

State of Hawaii
Department of Health
Developmental Disabilities Division

Quality Assurance/Improvement Review of Hawaii's DD/ID Waiver Providers

Provider/Agency: _____

Date of Review: _____

Reviewers: _____

Review Period: _____

Participant Information

Participant #	CMU	Participant Record Met 100% of Waiver Standards (Y or N)
1		
2		
3		
4		
5		

Technical Assistance Provided to Agency (Y or N): _____

If yes, Technical Assistance was provided on the topics listed below: