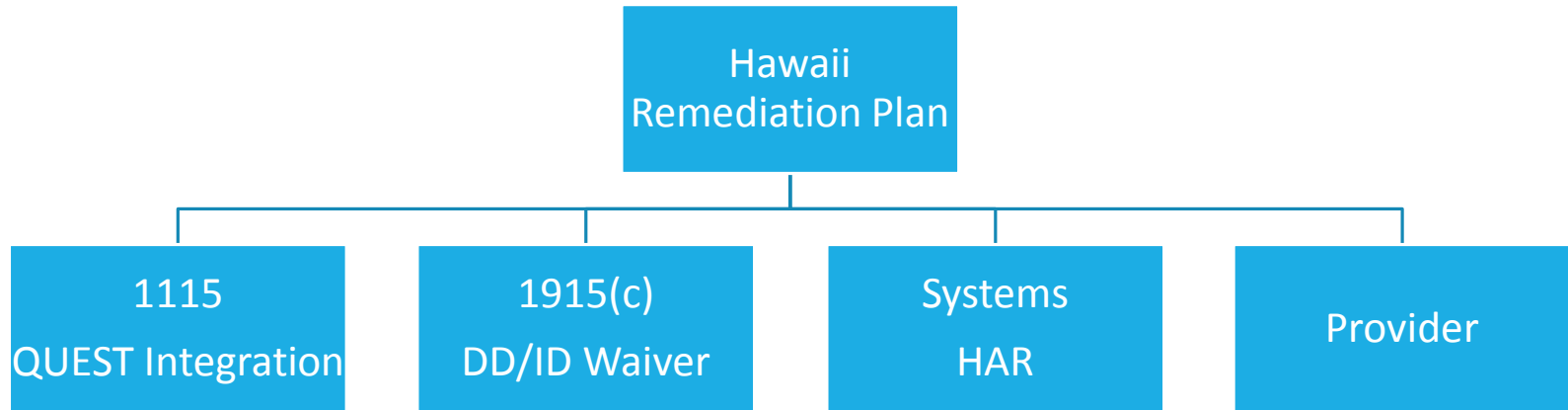
# What's Happening Now?

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# Waiver Specific Remediation

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# 1115 QI Remediation

## REMEDICATION STRATEGIES AND MILESTONES FOR THE HAWAII 1115 WAIVER DEMONSTRATION

### **REVISIONS TO HAWAII ADMINISTRATIVE RULES**

*Anticipated Date of Completion: 03/2019*

DHS/MQD and DOH/OHCA will coordinate revisions to the Hawaii Administrative Rules (HAR). DHS/MQD will establish workgroups to revise the HAR to be in compliance with the HCBS final rule. The function of the workgroup is to revise the rules and establish timelines for completion. This process will include stakeholder input. HARs that will need to be revised:

- Community Care Foster Family Home (CCFFH) HAR Chapter 17-1454  
<http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-1454-CMA-CCFFH.pdf>
- Adult Residential Care Home (ARCH) and Expanded ARCH (E-ARCH) Chapter 11-100.1  
<http://health.hawaii.gov/opppd/files/2015/06/11-100.1.pdf>
- Assisted Living Facility (ALF) Chapter 11-90  
<http://health.hawaii.gov/opppd/files/2015/06/11-90.pdf>
- Adult Day Health (ADH) Chapter 11-94.1.47 and Chapter 11-96  
<http://health.hawaii.gov/opppd/files/2015/06/11-94.1.pdf>  
<http://health.hawaii.gov/opppd/files/2015/06/11-96.pdf>
- Adult Day Care (ADC) Chapter 17-1417  
<http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-1417-Adult-Day-Care.pdf>
- Developmental Disability Domiciliary Homes (DD Dom) Chapter 11-89  
<http://health.hawaii.gov/opppd/files/2015/06/11-89.pdf>

# 1915(c) Remediation

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## **REMEDIATION STRATEGIES AND MILESTONES FOR THE HAWAII 1915(c) I/DD WAIVER**

### **REVISIONS TO 1915c WAIVER**

*Date of Completion: 03/2016*

Waiver renewal activities were completed concurrent with the My Choice My Way transition plan to provide information and training for stakeholders on the Final Rule requirements. The State engaged in a consultative, open communication process across stakeholders using multiple venues and forums to have discussions with waiver participants, families, advocates, providers, legislators, other state agencies, staff and other interested members of the public. Feedback was obtained from more than 200 stakeholders during several months that was used to shape the service array and guide other revisions for the renewal application. During the formal public notice and comment period prior to submitting the proposed renewal application, further refinement to the waiver was completed.

A number of changes were made to the 1915(c) waiver application that was submitted to CMS in March 2016 to support individuals to have full lives in their communities. Existing services were revised and new services were added. Personal Assistance Habilitation (PAB) was separated into two distinct services – PAB would be delivered in the participant’s home and a new service, Community Learning Services, would be delivered in the community with a specific focus on improving and supporting full access to the community. Existing services were revised to clarify the expectations for community participation and employment in integrated competitive settings. Prevocational services in the current waiver were redefined as Discovery and Career Planning to reflect a strong emphasis on the discovery process and planning that is needed in order for

# System Remediation

HAWAII ADMINISTRATIVE RULES	
TITLE 17	
DEPARTMENT OF HUMAN SERVICES	
SUBTITLE 9 ADULT AND COMMUNITY CARE PROGRAMS	
CHAPTER 1454	
REGULATION OF HOME AND COMMUNITY-BASED CASE MANAGEMENT AGENCIES AND COMMUNITY CARE FOSTER FAMILY HOMES	
\$17-1454-1	Purpose
\$17-1454-2	Definitions
\$17-1454-3	Penalty
\$17-1454-4	Separability
\$17-1454-5	Exceptions
Subchapter 1 General Requirements For Licensure and Certification	
\$17-1454-6	Required license or certificate of approval
\$17-1454-7	Application
\$17-1454-7.1	Background checks
\$17-1454-8	Disposition of application
\$17-1454-9	Issuance of license or certificate of approval
\$17-1454-9.1	Monitoring and investigation
\$17-1454-10	Reporting changes
\$17-1454-11	Renewal of license or certificate of approval

# Provider Specific Remediation

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- ALL HCBS settings will require remediation
- Develop a “Provider Specific Transition Plan” also know as a corrective action plan
- Access to technical assistance
- State oversight and monitoring of transition plan



# Relocation Plan

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Coordinate a transition of care plan for participants in settings that cannot meet the HCBS requirements.



# Mandatory Training Workshops

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- Letters will be sent to all providers
- Attend mandatory training workshops
- Details on the training workshop will be sent at a later time



# New HCBS Providers

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New HCBS providers must be in full compliance with the HCBS rules requirements **prior** to providing services.



# Continued Public Input

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MQD will continue to have info sessions

- ❖ Face to Face Meetings
- ❖ Web-based Sessions
- ❖ Writing



Participation is greatly appreciated and necessary!



# Big Tent

<https://www.bigtent.com/groups/mcmwhi>

Search Group Name:  
MCMWHI



## For More Information - MQD

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Website: [www.med-quest.us/#HCBSTran](http://www.med-quest.us/#HCBSTran)

**New** Email: [mychoicemyway@dhs.hawaii.gov](mailto:mychoicemyway@dhs.hawaii.gov)

**New** Telephone: 808-692-8101

## CMS Resources

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**CMS HCBS Website –**

**<http://www.medicaid.gov/hcbs>**

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# QUESTIONS?

# Send comments/questions/suggestions

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***New Email:*** [mychoicemyway@dhs.hawaii.gov](mailto:mychoicemyway@dhs.hawaii.gov)

***Mailing address:*** Department of Human Services  
Med-QUEST Division  
Attention: Health Care Services Branch  
P.O. Box 700190  
Kapolei, Hawaii 96709-0190

***New Telephone:*** 808-692-8101

***Fax:*** 808-692-8087