

My Choice My Way

Hawai'i State Transition Plan

Information Session July 2016





Agenda

- ❖ Background Review
- ❖ Update on Transition Plan



Background Review





What is the Intention of the Final Rule?

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



CMS Final Rule



My Choice My Way Transition Plan

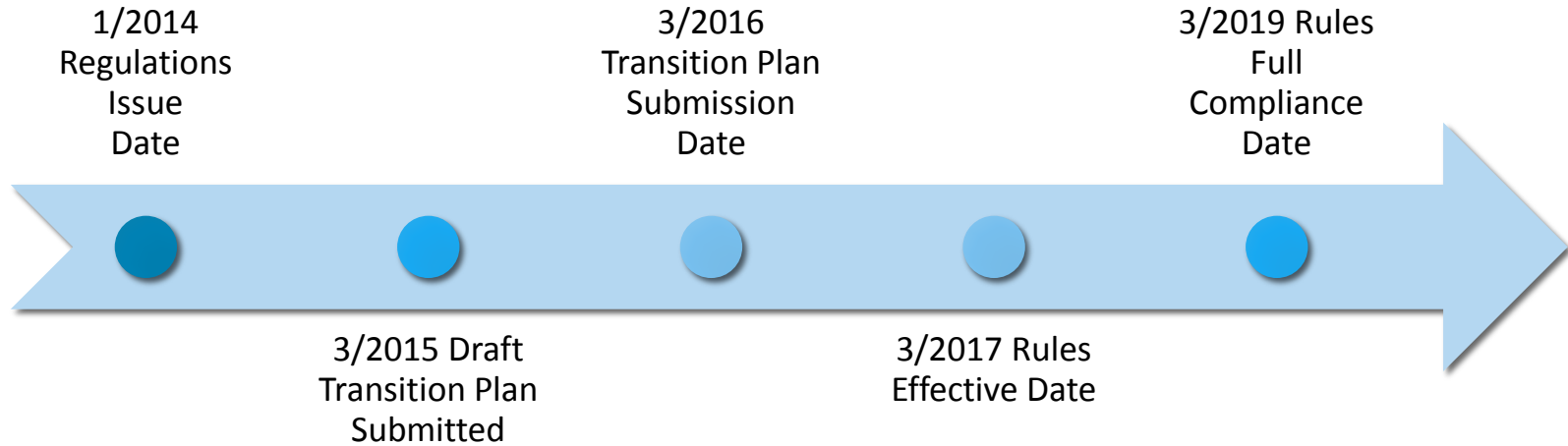


Waivers*

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



Rules Timeline





My Choice My Way Advisory Group



Completed Assessments

- ✓ Self Assessment Conducted
- ✓ Site Visit Conducted

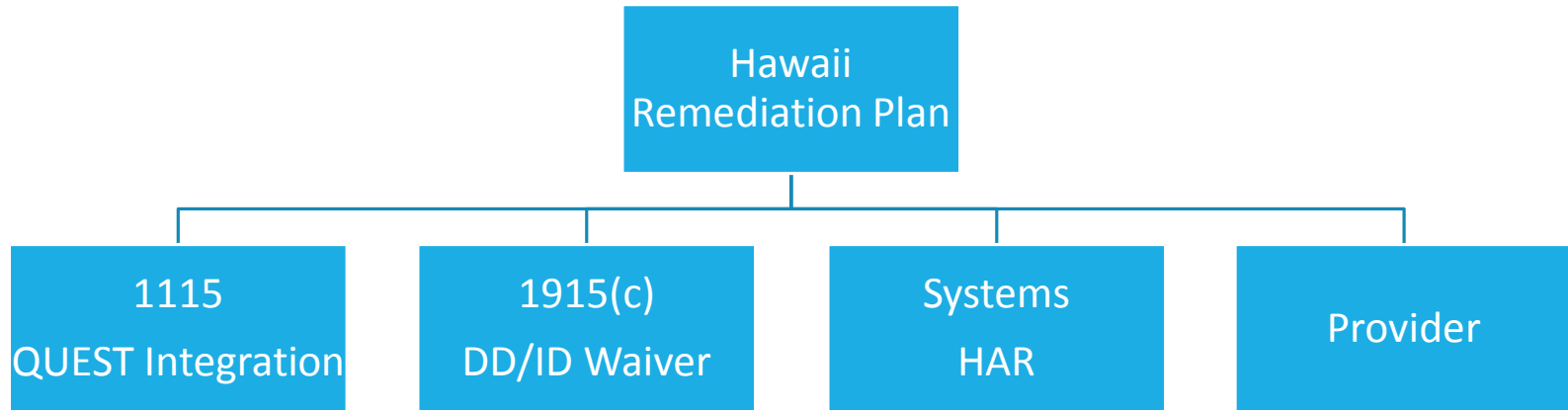
Updated Transition Plan

- ✓ Submitted to CMS May 2016
- ✓ Available on DHS/MQD website
www.med-quest.us
- ✓ Available for review

What's Happening Now?



Waiver Specific Remediation



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

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

- 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

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



Mandatory Training Workshops

- 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

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





Continued Public Input

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

Website: www.med-quest.us/#HCBSTran

New Email: mychoicemyway@dhs.hawaii.gov

New Telephone: 808-692-8101



CMS Resources

CMS HCBS Website –

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

QUESTIONS?

Send comments/questions/suggestions

New Email: 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