

Residential Provider Setting Validation Instructions

Instructions

A. Type of Setting: Circle the service setting using the list below.

Provider	Hawaii Administrative Rules (HAR)	Basic Description
Expanded ARCH (E-ARCH)-QUEST Integration (QI)	Chapter 11-100.1	Individuals in an E-ARCH setting need help with activities of daily living, personal care services, protection, and health care services. The caregivers providing services need the oversight, supervision, and training of a Registered Nurse (RN). Nursing facility level residents in an E-ARCH shall be provided case management services by a licensed RN or social worker in the State of Hawaii who assesses them, develops their service plan, and coordinates their services. Individuals who live in an E-ARCH are not related to the caregiver or case manager. An E-ARCH is allowed to serve two nursing facility level individuals or up to three at the discretion of the department, in a home with up to five individuals.
Community Care Foster Family Home (CCFFH)-QUEST Integration (QI)	Chapter 17-1454	Individuals in a CCFFH setting need help with activities of daily living, personal care services, protection, and health care services. The caregivers providing services need the oversight, supervision, and training of a registered nurse. All individuals in a CCFFH shall have a licensed RN or social worker in the State of Hawaii that assesses them, develops their service plan, and coordinates their services. Individuals who live in a CCFFH are not related to the caregiver or case manager. A CCFFH is allowed to serve up to three nursing facility level individuals.
Developmental Disability Adult Foster Homes (AFH)-DD/ID Waiver	Chapter 11-148	Individuals in a DD Adult Foster Home setting need care, training, or supervision, but do not need the professional health services of a registered nurse. A DD Adult Foster Home serves individuals with intellectual or developmental disabilities (DD/ID) and are not related to the caregiver. A DD Adult Foster Home is allowed to serve up to two DD/ID individuals.
Developmental Disability Domiciliary Homes (DD Dom)- DD/ID Waiver	Chapter 11-89	Individuals in a DD Dom setting need supervision or care, but do not need the professional health services of a registered nurse. A DD Dom serves adults with intellectual or developmental disabilities (DD/ID) unrelated to the caregiver. A DD Dom is allowed to serve up to five DD/ID individuals.
Assisted Living Facility (ALF)	Chapter 11-90	Individuals in an ALF setting may need help with activities of daily living, personal care services, protection and health care services. The caregivers providing services need the oversight, supervision, and training of a registered nurse. Each resident whose level of care requires additional services has a negotiated plan of care created by the resident, significant others, and ALF staff. The plan of care reflects ALF principles of individuality, independence, dignity, privacy, choice, and home-like environment and the opportunity to “age in place.” The maximum number of individuals an ALF may serve is related to building, housing, fire and other codes, ordinances and laws.

B. Residential Provider Name: Enter first and last name. Enter business name, if applicable

C. Number of Participants receiving Medicaid HCBS: Enter total number of participants who are receiving Medicaid home and community-based services.

D. Provider Address and Telephone: Enter street address, city, and zip code. Enter best contact telephone number.

E. Survey Identification Number: Enter the identification number listed on the provider validation list.

F. Reviewer Names: Enter lead reviewer name and state agency. Enter support reviewer name and organization.

G. Validation Review Date and Time: Self-Explanatory

H. Category before site validation: Enter the category number listed on the provider validation list. Enter the reason for the setting being a Category 4. Reason can be found on the provider validation list.

I. **Category *after* site validation:** Circle the category that best describes the setting based on the validation findings. Categories are defined in the following table:

Category	Description
1	The setting fully aligns (100%) with the home and community based services (HCBS) final rule.
2	The setting does not comply with the HCBS final rule, is not a category 4 setting, and will require modifications. The MQD or DDD will assist the provider in areas that may require technical assistance to come into full compliance with the requirements.
3	The setting cannot meet the HCBS final rule and require removal from the program and/or the relocation of individuals
4	The setting is presumed to have qualities of an institution and will undergo the CMS heighten scrutiny process. 1. The setting is in a privately or publically owned facility that provides inpatient treatment. 2. The setting is on the grounds of or adjacent to a public institution. 3. The setting could have the effect of isolating individuals from the community. 4. Multiple settings co-located and operationally related that congregate a large number of people with disabilities and provide significant shared programming staff, such that the individual's ability to interact with the broader community is limited.

J. **Technical Assistance (Remediation) Recommended:** Check appropriate box to indicate if technical assistance (remediation) recommended.

K. **Responsible for Ongoing Monitoring of Provider:** Check the State Agency that will be responsible for the ongoing monitoring of the provider to achieve compliance found on the provider validation list.

L. **HCBS Requirements:** All reviewers shall be familiar with the HCBS requirements. Expectations of each requirement are provided.

M. **Example Questions:** Example questions will help the reviewers in making a determination whether the setting meets the requirements.

N. **Met:** Check appropriate box to indicate if the provider has met the HCBS requirements based on the validation findings.

O. **Explanation:** Provide detailed explanations as to why the provider has or has not met the HCBS requirements.

Techniques to use to obtain information:

- a. A significant amount of time that is observational in nature. The purpose of this type of site visit is to observe the individual's life experience and the presence or absence of the qualities of home and community-based settings.
- b. Conduct interviews that generally:
 - Are not longer than 15 minutes. May be longer depending on the individual.
 - Keep the provider or staff separate from the participant.
 - Include as many participants as possible selected by the interviewers without influence by the provider or staff;
 - Include staff, specifically including direct support staff because they implement the program policies and procedures on a day-to-day basis, outside of the presence of the supervisor or administrator;
 - Have specific questions/goals based on the example questions; and
 - Avoid leading questions that suggest the preferred answer and instead use questions that are open-ended, yet sufficiently specific to elicit a description of how the setting operates and the individual's experience in it.

- c. Review of documents such as staff logs or other daily records of the setting, including any instances of seclusion and/or restraint; setting policies and procedures on resident/participant rights, person-centered service plans and records of how those plans are met; documentation regarding participants' selection of the setting from among setting options, including non-disability-specific settings.

P. **Technical Assistance Needed (Remediation):** Check the appropriate box to indicate whether the setting requires technical assistance (remediation) for each requirement.

Residential Provider Setting Validation Tool

A. Circle Type of Setting: E-ARCH- QI CCFFH- QI AFH- DD DD Dom	B. Residential Provider Setting Name: C. Number of Participants receiving Medicaid HCBS:	D. Provider Address and Telephone:
E. Survey Identification Number:	F. Reviewer Names Lead Reviewer and State Agency: Support Reviewer and Organization:	G. Validation Review Date and Time:
H. Circle Category <i>before</i> site validation: 1 2 3 4 Reason, if Category 4:	I. Circle Category <i>after</i> site validation: 1 2 3 4	J. Technical Assistance (Remediation) Recommended <input type="checkbox"/> YES <input type="checkbox"/> NO K. State Agency Responsible for Ongoing Monitoring <input type="checkbox"/> DHS-MQD <input type="checkbox"/> DOH-DDD

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
1 Setting is selected by the participant from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. <u>Expectation:</u> ➤ The participant should be given a choice of service settings that meet their needs.	➤ Is the service setting chosen by the participant from among several options including non-disability specific settings? ➤ Was the participant given opportunities to visit other settings? ➤ Was choice of setting made by participant alone or was guardian and/or family member(s) involved?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
<ul style="list-style-type: none"> ➤ Service setting should be chosen by the participant and detailed on the service plan. 	<ul style="list-style-type: none"> ➤ How many choices of settings were provided to the participant? ➤ Were choices of settings provided by geographical area? ➤ Does the service setting appear on the waiver participant's service plan? ➤ Does the service plan indicate the participant's choice of setting was selected? ➤ Does the setting reflect the individual's needs and preferences? 			
<p>2</p> <p>Participants have a lease or other legally enforceable agreement providing the same responsibilities and protections from eviction that tenants have under state or local landlord/tenant laws.</p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> ➤ The participant has the same landlord/tenant protections, is protected from eviction and afforded appeal rights as persons not receiving Medicaid HCBS services. 	<ul style="list-style-type: none"> ➤ Do participants have a lease, or for setting in which landlord/tenant laws do not apply to a residency agreement? ➤ Does the lease/agreement include protections to address eviction processes and appeals comparable to Hawaii's landlord tenant laws? ➤ Does participant know her/his housing rights in regards to this agreement? ➤ How and by whom were these rights explained? ➤ Was there a written list of rights shown and explained? In native language? ➤ Do participants know how to relocate and request new housing? 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

	L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
		<ul style="list-style-type: none"> ➤ Are married or cohabitating couples as allowable by state law live in the same house? 			
3	<p>Participants have privacy in their unit including lockable doors, choice of roommates, and have the freedom to furnish or decorate unit</p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> ➤ Participants are given the option to change rooms and/or change roommate. ➤ The participant’s right to dignity and privacy is protected and respected. ➤ Participants have the right to privacy including lockable doors to their living areas unless the participant’s physical or cognitive condition means their safety could be compromised if afforded privacy. Reasons to impede a person’s right to privacy are fully and accurately documented. ➤ Participants’ living area does not resemble an institutional settings. ➤ Participants have the ability to maintain their personal space according to their preferences, and living areas are the appropriate size for the number of residents. 	<ul style="list-style-type: none"> ➤ Do participants have the option to choose a private room? ➤ How can participants choose their roommate (identify character requirements, nominate a specific person, personality/needs matching etc.)? ➤ Do participants talk positively about their roommate? ➤ Do participants know how to request a roommate change? ➤ Can married couples elect to share, or not to share, a room? ➤ Does the participant’s room and bathroom have a locking door? ➤ Do participants have a right to close/lock bedroom door if s/he chooses? ➤ Who has keys to access participant’s rooms? ➤ Do staff, other residents and visitors knock, and receive permission prior to entering a participant’s room or bathroom? ➤ Are cameras present in the setting? ➤ How many beds are in the bedroom? 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
	<ul style="list-style-type: none"> ➤ Do furniture arrangements ensure privacy? ➤ Can participants decorate their personal space? ➤ Are participants allowed visitors in their personal space? ➤ Do participants have right to have overnight guest(s) if s/he chooses? ➤ Does the participant have a key to their bedrooms? (Added for DDD-AFH) 			
<p>4 Participants have the freedom and support to control their schedules and activities, and have access to food anytime</p> <p>Expectation:</p> <ul style="list-style-type: none"> ➤ Participants are allowed to choose how to spend their day including sleeping schedule ➤ Participants are allowed to vary their schedule at will in accordance with their person-centered plan. ➤ Participants have the choice of when to eat. ➤ Participants have access to a kitchenette (microwave, refrigerator and sink), a food preparation area (a place to 	<ul style="list-style-type: none"> ➤ How does the setting ensure a participant knows they do not have to conform to a prescribed schedule for activities of daily living and social activities? ➤ Do participants' schedules vary from others? ➤ Do participants choose what time to get out of bed and what time to go to bed each day? ➤ Do participants choose when they bathe, including the day, time of day and how often during the week? ➤ Do participants choose when to watch TV? ➤ Is a TV available in participant's room to watch when s/he chooses? ➤ Do the participants choose when to use a telephone? 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
<p>prepare and reheat foods) that are accessible at any time.</p> <ul style="list-style-type: none"> ➤ Participants are given the option to eat in areas other than the dining room, including their private living areas, and may choose to eat with persons of their choosing, or alone. ➤ Participants have a choice of what to eat and are offered a substitute meal if they prefer. Posted menus state that alternate meals are available or list the alternate menu selections. 	<ul style="list-style-type: none"> ➤ Do participants have their own phone? ➤ Can participants eat at times of their choosing? ➤ Do participants have access to food/snacks outside of prescribed meal times? ➤ If a participant misses a meal, can they eat at another time? ➤ How are participant’s preferences incorporated into the setting’s menus? ➤ Can participants choose from a variety of menu options? ➤ Can participants make special menu/meal requests? ➤ Can participants request an alternate meal? ➤ Are participants required to sit in an assigned seat for meals? ➤ May participants eat alone, or with people of their choosing? ➤ Do participants have access to microwave? ➤ If the participant works, attends school or day program, does the living environment accommodate the participant’s needs- schedule, meals, travel time, etc.? 			

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
	<ul style="list-style-type: none"> ➤ Does the participant shop, attend religious services, scheduled appointments, have lunch with friends, etc. in the community as the participant chooses? 			
<p>5</p> <p>Setting facilitates participant choice regarding services and supports, and who provides them</p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> ➤ Participants should have a choice of service provider and location where services are provided. ➤ Participants and/or their representatives are active participants in the person-centered planning process. ➤ Participant choices are accounted for and honored unless the participant's safety would be jeopardized and in accordance with the person-centered plan. 	<ul style="list-style-type: none"> ➤ Is/are the participant/chosen representative(s) aware of how to schedule a person-centered planning meeting? ➤ Can participants explain how they would initiate a person-centered plan meeting/update? ➤ Was the participant/representative(s) present during the last person-centered plan meeting? ➤ Do planning meeting occur at times convenient to the participant/representative(s) ➤ Are participants satisfied with their service providers and service settings choices? ➤ Does staff ask the participant about their needs/preferences? ➤ Are participants aware of how to make service requests? ➤ Are participants satisfied with the services/supports received and those who deliver them? ➤ Are participant requests accommodated? ➤ Is participant choice facilitated such that the participant feels empowered to make decisions? 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
	<ul style="list-style-type: none"> ➤ Can the participant choose from whom they receive services and supports? ➤ Do participants know how to request a change of service provider or support staff? ➤ Do participants know how to make a complaint? (Added for DDD-AFH) 			
<p>6</p> <p>Setting ensures the participants right of privacy, dignity, respect, and freedom from coercion and restraint</p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> ➤ Information about the waiver participant’s conditions and service plan should be maintained in a secure file with only appropriate staff provided access to this information. Staff should be trained in service provision without coercion or loss of the participant’s privacy, dignity, respect or restraint. ➤ The participant’s right to dignity and privacy is protected and respected. ➤ Participants have the right to live in an environment and exercise their right to choice and self-determination free from coercion. ➤ Information is available to participants on how to file an anonymous complaint. 	<ul style="list-style-type: none"> ➤ Are files containing waiver participant specific information maintained in a secure location and available only to appropriate staff for use in providing the authorized service? ➤ Are providers’ personnel trained to provide the authorized service with respect for the participant’s privacy, dignity, and free from restraint and coercion? ➤ Is personal information kept private? ➤ Is information about filing complaints posted in obvious and accessible areas? ➤ Are participants comfortable with discussing concerns? ➤ Do participants greet and chat with staff? ➤ Are participants aware of the Hawaii Disability Rights Center (HDRC) or Adult Protective Services (APS)? ➤ Does staff converse with participants while providing assistance/services and during the course of the day? 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
<ul style="list-style-type: none"> ➤ Staff treats participants in a dignified manner. 	<ul style="list-style-type: none"> ➤ Does staff talk to other staff in front of participants as if they are not there? ➤ Does staff address participants in the manner they like to be addressed? 			
<p>7</p> <p>Setting is physically accessible to the participant.</p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> ➤ Participants are able to maneuver through the hallways, doorways, and common areas with or without assistive devices. Supports are available to participants that require them. ➤ Participants are able to access all areas of the setting unless their safety would be jeopardized, e.g., participants do not have access to maintenance rooms, janitor’s closets, etc. ➤ Participants have independent access to appliances and household amenities in order to complete standard household chores and activities of daily living as appropriate. ➤ Participants have full access to the community and are allowed to come and go from the setting, as they desire, unless the participant’s safety would be jeopardized. Reasons to restrict movement are documented in the 	<ul style="list-style-type: none"> ➤ Are supports provided for participants who need them to move around the setting independently/at will (grab bars, ramps, viable emergency exits etc.)? ➤ Are appliances/amenities accessible to participants with varying access needs? ➤ Can participants make use of furniture and spaces conveniently and comfortably? ➤ Are hallways/common areas accessible to participants of varying needs? ➤ Are participants, or groups of participants, restricted from areas of the setting because it is inaccessible to participants with specific needs? ➤ How are participants prevented from entering restricted areas (gates, locked door, barriers etc.)? ➤ Do participants have access to cooking/food preparation facilities? ➤ Are participants able to come and go from the setting with or without a service worker? 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
<p>setting's participant record. Attempts to mitigate safety issues prior to revoking a participant's right to freedom of movement are documented.</p> <ul style="list-style-type: none"> ➤ Participants have access to outside communications. 	<ul style="list-style-type: none"> ➤ Can participants engage in community and social activities of their preference outside of the setting at will? ➤ Are participants moving around inside and outside of the setting? ➤ Do participants have access to public transportation; are transport options accessible to the participant? ➤ Are public transport schedules and contact information readily accessible to participants? ➤ Does the setting provide accessible transportation so participants may access the community? ➤ Does the setting offer training to participants on how to use public transportation? ➤ Do participants have access to radios and televisions? ➤ Does the setting afford participants access to the internet for personal use and/or computers with internet access for communal use? ➤ Do participants have access to laundry facilities? ➤ Do participants have access to cooking/food preparation facilities? ➤ Are participants able to do personal chores/housekeeping if necessary? 			

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
	<ul style="list-style-type: none"> ➤ Does the setting impose a curfew, or otherwise restrict participants' ability to enter or leave the setting at will? 			
<p>8</p> <p>Participants have visitors and access to family and friends</p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> ➤ Participants are able to receive visitors. Visitation is not restricted or hampered by setting policies or practices. ➤ Visitors must be allowed outside of visiting hours. ➤ There is a comfortable private place for participants to have visitors. 	<ul style="list-style-type: none"> ➤ Are visiting hours restricted? ➤ Are visiting hours posted? ➤ Are participants or visitors required to give advance notice of visitation? ➤ Are there restricted visitor meeting areas? ➤ Are there restrictions to accommodate other residents, such as limiting visitors to certain areas of the setting and observing "quiet hours"? ➤ Are participants able to have overnight visits? (Added for DDD-AFH) 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>9</p> <p>Setting is integrated in and supports access to the greater community</p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> ➤ Residential service settings should offer services in settings that are fully accessible to Medicaid waiver participants. HCB service provision should encourage Medicaid waiver participants to engage in the larger community outside the waiver program. ➤ Transportation is provided or arranged to community activities such as 	<ul style="list-style-type: none"> ➤ Is the location where the service is provided surrounded by high walls/fences and/or have closed/locked gates? ➤ Is the setting where the service is provided among private settings/businesses and community resources? ➤ How are participants accommodated to go into the community? ➤ Is transportation provided? If yes, what kind and how is it arranged? 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

	L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
	<p>shopping, restaurants, religious institutions, senior centers, etc.</p> <ul style="list-style-type: none"> ➤ The setting should have a policy for requesting transportation and participants should be made aware of the policy. Observe sign-up sheets, instructions on how to request transportation, etc. 	<ul style="list-style-type: none"> ➤ Do participants have an attendant when out in the community? ➤ Do participants participate in a Day Program? If yes, how is participant accommodated to get there and back? ➤ Do participants work? If yes, how is participant accommodated to get there and back? ➤ Does participant's living schedule accommodate day program or work schedule? ➤ Does participant choose his/her activities when out in community? 			
10	<p>Participants have access to their resources</p> <p><u>Expectation:</u></p> <ul style="list-style-type: none"> ➤ Participants have the ability to seek and gain competitive employment in the community ➤ Participants have the option to keep their own money and to control their own finances/resources. 	<ul style="list-style-type: none"> ➤ How does the setting aid participants who wish to pursue competitive employment in the community? ➤ Do participants have the option of having personal bank accounts? ➤ How can participants access their personal funds? 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
11	<p>Setting optimizes participant initiative, autonomy, and independence in making life choices</p> <p><u>Expectation:</u></p>	<ul style="list-style-type: none"> ➤ Does the service setting optimize the participant's initiative, autonomy and independence in making choices about activities of daily living? 	<input type="checkbox"/> YES <input type="checkbox"/> NO		

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
<ul style="list-style-type: none"> ➤ The service setting encourages participant autonomy and choice and is not regimented. ➤ Modifications to the HCB Characteristics requirements are supported by an assessed need and justified in the participant's person- centered plan. 	<ul style="list-style-type: none"> ➤ Is the service provided in a manner that encourages the participant to make choices or are choices made as part of a regimented response? ➤ Does documentation note if positive interventions and supports were used prior to any plan modifications and/or the restriction of an HCB Characteristic requirement? ➤ Were less intrusive methods of meeting the need tried and documented first? ➤ Does the plan include a description of condition that is directly proportional to the assessed need, data to support the ongoing need for modification, informed consent and an assurance the intervention will not cause harm to the participant? ➤ When participants do not want to attend their ADH programs, where do they go? (Added for DDD-AFH) 			
Specific Location				

L. HCBS Requirements		M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
12	<p>Setting is located in a building that is also a publicly or privately-operated setting that provides inpatient institutional treatment</p> <p>Expectation for 12-16:</p> <ul style="list-style-type: none"> ➤ Participants do not live in isolated compounds, or settings which limit their potential integration with the community at large. ➤ All participants in the setting are afforded the degree of community integration required by the final rule and desired by the participant. 	<ul style="list-style-type: none"> ➤ Is the setting surrounded by high walls/fences and/or have closed/locked gates? ➤ Does the setting have institutional characteristics, such as cameras; participant’s schedules or other personal information posted; lack of uniqueness in room décor; indicators of seclusion or restraint such as quiet rooms with locks, restraint chairs, or posters of restraint techniques; regimented meal times and other daily activities; ➤ Is the setting among private settings/businesses and community resources? ➤ Does the setting purposefully separate participants receiving Medicaid HCBS services from those who do not, or groups of participants from others? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO
13	<p>Setting that is located in a building on the grounds of, or immediately adjacent to, a public institution</p>	<ul style="list-style-type: none"> ➤ Is the setting on the grounds of, or adjacent to, a public institution? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO
14	<p>Participants in the setting have limited, if any, interaction with the broader community</p>	<ul style="list-style-type: none"> ➤ Is there an ADH program, or a licensed residential setting on the same or adjacent parcels of land? ➤ How does the setting overcome its presumed institutional qualities? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO
15	<p>Setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities</p>	<ul style="list-style-type: none"> ➤ Describe the qualities of the setting and how it is integrated in and supports full access of participants receiving home and community-based services into the greater community. 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO
16	<p>Multiple settings co-located and operationally related (i.e., operated and controlled by the</p>	<ul style="list-style-type: none"> ➤ Describe the proximity to and scope of interactions with community settings used by participants not 	<input type="checkbox"/> YES		<input type="checkbox"/> YES

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
<p>same provider): These settings congregate a large number of people with disabilities together and provide for significant shared programming and staff, such that people’s ability to interact with the broader community is limited. Depending on the program design, this could include, for example, group homes on the grounds of a private ICF or numerous group homes co-located on a single site or close proximity (multiple units on the same street or a court, for example). This does not include Continuing Care Retirement Community (CCRC) that has independent apartments on site</p>	<p>receiving Medicaid funded home and community-based services.</p> <ul style="list-style-type: none"> ➤ Provider qualifications for staff employed in the setting indicate training or certification in home and community-based services, and demonstrate the staff is trained specifically for home and community-based support in a manner consistent with the HCB settings regulations. ➤ Service definitions explicitly support the setting requirements. For example, definitions of employment supports that facilitate community-based integrated employment or, for setting-based programs, maximize autonomy and competitive employment opportunities. ➤ Procedures in the setting that indicate support for activities in the greater community according to the participant’s preferences and interests, staff training materials speak of the need to support participants’ chosen activities, and a discussion of how schedules are varied according to the typical flow of the local community (appropriate for weather, holidays, sports seasons, faith-based observation, cultural celebrations, employment, etc.). ➤ Interconnectedness between the setting and the setting in question, including administrative or financial interconnectedness, does not exist or is minimal. ➤ To the extent any setting staff are assigned occasionally or on a limited basis to support or back 	<input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> NO

L. HCBS Requirements	M. Example Questions	N. Met	O. Explanation	P. Technical Assistance Needed (Remediation)
	<p>up the HCBS staff, the setting staff are cross-trained to meet the same qualifications as the HCBS staff;</p> <ul style="list-style-type: none"> ➤ Participants in the setting in question do not have to rely primarily on transportation or other services provided by the setting, to the exclusion of other options; ➤ The proposed HCBS setting and setting have separate entrances and signage; ➤ The setting is integrated in the community to the extent that a person or persons without disabilities in the same community would consider it a part of their community and would not associate the setting with the provision of services to persons with disabilities; ➤ The participant participates regularly in typical community life activities outside of the setting to the extent the participant desires. Such activities do not include only those organized by the provider agency specifically for a group of participants with disabilities and/or involving only paid staff; community activities foster relationships with community members unaffiliated with the setting; ➤ Services to the participant, and activities in which the participant participates, are engaged with the broader community. 			

Today's Date: _____

Thank you very much for your cooperation during our visit. You were visited today by Reviewers: _____ and _____.

Today's visit is just one step in many which will help us in our efforts to ensure that individuals receiving long-term services and supports through HCBS programs have full access to benefits of community living and the opportunity to receive services in the most integrated setting.

What happens next?

The validation period ends on December 11, 2015 and the My Choice My Way advisory group will review all validation findings. In February 2016, the state will publish a list of all providers and public comments will be available until March 2016. Then the remediation component of the transition plan will begin in June 2016. In addition, we will continue to hold information sessions twice a year to keep the community updated on the transition plan. The next information session is scheduled for January 2016.

Questions?

If you have questions, contact Department of Human Services Med-QUEST Division via email at mychoicemyway@medicaid.dhs.state.hi.us or telephone at 808-692-8094. You may also visit www.med-quest.us/#HCBSTran for more information on My Choice My Way or the transition plan. A copy of the validation tool used for this on-site visit is located at the website listed above.

Thank you again for your cooperation.

Department of Human Services
Med-QUEST Division