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In reply, please refer to:  
File:

Medicaid I/DD Waiver  
Memo No.: FY2023-04  
Date: October 28, 2022

**TO:** Medicaid I/DD Waiver Residential Habilitation (ResHab) Providers

**FROM:** Mary Brogan, Administrator  
Developmental Disabilities Division

**SUBJECT:** ResHab Providers Role in Licensed and Certified Residential Settings  
Compliance with Final Rule

The Department of Health, Developmental Disabilities Division (DOH-DDD), continues to implement measures to achieve full compliance with the Centers for Medicare and Medicaid Services (CMS) Home and Community-Based Services (HCBS) final rule on community integration (42 CFR § 441.301) (HCBS final rule). The HCBS final rule requires that people receiving services in Medicaid-funded HCBS settings have full access to the benefits of community living, including the opportunity to live, work and play in integrated community settings with the services and supports they need.

The DOH-DDD has laid out the process to work with provider agencies to demonstrate compliance with the HCBS final rule through the submission and review of the evidence templates with supporting policy documents over the past 18 months. The next phase includes site validations to ensure the evidence submitted is implemented in each individual setting. The site validations are being conducted as part of the certification process for Adult Foster Homes (AFH) and through separate site visits for other residential and non-residential settings.

As a provider of Residential Habilitation (ResHab) services, it is your agency's responsibility to ensure I/DD Waiver ResHab services are provided in settings that are compliant with the HCBS final rule. If deficiencies are identified through the certification process or site validations, you may need to provide support to your staffed settings and/or contracted caregiver settings to help them come into compliance. As the recipient of Medicaid HCBS waiver funds, you are responsible for ensuring full compliance with 42 CFR § 441.301 in all of your Medicaid-funded HCBS settings.

When deficiencies are identified through the site visits, a Plan of Correction (POC) will be sent to the HCBS setting (e.g., AFH caregiver, DD Dom licensee, ARCH licensee), and the ResHab provider agency will be copied. The HCBS setting will have 30 days to

Medicaid I/DD Waiver Program – ResHab Provider Memo  
Memo No. FY2023-04  
October 28, 2022  
Page 2 of 2

fill out the POC and submit to both the DOH-DDD and the ResHab provider agency. The provider agency will have an additional 15 days to work with the setting to correct deficiencies, which may include the establishment of rights [modifications](#) if warranted and approved by the case manager. It is the responsibility of the ResHab provider to verify that each item of the POC is complete and the setting is in compliance with the HCBS final rule. After verifying the POC is complete, the ResHab provider must submit a signed attestation to the DOH-DDD no later than 45 days after receipt of the POC. The completed attestation form (see attached) shall be emailed to DOH-DDD Community Resources Branch at [doh.dddcrb@doh.hawaii.gov](mailto:doh.dddcrb@doh.hawaii.gov).

This transmittal memo updates the Waiver Provider Standards Version A, effective April 1, 2022.

If you have any questions, please contact the Community Resources Branch at (808) 733-2135 or at [doh.dddcrb@doh.hawaii.gov](mailto:doh.dddcrb@doh.hawaii.gov).

Thank you for your continued commitment to providing quality services for individuals with intellectual and developmental disabilities.

Attachment

C: Jon Fujii, DHS-MQD  
DDD Management Team