

The Department of Human Services, Med-QUEST Division (DHS-MQD) is responsible for ensuring compliance with Home & Community Based Services (HCBS) Final Rule which includes:

- oversight of all new Medicaid HCBS Provider Agreements
- oversight of Health Plans that contract directly with HCBS providers under the 1115 Waiver Demonstration, QUEST Integration (QI) waiver demonstration, and
- oversight of the Department of Health, Developmental Disabilities Division (DOH, DDD) that contract directly with HCBS providers under the 1915(c) Waiver for Individuals with Intellectual and Developmental Disabilities

The following will include the actions taken by DHS-MQD, the Health Plans and the DOH-DDD.

1. *Description of how the state's oversight systems (licensure and certification standards, provider manuals, person-centered plan monitoring by case managers, etc.) have been modified to embed the regulatory criteria into ongoing operations.*

1115 Waiver Demonstration, QUEST Integration

The state accomplishments to bring providers into compliance include:

- Revision to the Medicaid provider service agreement and enrollment process
- Revision to Health Plan contract requirements
- Revision to Health Plan and provider contract process in the Health Plan manual
- Development of Health Plan provider evidence tool used for contract revalidation
- Development of Health Plan member satisfaction survey and implementation of HCBS CAHPS survey for quality improvement and ongoing validation

The state will continue to leverage the following strategies to ensure the advancement of skills and practices, and ongoing compliance with the HCBS final rule:

- In-person, onsite validations
- Provider training
- Technical assistance
- Process for Beneficiary Recourse to Report Provider Noncompliance
- Person-Centered Organization and Planning Framework

Remaining work/differences from STP:

- Changes to the proposed timeline for revisions to the Hawaii Administrative Rules (HAR). The state will continue to convene regular meetings and develop a joint workplan with the Department of Health, Office of Health Care Assurance (DOH-OHCA) to promulgation of revised regulations for:

- Adult Day Care (ADC)
- Adult Day Health (ADH)
- Assisted Living Facility (ALF)
- Adult Residential Care Home (ARCH)/Expanded ARCH (E-ARCH)
- Community Care Foster Family Home (CCFFH)

1915(c) HCBS Waiver for Individuals with Intellectual and Developmental Disabilities

- The Hawaii Administrative Rule (HAR) for Adult Foster Homes (AFHs) has been revised to reflect the requirements of the final rule. The changes made to the HAR were reflected in the certification tool and process for AFHs.
- Case managers have participated in extensive training on the regulatory requirements, have engaged in the development and implementation of the DOH-DDD modifications policy, and are incorporating rule requirements into their individual service monitoring.
- Provider enrollment agreement language has been updated to reflect the federal regulation; all DOH-DDD providers will have signed the revised agreement prior to the March 2023 deadline.

Remaining work/differences from STP:

- Changes to Chapter 89, Hawaii Administrative Rules, entitled "Developmental Disabilities Domiciliary Homes", and Chapter 100.1, Hawaii Administrative Rules, entitled "Adult Residential Care Homes" have been drafted but not fully promulgated by the DOH-OHCA. Amendments to these rules will remove conflicting requirements but will not enhance enforcement of the HCBS requirements, as the licensure rules apply to settings with both Medicaid and non-Medicaid residents.

2. *Description of how the state assesses providers for initial compliance and conducts ongoing monitoring for continued compliance.*

1115 Waiver Demonstration, QUEST Integration

- For any new Medicaid HCBS provider approved after July 1, 2016, the service setting must be fully compliant with the Final Rule and must be able to demonstrate the provision of services in fully integrated community settings prior to the delivery of service. DHS-MQD will be responsible for all new Medicaid HCBS Provider Agreements.
- The DHS-MQD delegates the services provided to HCBS participants to the QI Health Plans. Health Plans will provide ongoing monitoring during the annual person-centered planning meeting. This includes all participants receiving HCBS, even in a private home. The Health Plan will ensure the services delivered are provided by compliant HCBS providers. The HCBS provider contracts must align with the regulations. Health Plans are responsible to include the regulations in provider monitoring and credentialing processes.

Remaining work/differences from STP:

- Health Plans will implement a process using the provider evidence tool used for contract revalidation. This includes conducting revalidation of settings compliance in person or virtually.
- Health Plans will implement a process using the results from the member satisfaction survey and HCBS CAHPS survey for quality improvement and ongoing validation.

1915(c) HCBS Waiver for Individuals with Intellectual and Developmental Disabilities

- Provider agencies were required to submit self-assessments (2017), as well as residential and non-residential Evidence Templates (2021-2022) with supporting policy, procedure, and practice documentation to demonstrate compliance with the HCBS final rule. Feedback to the agencies was provided and where needed, remediation plans have been required.
- The annual certification process for Adult Foster Homes integrates compliance requirements; all AFHs are assessed annually by state staff as part of on-site inspection.
- DOH-DDD is conducting in-person on-site validation visits to 100% of settings to ensure all remediation activities are completed by providers. Validation visits will be completed by February 15, 2023.

Remaining work/differences from STP:

- The provider evidence process is being incorporated into ongoing provider monitoring for continued compliance, to be complete in 2023.
- The annual on-site inspection process for certain settings (licensed residential and adult day health) is still under development as the licensing entity (OHCA) is not going to be involved in enforcement as was originally described in the STP.
- Starting in 2023, DOH-DDD case managers will implement an annual participant experience survey (interview tool) to assess individual experience with the HCBS regulatory requirements; findings will be used to inform provider compliance monitoring.

3. *Description of a beneficiary's recourse to notify the state of provider non-compliance (grievance process, notification of case manager, etc.) and how the state will address beneficiary feedback.*

1115 Waiver Demonstration, QUEST Integration

DHS-MQD ensures compliance with Section 9.5 Member Grievance and Appeal requirements of the QUEST Integration Managed Care Contract. Health Plans shall have a formal grievance and appeals system that is consistent with the requirements of the State of Hawaii and 42 CFR Part 438, Subpart F. DHS-MQD has reviewed and approved the Health Plan policies and procedures for its grievance and appeals system prior to contract implementation.

1915(c) HCBS Waiver for Individuals with Intellectual and Developmental Disabilities

- DOH-DDD has an established policy and procedure for consumer complaints, as well as a dedicated section to receive, track, investigate, and resolve complaints filed by participants, guardians, and families. A brochure explaining the process is given to participants and families and the information is also located on the DOH-DDD website.
- Additionally, DDD is developing accessible plain language documents outlining participant rights under the HCBS rule, including options to notify the state of non-compliance, to be distributed in 2023.