TRANSITION PLAN

For Complying with the CMS Home- and Community-Based Services Medicaid Rule

FOR THE STATE OF HAWAII

The CMS-approved Hawaii transition plan can be found at: <u>https://medquest.hawaii.gov/content/dam/formsanddocuments/my-choice-my-</u> way/1HI%20STP%20HCBS%20Transition%20Plan_Accessible%20Version%204-8-20.pdf

The CMS-approved Hawaii Corrective Action Plan can be found at: https://www.medicaid.gov/sites/default/files/2023-06/hi-appvd-cap.pdf

SITE-SPECIFIC ASSESSMENTS

The Centers for Medicare & Medicaid Services (CMS) required states to conduct validated, site- specific assessments of all provider-owned or controlled settings.	
Types of Settings/ Residents and Funding Authorities	 The Hawaii Department of Human Services (DHS) provides HCBS through one 1115 waiver and one 1915 (c) waiver: 1115 Quest Integration (QI) Demonstration operates: Residential Settings: Assisted Living Facility (ALF) Community Care Foster Family Home (CCFFH) Expanded-Adult Residential Care Home (E-ARCH) Non-Residential Settings: Adult Day Care (ADC) Adult Day Health (ADH)
	 1915 (c) Intellectual/Developmental Disabilities (I/DD) Waiver operates: Residential Habilitation Settings: Adult Foster Home (AFH) Adult Residential Care Home (ARCH) Developmental Domiciliary (DOM) Non-Residential Settings: Adult Day Health (ADH) Discovery and Career Planning (DCP) & Individual Employment Supports (IES)
Compliant/Non- Compliant	 The My Choice My Way advisory group established four categories of compliance: 1: Yes, meets requirements 2: Not yet, can meet with remediation 3: No, cannot meet requirements

	• 4: Not yet, presumed not HCBS but State will require heightened scrutiny
	Total number of settings compliant with HCBS Settings Rule as of November 2019: 5 DCP & IES
	Total number of settings partially compliant, or with changes will likely comply with HCBS requirements as of November 2019: 3 ALFs, 1179 CCFFH, 13 E-ARCH, 18 ADC, 2 ADH, 279 AFH, 175 ARCH, 39 DOM, 41 ADH under IDD waiver, 6 DCP & IES
	Total number of settings that meet the CMS definition for heightened scrutiny consideration prior to final assessment:
	• 1 E-ARCH
	• 1 ADC
	• 4 ADH
	• 4 DOM
	1 ADH under IDD waiver
	NOTE: Hawaii received approval of its corrective action plan (CAP) on June 5, 2023. The CAP provides updated timeframes for completion of site-specific assessments and the heightened scrutiny review process. Therefore, setting classifications in the STP may be out of date. The STP lists all settings' compliance statuses based on the provider self- assessment and subsequent site visits completed by December 2017 or March 2019. The updated CAP sets September 8, 2023 as the date of final compliance assessments for all settings previously deemed non- compliant. According to the CAP, analysis of institutional settings presumed to need heightened scrutiny begins September 5, 2023, with the initial list of settings released and open for public comments required by October 31, 2023. After the 30-day comment period closes, the final list of settings requiring heightened scrutiny will be submitted to CMS on November 20, 2023.
Reasons for Non- Compliance	 For residential settings, the State found that most provider settings under the 1115 QI Demonstration that were not yet compliant but will meet them with remediation were non-compliant with the following areas: Residential agreement that align with Hawai`i landlord tenant laws
	Choice of setting and service provider
	Choice of schedule and activities
	 Right to privacy- providing a lockable bedroom door

	 Right to relationships- policy for visitors and visiting hours
	Right to access greater community- policy for transportation
	For non-residential settings, the State found that the majority of Adult Day Care and 2 Adult Day Health providers were non-compliant, but can be with remediation, with the following areas:
	Choice of setting and service provider
	Choice of schedule and activities
	For residential habilitation settings under the 1915(c) Intellectual/Developmental disabilities Waiver, most providers were not yet compliant with the following areas:
	 Residential agreement that align with Hawai`i landlord tenant laws
	Choice of setting and service provider
	Choice of schedule and activities
	Choice of roommate
	Choice and access to food
	Right to privacy- providing a lockable bedroom door
	For non-residential settings that provide Discovery and Career Planning or Individual Employment Services, those that were not compliant were non-compliant with the following areas:
	Choice of setting and service provider
	Choice of schedule and activities
	Choice and access to food
	 Right to access greater community- policy for community outings
Transition plans	To assess compliance, the State used the HCBS provider self- assessment survey and several approaches for validation. The advisory group assisted in development of the participant experience survey. Question focus areas included: choice of provider and services, right to privacy, right to dignity and respect, and community integration and accessibility. To validate results of the self-assessment survey, site visits were performed. The State will provide ongoing technical assistance and training in areas identified for remediation. When needed, provider will be considered for heightened scrutiny. If the provider cannot or will not come into compliance, DHS will transition beneficiaries into a setting that meets all HCBS settings requirements.

SETTINGS PRESUMED INSTITUTIONAL

CMS presumes some settings have qualities that are institutional or isolating in nature. These settings must go through a heightened scrutiny review by CMS.

CMS presumes the following types of settings have institutional or isolating qualities:

- Category 1: Located in a hospital, nursing facility, or other institutional setting.
- Category 2: Located adjacent to a public hospital, nursing facility, or other institutional setting.
- Category 3: Have the effect of isolating people from the broader community.

% Presumed Institutional (No. of Residents Affected)	From participant survey responses, less than 1% (11/1771) of settings will require heightened scrutiny (as of November 2019). As reflected in the state's approved CAP, The final percentage of settings will be determined by 10/31/2023.
Type of Setting/Residents	1 Expanded-Adult Residential Care Home (E-ARCH), 1 Adult Day Care program and 4 Adult Day Health programs, 4 Developmental Domiciliary (DOM), and 1 Adult Day Health provider (ADH)
Reason for Presumption	The Expanded Adult Residential Care Home will require heightened scrutiny as the setting is on the same grounds of a nursing facility and Adult Day Care program. The Adult Day Care program is on the grounds of or adjacent to a public institution, including on the grounds of the E- ARCH mentioned above. The 4 Adult Day Health programs were in a building that is also a publicly or privately operated setting that provides inpatient institutional treatment. 4 DOM settings are on same grounds of 6 Intermediate Care Facilities for Individuals with Intellectual/Developmental Disabilities that provide institutional active treatment services. The 1 Adult Day Health program was located in a building on the grounds of or adjacent to a public or private institution and have effects of isolating participants from the broader community.
Heightened Scrutiny Process	 The State will use the self-assessment surveys to generate a preliminary report that identified settings that may limit access to the community or have qualities of an institution. The My Choice My Way team also identified settings that may have the qualities outlined above. The State developed a validation tool that helped determine if a setting was not yet compliant and would require heightened scrutiny. 50 reviewers were trained and confirmed the compliance level of each setting. DHS/MQD analyzed the validation tools submitted by the reviewers. A secondary validation was conducted by DHS/MQD of the settings that were identified as not yet compliant and will require heightened scrutiny. Another onsite visit was coordinated.

 The My Choice My Way work group reviewed and approved findings.
 The providers deemed not yet compliant were notified and placed on the provider list as a category 4, or those likely needing heightened scrutiny.
 The list was posted on the DHS/MQD website for public comment.
 Starting mid-2019, the State plans to work with settings presumed institutional.
 Evidence will be collected documenting that the setting does not have qualities of an institution and is home and community based.
• The State will designate a team to review the evidence and seek public comment before the submission to CMS. Changes will be made based on public comments, any questions will be answered and posted on the DHS/MQD website.
• CMS will then formally review the evidence submitted by the State and will make a determination as to whether the evidence is sufficient to overcome the presumption.

NON-COMPLIANCE COMMUNICATION

States must describe their process for notifying residents when a setting is unwilling or unable to comply with the rule, and supporting residents to select and transition to a new setting.

% Cannot/Will Not Comply (No. of Residents Affected)	Should the settings determined to need heightened scrutiny not come into compliance, a small number of settings, identified below, may need assistance. See Communication Strategy section for detailed timeline information.
Type of Setting/Residents	 1115 Waiver Setting Type 1 Expanded-Adult Residential Care Home: 5 participants 1 Adult Day Care program: 2 participants 1915(c) I/DD Waiver Setting Type 4 Adult Day Health programs: 8 participants 4 Developmental Domiciliary: 16 participants 1 Adult Day Health provider: 30 participants
Reason for Determination	Not known

Communication Strategy	Any provider operating a setting that is not in full compliance will be notified that participants receiving services in the setting will be transitioned to another setting. As reflected in the state's approved CAP, this notification will be completed by October 31, 2023 and statewide compliance is required 6 months after CMS issues heightened scrutiny findings to the State.
Assistance to Residents?	 The contracted entity, health plan or DDD, will coordinate a transition of care plan for participants in settings that cannot meet the HCBS requirements. The DDD and health plan will follow policies and procedures for transition of care. The process shall include: Timely notification to the participant and provider; Providing informed choice of different setting options in a personcentered planning meeting; Developing a transition plan with timelines; Ensuring continuity of services in setting of choice; Ensuring the participant needs and preferences are met; and Ensuring seamless coordination between service providers.
ONGOING MONITORING	
States must describe the	ir planned process for ensuring ongoing compliance with the rule.
Monitoring Procedures	Strategies to ensure ongoing compliance will include:
	 State licensing and certification agency, Department of Health, and Office of Health Care Assurance (DOH/OHCA) are responsible for ongoing monitoring
	 DHS/Med-QUEST Division (MQD) will work in collaboration with DOH/OHCA to amend the language in Hawaii Administrative Rules
	 Health plans will conduct annual person-centered planning meetings
	 Review of setting compliance will occur during annual relicensing and recertification
Quality Assurance Measures	Quality Assurance monitoring methodologies will incorporate the addition of monitoring performance measures that ensure compliance with HCBS Settings Rule.