



2021

1915(c) WAIVER

AMENDMENT #7

STANDARDS

VERSION B

October 19, 2023
1:00 pm - 2:30 pm

Welcome

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light to dark. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The overall composition is clean and modern, with the word 'Welcome' centered in a bold, dark green font.

Agenda

- ▶ Waiver Amendment and Waiver Standards Update
- ▶ Navigating Changes in the Waiver Amendment Version B
- ▶ Section 1: General Requirements & Information - Waiver Overview
- ▶ Section 3: Medicaid I/DD Waiver Provider General Requirements and Standards
- ▶ Nursing Assessment and Delegation
- ▶ Section 4: Service-Specific Performance Standards
- ▶ Other Revisions
- ▶ Rates
- ▶ Questions and Answers

Waiver Amendment and Waiver Standards Update

- ▶ The 7th Waiver Amendment for the 2021 Waiver was submitted to CMS on August 1, 2023
- ▶ CMS sent an Informal Request for Additional Information (IRAI), which DDD and MQD responded to on September 21, 2023
- ▶ Received CMS approval of the Waiver Amendment with effective date of November 1, 2023
- ▶ Provisional Waiver Standards Version B was issued and posted to the DDD website on October 2, 2023
 - ▶ Pending MQD review and approval

Navigating Changes in the Waiver Standards Version B



- ▶ See Summary of Changes table on pages 9-17
- ▶ All changes in the Waiver Standards are highlighted in yellow throughout
- ▶ Waiver Standards Version B is effective November 1, 2023

TABLE: Summary of Changes in Waiver Standards effective November 1, 2023

Page	Section	Topic	Summary of Change
24	Introduction	EVV	Removed this section and added it to the EVV section 3.2-E
34	1.4.A	Level of Care Re-Evaluation	Added option for participants to choose to have their LOC re-evaluation in-person or by telehealth
34	1.5.A	ISP Development, Updates, and Revisions	Clarified need for a signed Consent for Services in order for the ISP to be in effect Clarified the need for a new signed Consent for Services for changes in ISP that affects service delivery. Added exception for emergency situations where the signed Consent for Services may be obtained after service delivery has begun
37	1.5.B.1	Individual Supports Budgets	Updated Individual Supports Budget ranges
39	1.5.I	Service Authorization	Clarified that services will be authorized through INSPIRE upon receipt of the participant or guardian signature; their authorization will be sent to Conduct
47	1.7.I	Nursing Assessment and Delegation	Added language that nurse delegation is part of certain services; T&C RN for delegation activities still available for certain services Added documentation requirements for nurse delegation
72	3.1.C	Applying for Or Amending Participation As A Medicaid IDD Waiver Provider	Revised the DHS-MQD requirements for provider enrollment through HOKU
76	3.2.D	HCBS Final Rule	Removed language about the transition period for HCBS Final Rule compliance because the federal deadline has passed and the Final Rule is in effect
76	3.2.I	Electronic Visit Verification (EVV)	Consolidated and removed duplicative language from the Introduction section

Section 1: General Requirements & Information - Waiver Overview

- ▶ Level of Care Re-evaluation
- ▶ Individual Supports Budgets
- ▶ ISP Development, Updates, and Revisions
- ▶ Service Authorizations

Level of Care (LOC) Re-evaluation

Section 1.4-A pg. 34

- ▶ Added the option for participants to choose to have their LOC re-evaluation in-person or by telehealth
 - ▶ CMs can administer the Inventory for Client & Agency Planning (ICAP) by telehealth
-

Individual Supports Budgets

Section 1.4.B-1 pg. 37

Updated the Individual Supports Budgets ranges due to the increase in rates

Individualized Service Plan (ISP) Development, Updates, and Revisions

Section 1.5-A pg. 35-36

- ▶ Clarified the need for a signed Consent for Services in order for an ISP to be in effect
- ▶ Clarified the need for a new signed Consent for Services for changes in the ISP that affect service delivery
- ▶ Added an exception for emergency situations where the signed Consent for Services may be obtained after service delivery has begun
 - ▶ For situations to address a participant's immediate health and safety needs, hospitalization, or imminent risk of more restrictive placement, services may be authorized on an emergency basis.
 - ▶ The emergency must be clearly indicated in the ISP.

Service Authorization

Section 1.5-D pg. 39

- ▶ Clarified that services will be authorized through INSPIRE upon receipt of the participant or guardian signature on the Action Plan and/or ISP
- ▶ Authorization through INSPIRE will then be sent to Conduent

Section 3: Medicaid I/DD Waiver Provider General Requirements and Standards

- ▶ Training Requirements
- ▶ General Staff and Licensed/Certified Caregiver Qualifications
- ▶ Additional Qualifications for Service Supervisors
- ▶ Individual Plan Development and Updates

Training Requirements

Section 3.4-B pg. 84-85

- ▶ Updated training topics to include one new mandatory topic required for new hires: Alcohol and Drug-Free Workplace - refer to Section 3.1-H
 - ▶ Mandatory training topics changed from 17 to 18 topics
- ▶ Added four new training requirements for all new service supervisors
 - ▶ Individual Plan Development and Updates (pages 93-94)
 - ▶ Report Writing (pages 94-95)
 - ▶ Oversight and Monitoring (pages 95-98)
 - ▶ Maintenance of Participant Records (pages 98-99)

General Staff and Licensed/Certified Caregivers Qualifications

Section 3.4-C pg. 86

Clarified tuberculosis (TB) Clearance requirements for I/DD Waiver staff and licensed/certified caregivers:

- ▶ I/DD Waiver staff are required to obtain a TB clearance prior to starting employment for an I/DD Waiver Provider
 - ▶ TB clearance must be obtained after the age of 16
 - ▶ The 2-step TB test is not required unless the practitioner determines it is needed through the screening process for TB clearance
- ▶ Licensed/certified caregivers must follow TB requirements in accordance with HAR §11-164.2-24

Additional Qualifications for Service Supervisors

Section 3.4-D pg. 87-88

Minimum qualifications for service supervisors without a bachelor's degree:

- ▶ Possess a high school diploma or equivalent (GED) and a minimum of two (2) years of experience providing direct assistance to individuals with intellectual and/or developmental disabilities
- ▶ Prior attestation in writing that the following requirements are met:
 - ▶ Has been employed by the agency for a minimum of six (6) months; and
 - ▶ Must be under the supervision/oversight of a qualified staff who will co-sign with the service supervisor for the first six (6) month

Individual Plan Development and Updates

Section 3.5-A pg. 93



Section 3: Medicaid I/DD Waiver Provider General Requirements and Standards

- ▶ Financial Accountability -
Pre-Payment Review
- ▶ Financial Accountability -
Post-Payment Reviews
 - ▶ New Term
 - ▶ Documentation
Requirement for All
Billable Claims
 - ▶ ISP
 - ▶ Service Records

Financial Accountability - Pre-Payment Review (EVV Only)

Section 3.7 pg. 108-109

- ▶ Section 12006(a) of the 21st Century Cures Act mandates that states implement Electronic Visit Verification (EVV) for all Medicaid personal care services (PCS) and home health care services (HHCS) that require an in-home visit by a Provider.
- ▶ Claims for EVV services that do not have supporting EVV data will be denied
- ▶ All Providers of EVV services must have no more than 15% manually edited/entered visits per month
- ▶ Manually entered visits do not meet CMS requirements for an EVV visit and are not compliant
- ▶ Providers are responsible to ensure they are compliant with any updated requirements that DHS-MQD issues

Financial Accountability - Post-Payment Reviews

Section 3.8 pg. 109-115

- ▶ New Term - Auditor
- ▶ Documentation Requirements (ISP)
 - ✓ ISP - Approved ISP and a Consent for Services Form or Action Plan signed by the participant, parent of the minor, and/or legal guardian prior to providing services that cover the entire fiscal audit period.
 - ✓ The Provider is responsible to obtain an approved ISP with a signed Consent for Services Form or signed Action Plan prior to providing services.
 - ✓ Exceptions may be made for emergency authorization of services that address a participant's immediate health and safety needs, hospitalization, or imminent risk of more restrictive placement.
 - ✓ The Provider is responsible for following up with the CM and obtaining the updated signed Action Plan or ISP and signed Consent for Services Form prior to submitting claims.
 - ✓ Not providing approved ISPs or Action Plans to cover the entire fiscal audit period and/or an ISP with a Consent for Service signed prior to providing services will be subject to recoupment.

Financial Accountability - Post-Payment Reviews (cont.)

Section 3.8 pg. 109-115

► Documentation Requirements (Service Records)

- ✓ Formally known as Participant's Attendance Log
- ✓ New name: Service Records
- ✓ The service records must be organized and legible.
- ✓ Each service record must contain the following data elements:
 - Participant's full name
 - Date(s) of service provided (including day, month, and year);
 - Time of service provided (both start and end times with AM or PM designations required) excluding non-billable time where the participant is present but not receiving services (e.g., waiting for transportation);
 - Type of service provided, (such as ADH or PAB);
 - Staff to participant ratio (staff to participant ratio must be clearly indicated for applicable services);
 - Name(s) and signature(s) of direct support worker(s) who provided the service listed above or an electronic signature, digital signature, or a unique electronic identifier of direct support worker(s) with an audit trail report; and
 - Name and signature of the service supervisor who verified the service and information listed above or an electronic signature, digital signature, or a unique electronic identifier of the service supervisor with an audit trail report.
- ✓ Missing any of the data elements above in the Service Record(s) provided will be subject to recoupment.

Nursing Assessment and Delegation

- ▶ Participants with nursing tasks during waiver service hours shall receive RN or delegated support as appropriate
- ▶ Nursing is built into many services
- ▶ RN T&C remains for few services
- ▶ Documentation and process requirements continue with minor updates

Nursing Built Back Into Certain Services

Section 1.7-D pg. 47-53 & Section 4

- ▶ Nursing is a part of the following services for the purpose of developing, overseeing, training, and documenting plans for delegation of nursing tasks performed during the delivery of service, as needed:
 - ▶ Adult Day Health (ADH);
 - ▶ Community Learning Service - Group (CLS-G);
 - ▶ Community Learning Service - Individual (CLS-Ind);
 - ▶ Personal Assistance/Habilitation (PAB);
 - ▶ Residential Habilitation (ResHab); and
 - ▶ Respite.

Nursing Assessment and Delegation

Section 1.7-D pg. 47-53 & Section 4

Training and Consultation - RN is available for the following services for the purpose of developing, overseeing, training, and documenting plans for delegation of nursing tasks performed during the delivery of service, as needed:

- ▶ Consumer-Directed
 - ▶ PAB
 - ▶ CLS-Ind
 - ▶ Respite
- ▶ Community Navigator
- ▶ Discovery and Career Planning (DCP)
- ▶ Individual Employment Supports (IES)

Nursing Assessment and Delegation

Section 1.7-D pg. 47-53

Providers must use the Provider Nurse Delegation Packet to complete the Nursing Assessment (see Appendix 4E).

- ▶ Nursing Assessment: The Nursing Assessment must include, but is not limited to the following:
 - ▶ identification of tasks that may be delegated, based on the participant's needs and circumstance,
 - ▶ assessment of the participant's circumstance,
 - ▶ assessment of the person(s) that may perform the delegated task(s),
 - ▶ supervision/monitoring requirements, and
 - ▶ recommendation for hours needed for Training and Consultation - RN (when applicable, see below) to complete nurse delegation requirements. Recommended hours will be reviewed and considered for authorization by the DOH-DDD.
- ▶ If the RN determines that any person is unable to perform the task(s) and the RN will not delegate; or that any task is not delegable and must be performed by a licensed nurse, the RN must submit documentation of the written notification with reason(s) to the CM.
- ▶ The Nursing Assessment must be completed annually, prior to the scheduled ISP. For new participants or new services, the Nursing Assessment shall be completed within thirty (30) calendar days of the ISP meeting, if nurse delegated tasks are identified.

The image shows a sample of the 'PROVIDER NURSING ASSESSMENT' form. The form is titled 'PROVIDER NURSING ASSESSMENT' and is divided into several sections. The first section is '1. Background Information', which includes fields for Date, Participant Name, Date of Birth, Guardian (if applicable), Health Plan, RN Provider Agency, Provider RN conducting the nurse assessment, CMB Unit & CM, and Residential Setting. Below this section are sections for Medical History (include diagnoses), Medical Stability (include all risk factors, precautions, hospitalizations, and AERs in the past year), Diet/Nutrition, Durable Medical Equipment/Medical Supplies, and Medications /Allergies (include medication name, indication, dose, route & ordering physician). The form is labeled 'Page 1' at the bottom right.

Nursing Assessment and Delegation

Section 1.7-D pg. 47-53

Nurse Delegation Plan:

- ▶ Nurse delegation must be in accordance with HRS §457-7.5.
A Registered Nurse (RN), who is licensed in the state of Hawai'i in accordance with HRS §457-2.5 and §457-7, must develop the nurse delegation plan for each task and each person performing delegated tasks, at least annually, within thirty (30) calendar days of completion of the Nursing Assessment. Nurse Delegation plans must be signed by the delegating RN and each delegatee completing the task.
- ▶ A Licensed Practical Nurse (LPN) shall not develop a delegation plan.

Nursing Assessment and Delegation

Section 1.7-D pg. 47-53

The Nurse Delegation plan must:

- ▶ identify the nursing task to be delegated;
- ▶ list the equipment needed;
- ▶ describe each step needed to complete the task;
- ▶ review the expected outcomes of the task;
- ▶ review the possible adverse reaction(s) to the task;
- ▶ specify a clear emergency plan that includes:
 - ▶ who to call with the phone number and backup phone numbers
 - ▶ when to initiate Emergency Medical Service (EMS), call 911
- ▶ document the task and observations noted.

Nursing Assessment and Delegation

Section 1.7-D pg. 47-53

Nurse Delegation Plan for Medication Administration or Assistance:

- ▶ The nurse delegation plan must include the following for each medication:
 - ▶ Brand or generic (as applicable) name,
 - ▶ Identifying photo (if available),
 - ▶ Intended purpose,
 - ▶ Potential adverse effects,
 - ▶ Drug/food interactions,
 - ▶ General information on recommended dosages and the medication's effect, and
 - ▶ Instructions for monitoring the participant's response to the medication.
- ▶ Copies of signed Nurse Delegation plan(s) must be in the participant's record at the service site; including Nurse Delegation plan(s) for any medication assistance or administration tasks performed during the waiver service hours with the exception of self-administered medications as defined in Section 1.7.

Nursing Assessment and Delegation

Section 1.7-D pg. 47-53

Training and Skills Verification Requirements:

- ▶ Training and skills verification on the Nurse Delegation Plan(s) must be performed prior to the start of performing nurse delegated tasks, and at least annually thereafter, for each delegatee performing nurse delegated tasks.
- ▶ Documentation of training and skills verification must include the delegatee's name(s), date(s) training and skills verification was completed, and the nurse delegated task(s) to be performed. The Provider shall maintain documentation of training and skills verification for each delegatee and make available upon request by DOH-DDD.

Nursing Assessment and Delegation

Section 1.7-D pg. 47-53

Oversight and Monitoring of Nurse Delegation:

- ▶ The RN must conduct, at a minimum, quarterly visits with the participant and delegatee(s) and other supervision/monitoring activities needed, based on the Nursing Assessment.
- ▶ The RN may conduct quarterly visits by telehealth if there are no health and safety concerns and if agreed upon by the participant and the circle of supports.
 - ▶ There may not be two (2) consecutive quarters where telehealth is used for the quarterly visits.
 - ▶ For the quarterly in person visit by the RN, telehealth may be used for extenuating circumstances that do not allow for in-person visits.
 - ▶ The quarterly in-person visit must be resumed as soon as the extenuating circumstances are no longer present.
 - ▶ Documentation of the extenuating circumstances and follow-up in-person visit must be provided in the quarterly reports or as a separate nursing report.

Nursing Assessment and Delegation

Section 1.7-D pg. 47-53

Oversight and Monitoring of Nurse Delegation (cont.):

- ▶ Quarterly, or more frequent, visits must include, but is not limited to:
 - ▶ review of the data to determine whether the delegatee(s) are performing tasks in accordance with the Nurse Delegation plan(s), for example, reviewing the Medication Administration Record (MAR) and other documents may identify medication errors that need the RN to address with the delegatee;
 - ▶ identification of any issues or concerns and recommendations for addressing;
 - ▶ discuss any new delegatee training or re-training; and
 - ▶ other requirements specified in the ISP.
- ▶ Quarterly, or more frequent, visits must be documented, including the date, start and end time, who was present and specific nurse delegated tasks observed.
- ▶ This information must be included in the Provider's quarterly reports for each service or as a separate nursing report.

Section 4: Service- Specific Performance Standards

- ▶ Interface with T&C-RN
- ▶ T&C Reference to Act 167, Sessions Laws of Hawaii 2023

Interface with T&C-RN

- **Removed** interface with T&C-RN for nurse delegation activities for the following services:
 - Additional Residential Supports (ARS)
 - Adult Day Health (ADH)
 - Community Learning Service - Group (CLS-G)
 - Community Learning Service - Individual (CLS-Ind) - provider delivered only
 - Personal Assistance/Habilitation (PAB) - provider delivered only
 - Residential Habilitation (ResHab)
 - Respite - provider delivered only

Section 4

- **Added** interface with T&C-RN for nurse delegation activities for the following services:
 - Consumer-Directed: CLS-Ind, PAB, Respite
 - Community Navigator
 - Discover and Career Planning (DCP)
 - Individual Employment Supports (IES)

T&C Reference to Act 167, Sessions Laws of Hawaii 2023

Section 4

- ▶ Clarified that psychologists may supervise registered behavior technicians (RBTs) to implement a behavior support plan (BSP) developed by a psychologist
- ▶ Added to the following services:
 - ✓ Additional Residential Supports (ARS)
 - ✓ Adult Day Health (ADH)
 - ✓ Community Learning Service - Group (CLS-G)
 - ✓ Community Learning Service - Individual (CLS-Ind)
 - ✓ Personal Assistance/ Habilitation (PAB)
 - ✓ Residential Habilitation (ResHab)
 - ✓ Respite
 - ✓ Training and Consultation (T&C)

Section 4: Service- Specific Performance Standards

- ▶ Additional Residential Support (ARS)
- ▶ Assistive Technology (AT), Environmental Accessibility Adaptations (EAA), Specialized Medical Equipment and Supplies (SMES), & Vehicle Modifications (VM)
- ▶ Discovery and Career Planning (DCP)
- ▶ Non-Medical Transportation (NMT)
- ▶ Personal Assistance/Habilitation (PAB)
- ▶ Residential Habilitation (ResHab)
- ▶ Waiver Emergency Services
- ▶ Out-of-State: Community Learning Service - Individual (CLS-Ind) and Personal Assistance/Habilitation (PAB)
- ▶ In the Hospital: Personal Assistance/Habilitation (PAB)

Additional Residential Support (ARS)

Section 4.2 pg. 126-130

- ▶ Clarified the intent of the service that the ARS DSW works together with the ResHab caregiver and not in place of the ResHab caregiver
-

Assistive Technology (AT), Environmental Accessibility Adaptations (EAA), Specialized Medical Equipment and Supplies (SMES), & Vehicle Modifications (VM)

Section 4.4, 4.9, 4.17, & 4.19

- ▶ Added that the request for AT, EAA, SMES, or VM must be within one (1) year of the date of the practitioner's order was signed
- ▶ The purchase of the AT, EAA, SMES, or VM may be completed after the practitioner's order is no longer valid, as long as the participant's needs for the service have not changed.

Discovery and Career Planning (DCP)

Section 4.8 pg. 172-180

- ▶ Added telehealth as an option for service delivery

Non-Medical Transportation (NMT)

Section 4.11 pg. 195-197

- ▶ Clarified that a Public Utilities Commission (P.U.C.) license is only required for public transportation such as HandiVan and TheBus

Residential Habilitation (ResHab)

Section 4.15 pg. 217-232

- ▶ ResHab may not be provided to a participant while the participant is hospitalized or when traveling out-of-state (see PAB)
- ▶ Once the provider has billed 344 units for the ISP plan year, the provider has been paid in full for the 365-day ISP plan year. The provider must continue to provide services for the remainder of the ISP plan year
- ▶ The authorized rate for ResHab service is based on whether the home is certified or licensed

Waiver Emergency Services

Section 4.20.1 pg. 260-268

Section 4.20.2 pg. 269-278

- ▶ Crisis Mobile Outreach (CMO): revised the required amount of face-to-face time to a portion of the time of the visit, based on the participant's needs
- ▶ CMO and Out-of-Home Stabilization (OHS):
 - ▶ Revised minimum qualifications for CMO staff to a high school diploma or equivalent and one year experience working with people with I/DD and/or people experiencing behavioral crisis
 - ▶ Added a training topic for staff to include HCBS Final Rule for Community Integration

Out-of-State Travel: Community Learning Service - Individual (CLS-Ind) and Personal Assistance/Habilitation (PAB)

Section 4.6.2 pg. 153-164

Section 4.12 pg. 198-208

- ▶ CLS-Ind and PAB may be delivered out-of-state, but may not be delivered out of the country
- ▶ CLS-Ind and PAB may be provided by the primary licensed/certified caregiver if provided in place of ResHab and ResHab authorization is reduced by the number of days out-of-state (with the caregiver)
- ▶ PAB may be provided out-of-state for participants who live in licensed/certified homes, receiving ResHab (without the caregiver)
- ▶ Removed the limit that only one (1) staff could provide services out-of-state

In the Hospital: Personal Assistance/ Habilitation (PAB)

Section 4.12 pg. 198-208

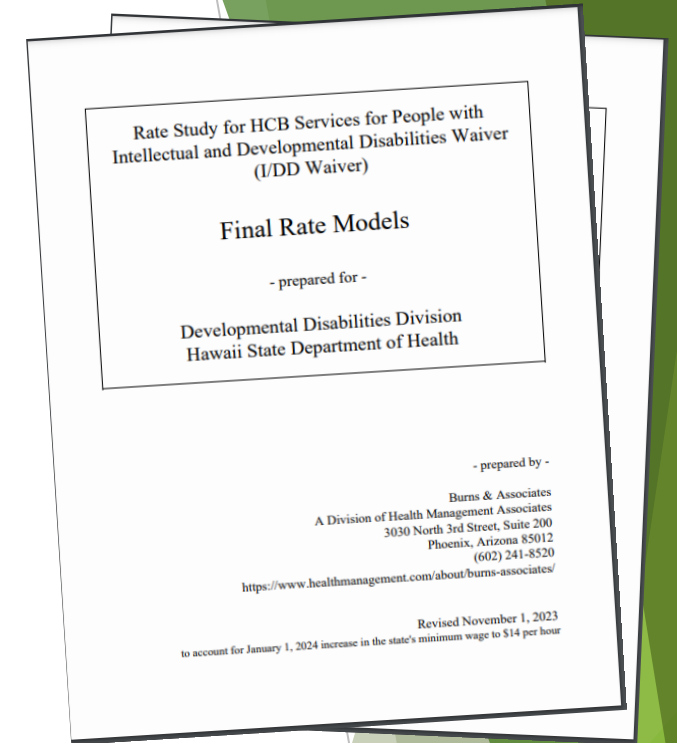
- ▶ Participants who live in licensed/certified homes may receive PAB while in an acute-care hospital setting
- ▶ PAB in the hospital may not be provided by the ResHab caregiver

Other Revisions

- ▶ Hawaii's Online Kahu Utility (HOKU) provider enrollment system
 - ▶ Removal of \$500 provider enrollment fee
- ▶ The use of telehealth for oversight and monitoring for provider service delivery must be agreed upon by the participant and circle of supports and documented in the ISP
- ▶ Reconciliation for Waiver Emergency Services
- ▶ Respite services do not include the cost of meals

Rates

- ▶ 2020 Provider Rate Study
- ▶ Adjustments to the 2020 Rate Models
- ▶ Implementation of the Rate Models



2020 Provider Rate Study

- ▶ DDD contracted with Burns & Associates (now a division of Health Management Associates) in 2020 to conduct a comprehensive study of payment rates for waiver services
 - ▶ Key tasks
 - ▶ Review of service requirements and discussions with DDD staff and service providers
 - ▶ Design and administration of a provider survey
 - ▶ Identification of independent benchmark cost data
 - ▶ Development of detailed rate models
 - ▶ Facilitation of a public comment process
 - ▶ Detailed information can be found at <https://health.hawaii.gov/ddd/provider-training/rate-study-update/>
- ▶ To comply with federal requirements to regularly review rates, DDD and HMA-Burns will be conducting another rate study in 2024
 - ▶ Do not expect to implement results prior to July 2025

Adjustments to 2020 Rate Models

- ▶ Accounting for Hawaii's increasing minimum wage
 - ▶ Increasing from \$10.10 per hour to \$12.00 effective October 1, 2022 and to \$14.00 per hour on January 1, 2024
 - ▶ Rate study does *not* consider direct support to be a minimum wage job
 - ▶ However, direct support professionals generally earn modest wages and so are impacted as the minimum wage increases
 - ▶ Rate models account for 'spillover' effects - as the minimum wage increases, wages for lower-paid workers who already earn more than the new minimum must be increased to ensure these jobs remain competitive
- ▶ Incorporating Personal Protective Equipment (PPE)
 - ▶ To reduce administrative burden, the cost of PPE has been incorporated into the rate models for most services (labeled as Specialized Medical Supplies)
 - ▶ The Specialized Medical Equipment and Supplies can no longer be billed for PPE

Implementation of the Rate Models

- ▶ Final rate models represented an increase of about 20 percent on average
 - ▶ Due to statewide budget shortfalls at the time, funding was not available to implement the rate models
- ▶ DDD ultimately used funds made available through the federal American Rescue Plan Act to temporarily increase payment rates
 - ▶ Rates were increased by one-half of the recommended amounts on July 1, 2021 (e.g., if a rate was recommended to increase 20 percent, it was increased 10 percent)
 - ▶ The full rate study recommendations, with the adjustment for the higher minimum wage, were implemented on October 1, 2022
- ▶ The state budget for the biennium beginning July 1, 2023 includes funding to make these rate increases permanent
 - ▶ Rates will be additionally increased on November 1, 2023 to account for the January 1, 2024 increase in the minimum wage



Questions & Answers

Thank You!



More Questions?

Please email us with your questions:

DOH.DDDtraining@doh.hawaii.gov

Mahalo!