Hawaii Systems Change Initiative

FIVE-YEAR PLAN FOR IMPLEMENTING:

Aging and Disability Resource Center (ADRC)

Community Living Program (CLP)

Person-centered Hospital Discharge Planning (HDP) Initiatives

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Hawaii Systems Change: Five-Year Plan

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Executive Summary

The State of Hawaii, Department of Health, Executive Office on Aging (EOA), the four county Area Agencies on Aging (AAAs), and HCBS Strategies serving as the Systems Change Developer (SCD), have developed a five-year plan for implementing the following three initiatives:

- A statewide Aging and Disability Resource Center (ADRC) effort that will meet the Administration on Aging's (AoA) criteria for a full-functioning ADRC,
- The Community Living Program (CLP), and
- The person-centered Hospital Discharge Planning (HDP) initiative.

This five-year plan is the result of collaboration and workgroup discussions with EOA, the four county AAAs (Honolulu, Hawai'i, Maui, and Kauai counties), and other respective stakeholders. The overall five-year implementation plan in this document consists of:

- A detailed description of the key operations that will be built and adapted to the existing county and statewide infrastructure.
- The identification of enhancements needed to management information systems (MIS) tasks and the plan for making these enhancements.
- A description of the effort to estimate staffing and infrastructure costs necessary to implement the five-year plan, including the ability to reallocate existing resources and draw down Medicaid Administrative Federal Financial Participation (FFP) to offset these costs.
- A detailed plan identifying the dependent tasks and proposed timeframes for implementing the statewide ADRC operational model.
- An ongoing planning process to guide the implementation of the plan.

When successfully implemented, these systems change efforts will help the state by:

- Improving operations across counties through standardization of tools and the adoption of common performance standards.
- Ensuring that older adults and individuals with disabilities can make informed choices about how to meet their long-term care needs.
- Positioning the state to respond to federal initiatives and requirements affecting health care and long term care services.
- Helping residents of Hawaii keep their loved ones in the community by building programs that support the spirit of 'ohana.

Chapter I: Background

Introduction

The State of Hawaii, Department of Health, Executive Office on Aging (EOA), the four county Area Agencies on Aging (AAAs), and HCBS Strategies serving as the Systems Change Developer (SCD), have developed a five-year plan for implementing the following three initiatives:

- A statewide Aging and Disability Resource Center (ADRC) effort that will meet the Administration on Aging's (AoA) criteria for a full-functioning ADRC,
- The Community Living Program (CLP), and
- The Person-centered Hospital Discharge Planning (HDP) initiative.

Folding these initiatives together, this systems change effort marks a substantial change in how EOA and the AAAs will conduct their business. The primary benefits of these changes include:

1) **Improving operations across counties through standardization of tools and the adoption of common performance standards**: The counties currently have dramatically different ways of fulfilling their role in assisting older adults to make informed decisions about long-term care options and overseeing state Kupuna Care (KC) and federal Older Americans Act (OAA) funded programs. The effort standardizes core pieces of operational infrastructure, such as intake and assessment tools, while allowing the counties to have flexibility in designing program operations that reflect each county's structure and the needs of its citizens.

2) **Ensuring that older adults and individuals with disabilities can make informed choices about how to meet their long-term care needs**: This effort increases the capacity within each county to provide unbiased, useful information and counseling to help individuals and their families make independent and informed choices. Currently, in some counties, individuals may have to refer to multiple resources to discover available options for meeting their long-term care needs. In many cases, decisions regarding what services an individual can get are made by private sector agencies also providing these services. This creates an inherent conflict-of-interest for providers, as there may be strong incentives to recommend their own services or to turn away individuals who may be difficult and costly to serve.

3) **Positioning the state to respond to federal initiatives and requirements affecting health care and long term care services:** Health reform and other federal initiatives are creating pressure for states to create an independent single point of entry that will assist individuals to navigate long-term care choices. This effort will help the state comply with the following federal guidance and requirements:

    a. The Administration on Aging's (AoA) criteria for a full-functioning ADRC.

    b. AoA guidance regarding the need to develop infrastructure to target OAA services to individuals at greatest risk of institutionalization and spend down to Medicaid.

c. The Centers for Medicare and Medicaid Services' (CMS) requirement for "conflict-free" case management included in regulations for Targeted Case Management and from provisions of the Affordable Care Act.

d. CMS guidance for a single point of entry included in the requirements for the Money Follows the Person Demonstration and the upcoming Medicaid State Balancing Initiative.

e. CMS requirements for implementing Section Q of the CMS' mandated Minimum Data Set (MDS) for nursing facilities requiring that each state be able to provide guidance to individuals in nursing facilities who would like to move back to the community.

f. Positioning the state to have a neutral party available to assist individuals with core decisions related to the Community Living Assistance Services and Support Act (CLASS Act) provision in the Affordable Care Act.

4) **Helping residents of Hawaii keep their loved ones in the community by building programs that support the spirit of 'ohana**: These efforts will provide individuals and their families with the information and guidance needed for finding a way to support loved ones in the community. In addition, the participant-directed option will provide individuals and their families with more control over the support they receive by allowing them to hire people from their communities.

This document details the integration of these three initiatives into a statewide operational model. This five-year plan was developed as a result of collaboration and workgroup discussions with EOA, the four county AAAs (Honolulu, Hawai'i, Maui, and Kauai counties), and other respective stakeholders. The overall five-year implementation plan in this document consists of:

- A detailed description of the key operations that will be built and adapted to the existing county and statewide infrastructure.
- The identification of enhancements needed to management information systems (MIS) tasks and the plan for making these enhancements.
- A consolidated budget that identifies the staffing and infrastructure costs necessary to implement the five-year plan, including the ability to reallocate existing resources and draw down Medicaid Administrative Federal Financial Participation (FFP) to offset these costs.
- A detailed plan identifying the dependent tasks and proposed timeframes for implementing the statewide ADRC operational model.
- An ongoing planning process to guide the implementation of the plan.

Developing the Plan

The systems change effort to develop the ADRC operational model and five-year implementation plan included a review of the current operations at each county AAA, the exploration of promising practices to enhance the ADRC, establishment of workgroups to focus on ADRC operations, and use of the workgroups to build consensus and a model for the core operations of the ADRC.

Review of current operations

An initial discovery and review of the current operations at the state and at each individual county AAA was conducted through onsite interviews. A SWOT analysis was used to review the Strengths, Weaknesses, Opportunities, and Threats at both the state and county levels. These initial findings offered a starting point for discussions about the systems change effort needed to implement the vision of a full functioning ADRC.

ADRC Recharge Conference

To kick-off the systems change effort, the state hosted a daylong ADRC Recharge Conference event for stakeholders and representatives from the state and counties. The conference provided information and gathered feedback about the three federal grants that would be part of the systems change effort: The Community Living Program, The Person Centered Hospital Discharge Planning Model and ADRC Expansion grants. The conference also provided an opportunity for the stakeholders to start providing input to the planning process.

Background research on promising practices

In developing a unified operational model, HCBS Strategies conducted extensive background research on promising practices to provide options for adaptation in Hawaii. Examples of these promising practices include standardized intake and assessment tools, development of common definitions, targeting and triage protocols, person-centered principles, and continuous quality management strategies. While some information was presented and introduced at the kick-off ADRC Recharge Conference, the bulk of the information was presented during the 36 workgroup meetings. These promising practices and concepts were points of discussion leading to integration of the concepts into the operational model.

Operational Workgroups

To focus on specific areas and components of the five-year operational plan, workgroups discussed the core operational functions of the systems change effort. Each workgroup included representatives from EOA, the county AAAs, and other state/county stakeholders familiar with specific topic areas. The workgroups include:

- **Core ADRC Operations** (ten meetings lasting 2.5 hours each): This workgroup achieved consensus regarding the core business processes, requirements, and tools that will help standardize and streamline ADRC operations.
- **Enhancing ADRC Centrality** (six meetings lasting 2 hours each): This workgroup set expectations regarding the role of the AAAs and their ADRC operations in key processes such as eligibility determinations, individual support plan development, and the management of waitlists and service provision. The members of the workgroup also explored the county operational changes required in order to meet these new requirements, including necessary staffing increases and changes in qualifications.

- **Hospital Discharge Planning** (three meetings lasting 1.5 to 3 hours each): This workgroup developed the operational model for the person-centered hospital discharge planning effort.
- **Participant Direction** (seven meetings lasting 2.5 hours each): This workgroup made decisions regarding core systems infrastructure necessary to offer a participant-directed option. Examples of infrastructure include the model for fiscal management services (FMS) provider and support brokers, and tools necessary to assist program participants with managing individualized budgets.
- **Management Information Systems** (MIS) (four meetings lasting 2.5 hours each): This workgroup identified MIS requirements necessary to support the proposed operations. This included work with Harmony Information Systems, Inc. to develop a plan for meeting these requirements using upgrades to the current Harmony SAMS product.
- **Financing and Sustainability** (six meetings lasting 2.5 hours each): This workgroup identified the estimated costs of implementing the systems change efforts and developed plans for reallocating existing funds and securing Medicaid administrative federal financial participation (FFP) to offset some of the funding requirements of the operational model.

The workgroup discussions and materials are documented on dedicated blogs for each workgroup and serve as a historical log of the development process of the systems change effort.

The decisions and standards recommended by the workgroups form the basis for the five-year implementation plan. Because the workgroups achieved consensus on the core operational model, they were able to make specific recommendations in many areas.

Primary Enhancements

A core decision includes consensus on the vision of each county AAA serving as the single point of entry (SEP) for Kupuna Care and Older Americans Act (OAA) services under the common ADRC operational model. Kupuna Care and OAA services and supports help older adults live independently and safely in the community for as long as possible.

This vision and the adoption of a common model require operational refinements and restructuring in all counties – with some counties requiring more expansive changes than others. While this transformation will present challenges, the result will help ensure a more comparable approach to providing assistance and services, while recognizing the differences in each county's infrastructure and resources.

Statewide implementation will occur by transitioning counties over time. Maui will be the first to implement the plan, followed by Kauai, Hawai'i county, and finally to Honolulu county. Some implementation activities may occur concurrently across the state.

The following areas outline the major enhancements and shared vision for the five-year implementation plan.

Establish a Single Entry Point

A central vision of the ADRC is for the AAA to become a single point of entry for individuals to access supports and services. While the ADRC will be the gateway for older adults to access Kupuna Care and Older Americans Act services, as well as private pay options for all populations, the AAA will also provide information, referrals and linkages for disability groups that include adults with physical disabilities, individuals with developmental disabilities or mental illness, and children with long-term support needs. The ADRC will also screen and link individuals to the state Medicaid agency, Med-QUEST, if it is determined that the individual requesting assistance is likely to be Medicaid eligible.

Exhibit 1 summarizes the core ADRC services provided for the following groups.

Exhibit 1: Summary of ADRC Services for Aging and Disability Populations

Services	Individuals ages 60 and older	Adults with physical disabilities	Developmental Disabilities	Mental Health	Children
Kupuna Care	◆				
OAA Title III	◆				
Medicaid Eligiblity Screening	◆	◆	◆	◆	
Enhanced I&R and Referral	◆	◆	◆	◆	
Referral					◆

Common Protocols for Core Operational Functions

Core operational functions include the capacity to perform intakes, assessments, eligibility determination, support planning, and case management services. The use of common protocols and tools will allow core ADRC operations to be streamlined, reducing the likelihood of gaps in program participant information, and prevent possible delays in providing services and supports. It will also improve the ability of the state and county AAAs to better monitor programs and services. For example, the state will be able to monitor and compare the effectiveness of the support programs across counties, measure utilization to assign appropriate resources, and conduct other quality and performance measures.

Reorganization in Counties

A key task in the system change is the reorganization necessary in each county to accomplish the implementation of the ADRC operational model. Counties will need to alter the staff size and/or skill sets to support the AAAs ability to perform the core ADRC functions. ***Exhibit 2*** summarizes the core reorganization tasks.

Exhibit 2: Summary of core changes each county will need to make to their operations to comply with the ADRC Full-Functioning Criteria

County AAA	Reorganization Tasks
Maui	• Increase Qualifications of Staff Conducting Assessments • Bring Case Management in-house
Kauai	• Increase Qualifications of Staff Conducting Initial Intake • Increase Qualifications of Staff Conducting Assessments
Hawai'i	• Increase Qualifications of Staff Conducting Initial Intake • Increase Qualifications of Staff Conducting Assessments • Shift assessment function into AAA from Coordinated Services • Bring Case Management in-house
Honolulu	• Increase Qualifications of Staff Conducting Initial Intake • Increase Qualifications of Staff Conducting Assessments • Shift assessment and eligibility functions into AAA from providers • Bring Case Management in-house

Leadership and guidance from EOA

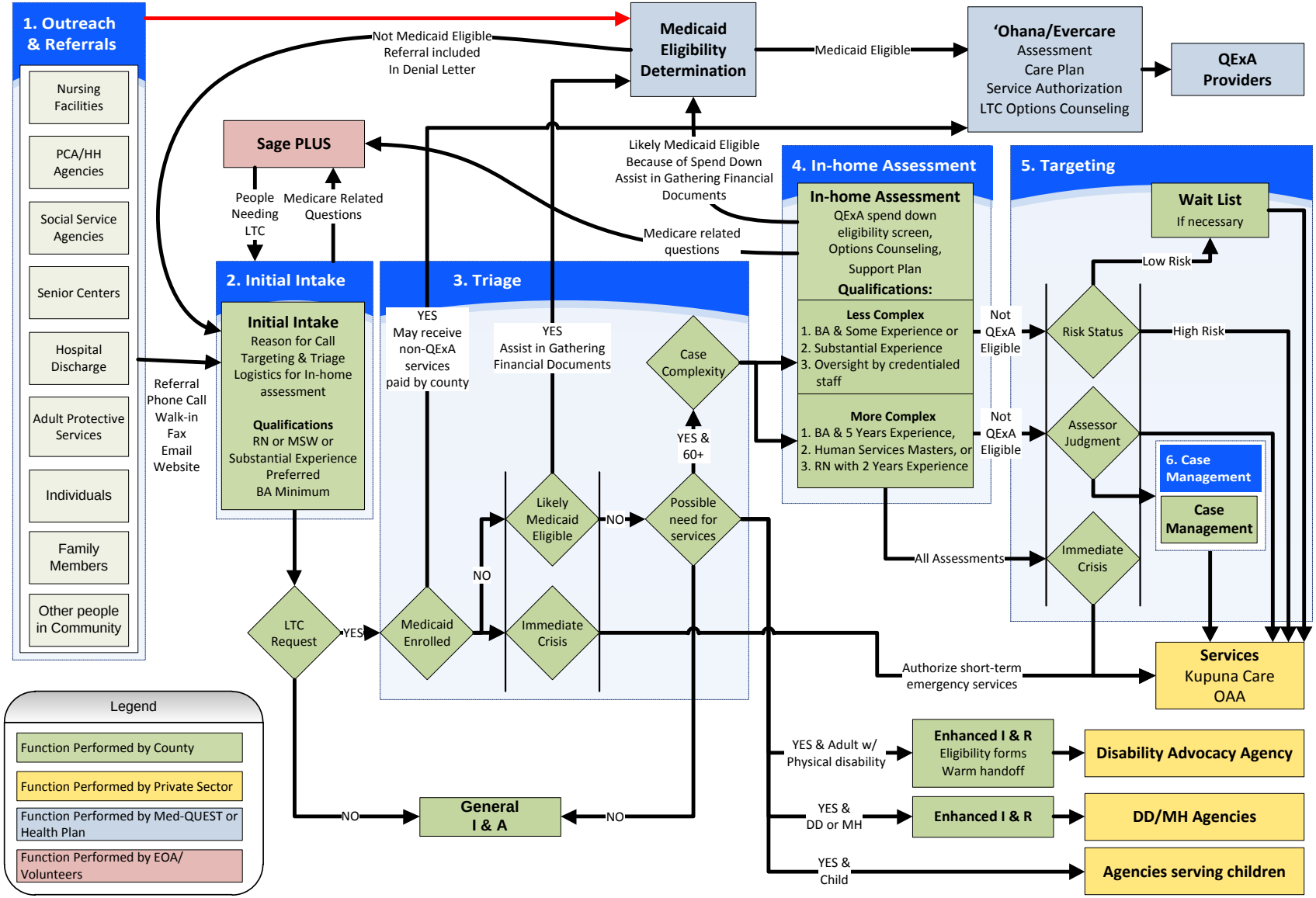
EOA's leadership and continued partnership with each AAA is vital to achieving the organizational changes and sustainability for the systems change efforts. EOA will provide committed leadership and guidance through supporting the county AAAs in justifying infrastructure changes and requesting additional resources and approval from each respective county executive and legislative bodies. EOA will assist the county AAAs to pursue grants and funding opportunities that enhance the sustainability and functions of the ADRC. Other EOA activities will include facilitating training, connecting the AAAs to other state agencies, and providing other supports that will lead to a more effective and efficient ADRC.

Chapter II: Operational Model

This chapter summarizes the key operational components of the systems change effort. To assist in understanding the core operations, a visual depiction of the ADRC model is included as part of this plan. (See ***Exhibit 3***) The numbering of core ADRC functions (numbered 1, 2, 3, 4, 5, and 6) in the flowchart (Exhibit 3) corresponds to the heading sections numbering scheme in this chapter.

[***Exhibit 3*** on next page]

Exhibit 3: Full Functioning ADRC Operations Model



1. Referrals

Develop protocols for referrals to ADRC

As the single entry point for older adults to access to Kupuna Care and OAA supports and services, the AAA must have a process to receive inquiries and referrals from various referral entities. While individuals may contact the county AAA directly, the standards and protocols on referral information received will enhance the process in appropriately connecting individuals with available supports and services.

Exhibit 4 outlines the basic referral information that should be collected when developing the referral protocol.

Exhibit 4: Core information to be collected about referrals to the ADRC

Information	Description
Client Name	First Name, Last Name, Middle Initial
Phone Number	Home, Work, Mobile Number(s)
Email	Email address
Physical Address	Client Residence
Contact Preference	Preferred time and method of contact
Point of Contact	E.g., referral agency name, outreach event, etc.
Referral Made By	E.g., referred by family/guardian, agency, etc.

Establish common methods for referral submissions

Although referrals to the ADRC from entities in the community or partner agencies may occur through the AAA website, phone, fax, or via email, the operations will be designed to encourage referrals through the ADRC website whenever practicable. Web-based referrals will allow information to be imported directly within the Harmony for Aging system (HfA), reducing staff time and minimizing data entry errors.

The Core ADRC Workgroup classified common referral sources by the expected volume of referrals to the ADRC (see ***Exhibit 5***). These were also broken down by whether efforts to establish memorandums of understanding (MOUs) and training with the referral source was better conducted at the state or county level.

Exhibit 5: Sources of Referrals to the ADRC by Expected Volume

High Volume: State Level Referral Agencies		
211	Adult Protective Services	Evercare/'Ohana
Hawaii CIL	Mental Health Access Line	Private Health Plans
Public Health Nursing	Social Security Administration	Veteran's Affairs
High Volume: County Local Level Referral Agencies		
Adult Day Care	Contracted Service Providers	County Agencies
Friendly Visiting	Health Clinics	Home Health/Personal Care
Homeless Shelters	Hospice	Hospitals
Native Hawaiian Health System	Physician Offices	Rural Health Organizations
Senior Centers	Senior Housing	Skilled Nursing Facilities
Low Volume: Referral Agencies		
ARC	Employers	Faith Based Organizations
Hawaii Disability Rights Center	Nutrition Sites	Other Health Care Agencies
Pharmacies	Service Based Organizations	Visitors Bureau

EOA will establish a state level MOU with statewide agencies and organizations. This includes a common referral process to each county AAA. Each county AAA will establish agreements with the other identified high volume referral sources. These agencies are local by county; and therefore are best suited for local level MOUs. Under these arrangements, EOA and the AAAs will provide training to each referral source on a regular basis regarding the purpose of the ADRC and the process for making a web-based referral. The agency making the referral will be expected to make web-based referrals wherever possible, but they will be encouraged to follow-up with a phone call if they feel it would be helpful to share additional information with the AAA.

Low volume referral sources that tend to serve populations outside the typical AAA referral will be provided with ADRC contact information and outreach materials. MOUs and regular training are not expected for these agencies.

HIPAA compliance regulations for transmitting client information

The county AAAs and EOA will establish HIPAA compliance protocols for transmitting and receiving participant information. HIPAA compliance protects an individual's sensitive health information and establishes assurances that information is shared only with authorized and appropriate entities. Accomplishing HIPAA compliance may involve securing participant information and building proper protections such as authorized access to information systems and establishing document storage and document destruction procedures. Compliance protocols will need to be in place at both the agency making the referral and at the county AAA.

Referrals from Med-QUEST

An MOU will be established by EOA with Med-QUEST, the state Medicaid agency, for making referrals to the county AAAs. Med-QUEST will make referrals to the ADRC for individuals who are not eligible or become ineligible for Medicaid services and are in need of support services or linkages. Med-QUEST will use the denial letters that it sends to individuals as the primary mechanism for making these referrals. Initially, Med-QUEST will add language that describes the ADRC effort and provides contact information for individuals ages 60 and older who receive a rejection letter. As the AAAs increase their capacity to provide support to other disability populations, the scope of this effort will expand.

2. Initial Intake

Initial intake involves collecting key information during the initial contact and determining what action, if any, should be taken. This first contact can occur when an individual contacts the AAA directly (e.g., phone call or walk-in) or when AAA intake staff follows up on a referral made from an agency in the community. The range of actions during the first contact can include:

- Information and assistance only;
- Information and referral to another agency;
- Referral to Med-QUEST to start the Medicaid eligibility determination process and assistance in completing necessary forms; and
- Determination that an in-home assessment is justified.

The systems change effort for the initial intake will be to create common intake tools and processes, as well as, a common baseline for intake staff qualifications.

Qualifications for Intake Staff

Building the staffing capacity to achieve the ADRC operational initial intake function will require that each county adopt a common set of minimum qualifications, competencies, and training requirements for their intake staff. Minimum qualifications for initial intake staff include:

- A bachelor's degree
- Preference for a MSW, RN or comparable degree in human services

- May substitute substantial experience and demonstrated skill to perform intake tasks in lieu of a degree
- Alliance of Information and Referral Systems (AIRS) certification (training after hire is acceptable)

New staff hires will be subject to these qualifications. Existing staff may have these qualifications waived and training will be provided to bridge any skill gaps. With an increase and standardization of intake staff qualifications, the AAAs will propose increases in the pay grades to correspond to these qualifications. These changes will require some restructuring of staffing guidelines, involving legislative and executive approvals for each respective county.

I & R Database and Resources

For the initial intake staff to be effective, they must have access to a searchable database containing information about the range of long-term care programs and providers. To support the information and referral functions, the state will develop a consolidated resource database on the Harmony for Aging management information system (HfA). All the counties have already started this effort by entering basic information about their providers into the Harmony system. The systems change effort will enhance this work through the creation of a statewide consolidated database that will be shared by the AAAs. This database will contain standardized information and descriptions, detailed information about the range of eligibility criteria, and information about provider capacity and quality. The state will procure technical assistance from Harmony to configure the HfA to support the ADRC operational model.

Information to be included in database

The implementation of the information and referral database will include information that is organized using the AIRS taxonomy. The AIRS taxonomy is a standard for classifying information and referral resources. AIRS certification will be a skills requirement for appropriate AAA staff. ***Exhibit 6*** lists the information about provider capacity that will be collected for the Information & Referral resource database. Finalization of the list will occur as part of the ADRC implementation and integration into the HfA will occur as part of the MIS plan.

Exhibit 6: Information about Provider Capacity that Will Be Included in the Information and Referral Database

Provider Information	Description
Contact information	Agency name, address, phone, email
Eligibility criteria	E.g., program requirements including minimum age, income, service area, etc.
Languages spoken	Listing of languages spoken by staff/volunteers
Business hours	Days and times of operation
Payment Type	Type of payment including sliding scale, set rates, average costs, etc.
Accepted Payment Forms	Forms of payment accepted, e.g. Medicare, Medicaid, and/or private pay
Accessibility	Is the office location ADA accessible?
Catchment area	Area and population that agency provides services
Organization status	For-profit, not-for-profit, or government agency
Licensures and certifications	Status on licensures, certifications, and whether the agency is bonded
Intake	Contact points to begin intake and linkage with agency
Service description	Services and supports that are provided by the agency
Area of specialization	Any specific target groups that agency specializes (e.g., older adults, developmental disabilities/mental health, physical disabilities, etc.)
Complaints and grievances	Mechanisms for consumer to submit complaints
Oversight agencies	Agencies and resources that monitor the provider agency , verifying that the business is conducted under applicable laws and guidelines

In addition to collecting information on provider capacity, the work plan calls for integrating information on provider quality. The scope of provider quality information will expand over time. The following are the initial categories of provider quality information to be incorporated:

- CMS/Federal provider review data (e.g., for nursing facilities and home health agencies).
- Information collected by the HI Department of Health on Adult Residential Care Homes: This effort will involve advocating for making these data publicly available and incorporating them into the database.
- Information collected by the HI Department of Human Services on Community Care Family Foster Homes.

- Data collected as part of AAA reviews of local providers: This effort will require that the AAAs first develop a standardized tool or tools for use in monitoring and collecting data about providers.
- Reports providers create about their own quality assurance efforts: The AAAs will likely want to establish a standardized mechanism for reporting.

At a later point in time, EOA and the providers will also explore incorporating the ability for individuals who use services to provide their own input into the database, similar to the star ratings and customer reviews used by Amazon.com or the many other online resources that incorporate consumer reviews. If the state chooses to go in this direction, it will need to establish mechanisms for vetting these reviews and allowing providers to respond to those consumer reviews.

Maintaining the database

EOA and the county AAAs will be responsible for gathering and verifying the information entered on the consolidated I&R database and ensuring the data are up-to-date. Information and resources for statewide agencies and programs will be entered by EOA, while county specific information will be entered and verified by the respective county AAA. As part of this task, EOA and the AAAs will explore opportunities for providers to submit basic agency information and updates to the database. EOA and the AAAs will develop a process to verify and maintain the accuracy of the information in the database.

Information on programs and other supports

In addition to provider information, the I&R database will include information about long-term care services and other supports that benefit older adults and individuals with disabilities. The database will include information such as service or benefit options, and eligibility criteria. These resources will supplement the ability of the ADRC staff to direct individuals inquiring about disability services, mental health, or Veteran services.

The systems change effort will seek to incorporate information from other databases, including the following:

- 211 Information and Referral Hotline database
- Behavioral Health, Network of Care database
- DCAB resource directory and information

There will be an effort to integrate links on webpages from other sources, such as those provided on the DHS, DOH Office of Health Care Assurance, and Medicare.gov websites. In addition, Maui County will be taking the lead in cataloguing the eligibility criteria and services and benefits offered by these entities, such as the Division on Developmental Disabilities (DDD).

Streamlining Access for Disability Populations beyond Older Adults

While the AAAs primarily provide supports and services for older adults, meeting AoA's full functioning ADRC criteria will require the AAAs to be a resource to link and refer individuals with disabilities to needed services. The AAAs will meet this requirement by offering enhanced information and referral to

those individuals. This requires developing a knowledgebase and understanding about the range of needs and service options for various disability populations. This includes such tasks as training AAA staff on basic supports for disability populations, verifying accessibility of the ADRC website, a familiarity with disability agencies, protocols to transmit referral information to disability agencies, and an understanding of respective consent protocols (e.g., guardian consent for some individuals with developmental disabilities or parental consent for children).

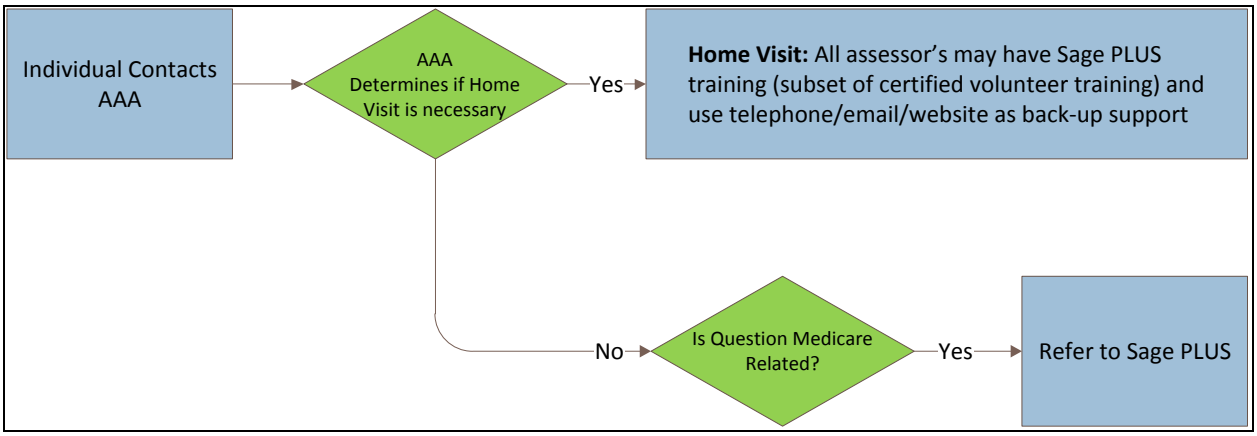
As outlined in ***Exhibits 1 and 3***, under the ADRC model, the AAA will provide enhanced information and referral to adults with physical disabilities, developmental disabilities, mental illness, and children needing long-term care supports. This enhanced I&R will include providing specific information about the programs and services they may be eligible to receive. Under the systems change effort, EOA and the AAAs will be working with their disability partners to ensure that individuals are referred to the appropriate entity and that problems with system navigation are minimized. For example, EOA has already reached a preliminary agreement with DDD that will allow the AAA staff to directly transfer calls to the DDD intake unit.

Integration with Sage PLUS

Sage PLUS provides one-to-one assistance with Medicare related inquiries and questions to individuals, their families, caregivers, and other agencies throughout Hawaii. Sage PLUS has a limited number of paid staff and a network of trained volunteers to assist them in this role. Because Sage PLUS also plays an information and assistance role, it was necessary to clarify how it would intersect with the AAAs in this ADRC operational model.

Exhibit 7 shows the proposed workflow between the AAAs and Sage PLUS. During the initial intake, individuals calling the ADRC who are not referred for an in-home assessment and only have a Medicare related question will be referred to Sage PLUS. For other individuals, the AAA staff conducting the in-home assessments will receive a modified version of the Sage PLUS training so that they can answer common Medicare related questions. If a question arises that the in-home assessment staff cannot answer, the staff will be able to call one of the Sage PLUS paid staff to obtain an answer, ideally, during the home visit. Sage PLUS volunteers will also receive training regarding the services offered under the ADRC model so that they can appropriately refer individuals to whom they provide counseling.

Exhibit 7: Proposed Integration between the ADRC Effort and Sage PLUS



Common Intake Tool

The implementation of the initial intake requires the development or adaptation of a common intake tool and protocol. EOA and the AAAs will explore the interRAI screening tool and develop the initial intake criteria. InterRAI (www.interRAI.org) is a collaborative network of researchers who have developed evidenced based assessment tools, such as the MDS-Home Care (now known as the interRAI-HC). EOA and the AAAs are considering using the interRAI-HC as the primary tool for in-home assessments discussed in section 4 of this chapter. This interRAI screening tool will document an individual's first contact with the AAA. The protocol will assist the intake staff on determining whether the individual has a general information request or the individual is in need of an assessment for support services.

3. Triage

The initial intake staff will need to triage contacts into one of the following:

- Information and assistance only;
- Information and referral to another agency;
- Referral to Med-QUEST to start the Medicaid eligibility determination process and assistance in completing necessary forms; and
- Determination that an in-home assessment is needed.

Exhibit 3 shows the order of this triage process. The steps in the process are described below.

Determine if LTC request or general I & A

During the initial intake stage, the AAA intake staff will determine if the individual is requesting assistance for long-term care supports or if the request is more general, such as information as the location of the hospital, senior center, or medical clinic. The triage protocol will include a limited number of items to ask in this screen.

Screen for Medicaid enrollment

The next step will be for the AAA intake staff to determine if the individual is enrolled in Medicaid. While the individual may self-report enrollment, the AAAs will build the capacity to verify an individual's Medicaid enrollment on the DHS Medicaid Online (DMO) system. If the person is a verified Medicaid recipient, the intake staff will refer and link the individual to the Health Plan responsible for meeting the individual's needs.

Screen for Medicaid eligibility

If an individual is not enrolled in Medicaid, the AAA intake staff will screen for an individual's likeliness to be Medicaid eligible based solely on income and assets. If the individual's self-reported income and assets suggest the individual is likely Medicaid eligible, the AAA intake staff will help the individual prepare an application packet for a Medicaid eligibility determination by Med-QUEST. The AAA will monitor the status of the Medicaid application.

Screen to determine if short-term services are necessary because of a crisis

The AAA may provide temporary services should an individual have an immediate threat to his or her health or safety, or a situation that places the person in immediate jeopardy of being placed in an institution. EOA and the AAAs will establish an operational definition of an immediate crisis situation and define the services that can be provided. These will be short-term services designed to protect health and welfare until a more permanent and stable arrangement can be made. The planning will include mechanisms to monitor short- term services and transition to the new arrangement.

For individuals receiving short-term services while waiting for Medicaid eligibility and who are then approved, the AAA will work with the Medicaid provider to transition the individual to receive services from the Medicaid Health Plan. If the individual is determined ineligible for the Medicaid program, the AAA will arrange for available supports and services and inform the individual of other community-based long-term care options.

Screen to determine if possible need for services

If the initial intake screening determines that an individual requesting long-term care supports is not likely eligible for Medicaid but has a need for services the intake worker will determine if an in-home assessment is needed. If there is a need for services and the individual is 60 years or older, the AAA intake staff will schedule a follow-up in-home assessment to be conducted by the AAA's assessment staff.

For individuals under the age of 60 and with a disability, the AAA will be direct these individuals to respective agencies that include Hawaii's Centers for Independent Living, Developmental Disability or Mental Health agencies, or children services.

Screen to assess case complexity

If an in-home assessment is indicated, the intake staff will conduct a brief screening to determine the likely complexity of the individual's needs. This screen will determine the appropriate staff skillset

needed to conduct the assessment. Individuals having multiple functional impairments and/or complex medical or chronic conditions will receive an assessment by professionals with more specialized evaluation skills and experience. Individuals identified as needing supports and services, but having few functional impairments, will be scheduled for a common less-complex assessment.

4. In-Home Assessment, Eligibility Determination, and Development of Support Plan

The AAAs will use a standardized tool and protocol for all in-home assessments. The use of standardized definitions and protocols enhances the ability of the state and local AAAs to profile individuals using services statewide. A standardized assessment process will also help to facilitate a more streamlined transition of services if an individual relocates or has a change in status.

The common assessment tool to be adapted for use is the nterRAI-HC. This is a validated tool currently used in more than 20 states nationwide.

There will be two additions to the interRAI-HC. One, there will be an effort to make the assessment process more person-centered. This effort may include adding a short interview about the participant's experience with receiving supports. This information can be incorporated in developing the individual's support plan.

Two, a screen will be added to determine whether someone is likely to be Medicaid eligible because he or she may meet the medically-needy criteria. In Hawaii, individuals having assets and/or income over the threshold for Medicaid eligibility may be eligible if he or she has high medically related expenses. Thus, it will be necessary to develop a protocol to determine if an individual is likely to meet these criteria. This protocol will not be applied to individuals with combined assets and income that suggest that they are not likely to be Medicaid eligible even when considering medically related expenses (they will be deemed not at risk of Medicaid spend down). This differs from the screen conducted during the initial assessment that only considered income and assets. This issue is discussed in greater detail in the Medicaid FFP section in the Finance and Sustainability chapter (Chapter 4).

The Initial criteria to classify individuals at risk of Medicaid spend down will be set at a combined income and assets ceiling of $43,200. This criteria was based upon the average costs in Hawaii of 135 days in a nursing facility as derived by the University of Hawai'i School of Social Work[1]. This value will be adjusted and more detailed criteria may be developed as the program collects and analyzes data.

Other tasks and activities may be amended to the in-home assessment protocol. This assessment protocol will be integrated into an electronic assessment tool on the Harmony for Aging information system as part of the MIS plan.

[1] " Report on Options for and Requirements for Hawaii's Community Living Program," prepared by: Pam Arnsberger, PhD and Wes Lum, PhD, University of Hawai'i School of Social Work, June, 2010.

Qualifications for Assessment Staff

Building the staffing capacity for assessments performed by the AAA includes establishing minimum qualifications, competencies, and training requirements. Assessment staff will be required to have skills in identifying an individual's functional impairments and have the aptitude to document support needs to develop an appropriate set of long-term care supports and services.

There will be two skill levels of assessment staff. There will be baseline assessment staff to conduct assessments for individuals with basic support needs. Current county assessment staff can be grandfathered into the baseline assessment staff qualifications if necessary. Complex assessments, most likely for individuals having multiple functional impairments and complex medical/chronic conditions, will be assigned to assessors with greater experience and/or advanced degree.

With an increase and standardization of assessment staff requirements, the AAAs will increase the pay grades to correspond to these qualifications. These changes will restructure some staffing guidelines, requiring legislative and executive approvals for each respective county.

Minimum criteria for basic and advanced assessment staff are summarized in ***Exhibit 8***.

Exhibit 8: Minimum Qualifications for Staff Conducting In-home Assessments

Minimum Assessment Staff Criteria (Baseline – Basic Assessments)
A bachelor's degree with human services experience
May substitute substantial experience and demonstrated skill to perform intake tasks in lieu of degree
Conducts assessment under clinical oversight and guidance by appropriately credentialed staff
Minimum Assessment Staff Criteria (Advanced – Complex Assessments) **Must satisfy one of the following:**
A bachelor's degree with at least five years of experience in community case management or hospital discharge
Master's degree in human services
RN with at least two years of experience in community case management or hospital discharge planning

Support Plan

The assessment will result in a Support Plan that identifies the services and supports the individual will need. The term Support Plan was chosen over similar terms, such as Care Plan and Services Plan, to convey the idea that the plan is to support the individual in maintaining her or his independence in the community. The term "support" has also been used by CMS and AoA in much of the guidance they have provided.

The Support Plan will take into account the individual's existing supports and assistance from family, guardians, and services in developing a holistic support plan. The individual will also be afforded options

and other supports outside Kupuna Care and OAA Title III entitlements should other needs be determined from the in-home assessment.

The systems change effort will also explore incorporating Clinical Action Plans (CAPS) that can be created using algorithms derived from the interRAI-HC. These CAPS could provide recommendations and guidance to the development of the Support Plan, but they will not determine the allocation of services.

5. Targeting

A key outcome of the assessment will be to target services to individuals at the greatest risk of a negative outcome such as going into a nursing facility or experiencing an unnecessary hospitalization. To address this, the systems change effort will establish criteria to assist in identifying individuals:

- Who should be provided services as soon as possible in order to prevent a likely negative outcome;
- Who have complex service needs and/or are medically complex and, therefore, could benefit from receiving case management in addition to services (this is discussed in greater detail below).

This task will involve establishing criteria for making these determinations. One of the reasons for the selection of the interRAI-HC as the assessment tool is that there are established algorithms that may be adapted to meet these definitions.

This task meets a core objective of the Community Living Program (CLP), targeting high-risk individuals and expediting long-term care services and supports to divert the individual from entering a crisis. In addition, AoA guidance recommends adoption of targeting criteria for OAA funded services.

The systems change effort will also monitor the targeting of the participant-directed option to individuals with income and assets that place them at risk of Medicaid spend down. At a later point, these criteria may be applied more broadly to Kupuna Care and Title III services.

Waitlists

The system change effort will shift the management of waitlists from private sector agencies to the county AAAs. To comply with this, the AAAs must build the capacity to control, manage, and monitor program waitlists. The counties will establish a common protocol to manage individuals waiting to receive services. These protocols will help the AAA to expedite services or purge the waitlist responding to changes in an individual's status and support needs.

6. Case Management

The criteria for assigning case management as part of the support plan will consider evaluating unmet ADLs and IADLs, informal supports, cognitive/behavior impairments, financial status, living arrangements, medical conditions, and abuse/neglect concerns.

In-house Case Management

Maui, Hawai'i, and Honolulu county AAAs currently contract for case management services with an outside agency. As part of the ADRC implementation plan, the AAAs will build staff capacity to bring case management in-house. The resources for doing this will come from a combination of reallocation of existing funds and supplemental funds obtained through new appropriation requests.

Each county AAA will need to get county executive and legislative approvals to restructure case management into an in-house agency function. By bringing case management in-house, the AAA will be able to better monitor services and identify individual status changes receiving long-term care supports and services. Also, it helps to ensure that individuals receive counseling about options that are free from provider interests.

7. Options Counseling

According to the ADRC Technical Assistance Exchange, "Long-term support options counseling is an interactive decision support process whereby consumers, family members and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the consumer's needs, preferences, values, and individual circumstances." Options counseling will be integrated into the following core functions:

- Initial intake
- In-home assessment
- Case management

The aim of incorporating options counseling for these encounters will be to educate and empower individuals to make informed choices about long-term care supports and benefits.

Exhibit 9 summarizes the counseling topics to be addressed at each type of interaction. It is important to note that while all of the subject areas are germane to more than one function, the protocols will be tailored to that specific function. For example, the initial intake will include collecting a limited amount of information to assist in making the key decisions shown in ***Exhibit 3***. In contrast, the in-home assessment is more comprehensive and addresses multiple domains, such as functioning, health, environment, and psychosocial concerns. Thus, the Options Counseling regarding service and support options will likely be much more general at the initial intake. In contrast, as part of the in-home assessment and support plan development process, this counseling can be focused to address how potential options may or may not meet specific needs, preferences, and strengths identified during the assessment.

Exhibit 9: Subject Areas by ADRC Function

	Initial Intake	In-Home Assess-ment	Case Manage-ment
Existing Long-Term Services and Support Options	◆	◆	◆
Planning Ahead for One's Long-Term Care	◆	◆	◆
Selecting and Managing Participant-Directed Services and Supports	◆	◆	
Medicare Benefits and Options	◆	◆	◆
Other Services and Benefits	◆	◆	◆

Common Set of Options Counseling Procedures

Options counseling protocols will be created and integrated into the core functions of the ADRC to ensure that individuals receive consistent information and guidance about the array of available long-term care supports and services. The options counseling procedures will be tailored for intake, assessment, case management, and SHIP counseling – such that the depth of options counseling is appropriate for the encounter. Guides and resources for options counseling will be integrated on the Harmony for Aging system in order to be streamlined with the core ADRC functions.

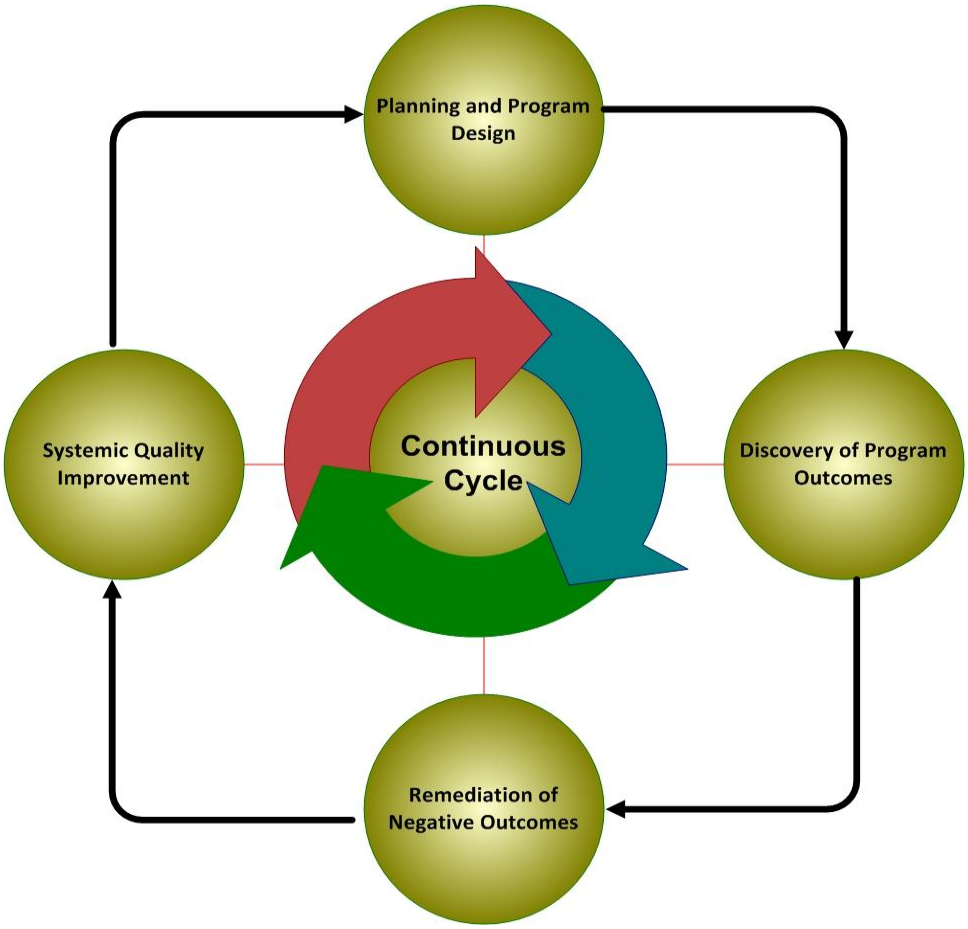
Staff Capacity for Options Counseling

Options counseling will be conducted by the AAA staff performing core ADRC functions and engaging with individuals on long-term supports. This requires staff training on how to conduct options counseling. EOA and the AAAs will establish competencies for options counseling and build these competency into staff training.

Continuous Quality Improvement

As a component of the systems change effort, EOA and the AAAs will adopt a Continuous Quality Improvement (CQI) approach. This approach includes: 1) design; 2) discovery; 3) remediation, and; 4) improvement (see ***Exhibit 10***).

Exhibit 10: Quality Framework



In the *discovery* step of the quality process, EOA and the AAAs will collect and report data on key performance indicators. In order to be useful, the data will be summarized into a series of management reports tailored specifically for key actors in a position to influence quality at different levels:

- Initial intake, in-home assessment and case management staff
- AAA management and supervisory staff
- EOA
- EOA/ Med-QUEST/AAA interagency effort
- External stakeholders

The systems change effort will also include the creation of corresponding quality committees that will interpret and act upon the data in these reports.

Performance Indicators

To conduct a continuous quality improvement initiative for the ADRC, EOA and the county AAAs must identify measurable performance indicators that are meaningful for monitoring and making program improvement decisions. Some initial indicators have been outlined during the systems change development process. These identified performance indictors track the timeliness of the AAAs to deliver core ADRC functions including assessment, service provision, and Medicaid application. Other indicators include participant experience and satisfaction with ADRC services. EOA and the AAAs will formalize these indicators and determine the measurable threshold a corrective action will occur for each indicator.

Exhibit 11 outlines initial performance indicators for which a consensus was reached during the workgroups. These indicators will be further delineated and possibly expanded during implementation.

Exhibit 11: Draft Performance Indicators

Area of Performance	Performance Indicator
Timeliness of in-home assessment	• In-home assessment will occur within 3 days (account for staff capacity limitations) • Potentially set shorter threshold for high risk
Timeliness on provision of services	• Services will start within two weeks after the completion of the support plan • Potentially set shorter threshold for high risk
Timeliness on Medicaid application completion and eligibility determination	• To be determined
Participant experience and satisfaction	• To be determined

Management Reports

Management reports will aggregate the data collected in measuring the identified performance indicators. Updating will occur on a regular basis and will employ the Harmony for Aging functionality to automate the generation of management reports. The data collected will be warehoused and available on the Harmony management information system. Once the report templates are created on the Harmony system, management reports will be readily available for users authorized to generate management reports.

Review and Remediation Processes

The continuous quality improvement process requires EOA and the AAAs to have a protocol to review the management reports and evaluate the performance indicators to make appropriate program and service improvements. To achieve this, the systems change effort will establish standards and expectations for quality management meetings and processes for the following:

- Internal AAA CQI efforts including staff supervision.
- EOA-AAA CQI meetings and coordination.
- Interagency (notably AAA, EOA, and Med-QUEST) meetings and coordination.
- An advisory group consisting of external stakeholders.

These protocols will guide the frequency of meetings, and the processes for reviewing, interpreting, and acting upon the information in the management reports and other quality concerns.

Contracting

The county AAAs will explore whether it is reasonable to utilize procurement code 103F for the procurement of services on a fee-for-service basis as opposed to distributing money using grants. This approach, which is currently being used in Hawai'i County, may be more consistent with a person-centered model approach because it will allow counties greater flexibility in purchasing services that reflect the needs and preferences of individuals. To implement this, each county AAA will need to explore its own procurement code and work with the individual county procurement officer to determine the feasibility of using this approach.

Participant-Directed Services

Using CLP grant funds, the systems change effort will pilot a participant-directed option that is targeted to individuals a high risk of institutionalization and Medicaid spend down (using the ceiling of $43,200 described earlier). The participant-directed option will provide individuals and/or their representatives with a pool of dollars that they control, as opposed to providing services from an agency. The participants can then hire and fire whomever they choose and pay for items or services that would help to substitute for the need for personal care. Kauai, Hawai'i and Maui counties chose to participate in the pilot.

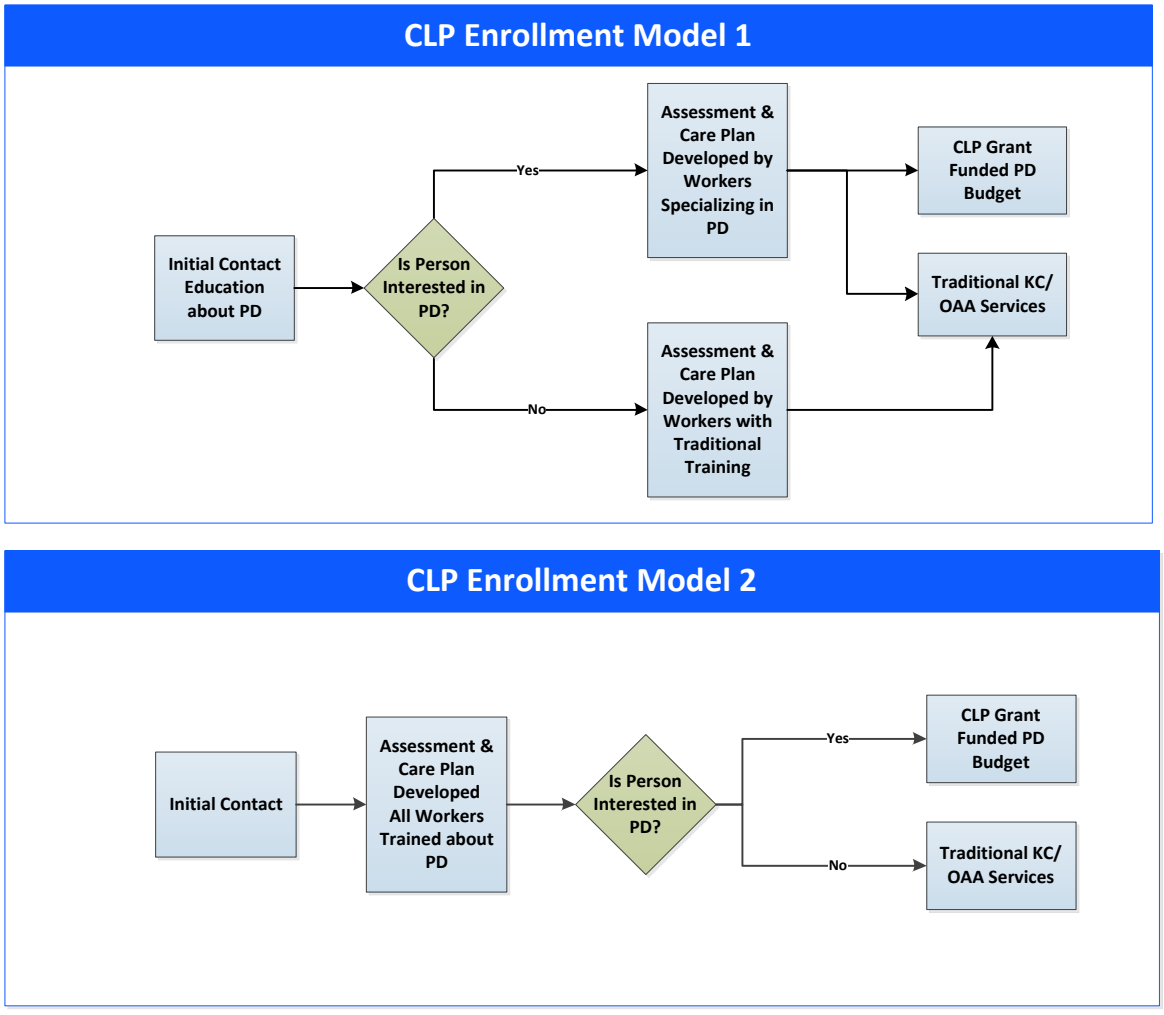
The core tasks in setting up this program include the following:

- Designing a system for enrolling individuals.
- Establishing a mechanism to assist participants with managing payroll requirements (i.e., fiscal management service (FMS)).
- Defining a process for setting budgets for individuals.
- Defining what may and may not be paid with the pool of funds.
- Establishing parameters for a support broker service to counsel program participants.
- Developing a mechanism to ensure that program participants or their representatives have the capacity to manage the pool of funds.
- Providing tools to assist participants and their representatives.

Enrolling Participants

Participating county AAAs will develop a mechanism to offer participant direction as an option and enroll individuals. ***Exhibit 12*** shows the proposed enrollment models the counties might use. There are two models because some counties might want to assign enrollment to staff that specialize in the participant-directed option, while this may not be an option for counties that rely on regional enrollment staff. Each county will be developing its own plan and submitting it to EOA for review and approval.

Exhibit 12: Models for Enrolling Participants



Fiscal Management Service

EOA will contract with a FMS agency to act as the fiscal/employer agent to perform payroll and reimbursement duties on behalf of the participant employer. As part of the contract, roles and functions between the FMS agency, EOA, and AAAs will need to be defined. EOA will determine how resources will flow from EOA to the FMS contractor to then be distributed to the providers. Performance measures will also be defined to monitor the fiscal management service and will be included in the FMS contract. EOA has already issued an RFP for this function.

Process for Setting Individual Budgets

The participating AAAs and EOA have agreed upon a framework for setting individual budgets based upon in-home assessments conducted by the AAA. The individualized budget amount will be set based upon a level the individual would otherwise receive through traditional services. The participating AAAs will work to develop a common protocol to standardize budget setting because there currently are variations in service availability and rates among the counties. The individual budget will be discounted by a certain percentage to reflect the following: (1) rates to agency provides include administrative costs that are not applicable in a participant-directed program and (2) individuals do not tend to use all of the allowed hours allocated under traditional arrangements, while individuals tend to use most if not all of their participant-directed budget.

Finally, EOA and participating AAAs will establish budget thresholds that trigger a review. These thresholds include proposed individualized budget amounts substantially above or below the norm. The purpose of the review is to ensure that service amounts are adequate to meet the needs of the individual.

Allowable and Unallowable Costs

Exhibit 13 shows the criteria that EOA and the county AAAs use to determine how funds can and cannot be used. In addition, EOA and the AAA set policies regarding the hiring of family members. Spouses providing services will be approved on a case-by-case basis. Additional criteria may be set for other family members to act as service providers.

Exhibit 13: Allowable and Unallowable Uses of Participant Directed Funds

Purchased goods and services must satisfy at least one of the following criteria	
Maintains independence for the participant to make choices	
Prevent institutionalization such as in a nursing facility, residential care home or hospital	
Benefits the individual to live in the community (may include supports to unpaid caregivers)	
Enhances the skill or ability of the caregivers	
Maintains the health, welfare, and safety of the individual	
General categories for allowed goods and services	**Examples**
• Personal Assistance • Treatment and training • Environmental modifications • Self-directed support activities	• Personal care • Housekeeping/Homemaker services • Transportation • Home delivered meals • Heavy chore services • Adult day care • Shopping • Attendant care • Financial management
Goods and services NOT allowed through participant directed budgets	
Insurance and insurance expenses (except for insurance to provide employee coverage)	
Drugs, alcohol, firearms	
Items paid for through other programs (e.g., Medicare)	
Experimental treatments	
Home modifications that add square footage	
Vehicle maintenance (except for vehicle modifications due to disability)	
Tickets to recreational events	
Vacation expenses	
Internet access (To be finalized)	

Support Brokerage

EOA and the county AAAs set parameters for support brokerage, including broker responsibilities and workflow. The support brokerage model will include: 1) the enrollment and outreach strategy to identify potential program participants; 2) enrollment assistance; 3) individualized support planning assistance; and 4) coaching/supports for accessing and managing services and staff.

EOA and the AAAs will establish support brokerage qualifications, competencies, and training. Training requirements for support broker include:

- Strong foundation in participant directed model
- Communication skills for working/talking with participants and families

- Budgeting and management of finances
- Process for enrolling and approving services and budget
- Techniques for recruiting, training, managing, and retaining staff/employees
- Employment law as it relates to domestic employees
- How to read fiscal reports/help the participant track and project costs
- Recognizing a change in status of the participant
- Screening for capacity or recognizing signs that capacity may have changed
- Knowledge of community resources and/or where to access information about resources
- Evaluating what is working/not working for the participant

EOA has issued an RFP to secure one or more support brokers. The support broker entity may be the county AAA.

Capacity for Self Direction

Because managing a budget requires that the individual or her or his representative manage budgets and staff, participant direction may not be a viable or sensible choice for all individuals. As a rule, any individual will be allowed to select the participant-directed option, with three exceptions:

- Individuals with cognitive deficiencies resulting in significant difficulty with decision-making who do not have a proxy or any support system to assist with decision-making.
- Individuals and/or representatives that have been in participant-direction and have committed fraud.
- Individuals that have a history of being exploited or abused (additional safeguards may be implemented).

Some individuals may require substantial support to self-direct and manage services. In this case, an authorized representative may be needed. Examples of where a representative might be needed include the following:

- The program participant is physically unable to assume all of the responsibilities of participant direction, such as performing training or signing/approving timesheets (e.g., someone with ALS may require someone else, such as a spouse, to direct care or provide instruction).
- The individual has a preference to have a proxy or representative.
- The individual has cognitive deficiencies or great difficulty with decision-making.
- The individual has a history of being victimized by exploitation, abuse or fraud. The representative must not have been involved in this exploitation, abuse or fraud.

The authorized representative will be subject to certain requirements and have responsibilities that distinguish the authorized representative/proxy from the support broker. The proxy or representative

should not be a person that is paid to provide care and must not have a history of exploitation, abuse or fraud.

In addition, EOA and the AAAs will implement a protocol to assist the individual in understanding and making an informed decision about participant-direction. This protocol will be adapted from Minnesota's Capacity for Self Direction tool.

Participant Tools

EOA and the AAAs will develop a manual and tools for managing participant-directed services. Materials may be adopted from other states, such as New Mexico, Rhode Island, Maryland, and Arkansas program manuals.

EOA will lead the drafting of the manual and it will be finalized in collaboration with the AAAs. The manual will be available as an electronic version and initially translated into Japanese and Ilocano versions. Additionally, a process to maintain and update the manual will be established. The manual will address the following subject areas:

- Description of target groups and criteria
- Process for enrolling or disenrolling/termination from CLP
- Fiscal Management Service standards and responsibilities
- Support broker guidelines
- Oversight and quality assurance (includes oversight of expenditures and participant satisfaction)
- Roles and responsibilities for CLP staff, support brokers, and participants
- Relationship between support broker and AAA
- Guidelines related to HIPAA and data sharing practices
- Data gathering and reporting requirements
- Allowable purchases and use of the individual budget
- Grievance and/or appeal process to address services or budget (including complaint resolution)
- Assessment, support plan, and assignment of the individualized budget

Participant tools will also be developed to assist with budget planning and management, employee recruitment, employee management, employee training, and employee criminal background checks.

Quality Management Strategy for CLP

Similar to the ADRC quality management strategy, the participant-directed initiative will incorporate protocols to measure and analyze performance measures to monitor and improve the functions of the program.

The areas for which performance indicators specific to the participant-direct will be developed include enrollment, individualized budget, support brokerage and planning, budget management, participant

satisfaction, and program outcomes. ***Exhibit 14*** summarizes the CLP operational area and specific measurement items. The Participant Direction Workgroup will further refine these indicators.

Exhibit 14: Draft Performance Indicators for the Participant-Directed Option

Participant-Directed Operational Area	Performance Indicator Areas (to be further defined)
Enrollment	• Effectiveness of outreach • Enrolled participant meeting CLP criteria
Individual Budget	• Timeliness of establishing individualized budget • Budget amount accuracy to budget setting methodology • Budget amount accuracy to reassessment
Support Planning	• Timeliness of support plan after being assigned an individualized budget • Support plan inclusion of allowable goods and services • Support plan within established budget
Budget Management	• Utilization range of approved budget • Fiscal Management Service meeting contractual requirements
Participant Outcomes	• Participant satisfaction scores (POSM or other measurements) • Participant disenrollment to enter SNF or Medicaid
Support Brokerage	• Timeliness of support brokerage assistance (in person meetings, phone calls, emails)
Health and Safety	• Completion of background checks • Risk assessment in support plans • Back-up services in support plans

Similar to the ADRC continuous quality management strategy, the participant-directed initiative will establish regular reporting mechanisms and conduct regular review and remediation processes. EOA and the AAAs will conduct monthly meeting in the first 6 months to ensure program functions are meeting expectations. Meetings will transition to quarterly program reviews. Support brokerage and fiscal management services will be monitored monthly through management reports and regular scheduled meetings.

As part of the quality improvement process, the participant-directed option will adopt a protocol to process participant disenrollment. This process, operating under established timelines, will include the

confirmation with the participant, meeting with the individual/AAA/support broker, and transitioning to other supports if appropriate.

Hospital Discharge Planning

The Person-Centered Hospital Discharge Planning (HDP) initiative is funded by CMS to develop a statewide person and family centered hospital discharge planning system. The HDP goals are to ensure that individuals with long-term support needs are offered services and supports to return home safely from a hospitalization and avoid preventable re-hospitalizations.

Each of the AAAs have already designated staff that are currently working with hospital discharge staff to facilitate the transition to the community. This effort will involve creating greater consistency across sites to establish model that used as part of an ongoing effort.

EOA and the AAAs will adopt the hospital discharge model into the core functions of the ADRC and will develop the capacity to run the HDP initiative. The primary target group includes individuals that are at least 60 years of age, including Medicaid enrollees and persons not enrolled in Medicaid. Additional criteria may be identified to more specifically target individuals leaving the hospital for the HDP initiative.

Hospital discharge planners located in the local hospitals will identify and refer targeted individuals to the AAA. The appropriate AAA staff will receive and process referrals received from the hospital. Training for the hospital discharge planners and AAA staff will be developed by EOA and AAAs.

Functions of AAA for Hospital Discharge

EOA and the county AAAs will finalize a basic set of common hospital discharge functions. EOA and the HDP lead from Hawai'i County are currently exploring specific discharge planning models from which one will be selected and adapted for use. The functions and person-centered support initiatives build upon the objectives of options counseling and supplement additional transitional supports specific for those returning from the hospital. Each county AAA will assist the HDP participant in identifying the appropriate supports and resources available in their respective county. The following list summarizes the proposed functions of the hospital discharge program:

- LTC options counseling
- Assessments
- Assisting families with plan development
- Facilitate making connections with needed supports
- Follow-up to make sure supports are in place
- Serve as a liaison between case manager and discharge planner
- Assisting with applications for Medicaid or other publicly funded programs

Referral Protocol from Hospital Discharge Planners to AAA

The HDP initiative will establish a formal relationship and referral procedure with each local hospital. Individuals meeting the HDP criteria will be referred from the hospital discharge planners to the AAA. The AAA will develop a tool to help manage hospital discharge activities.

Referral protocols will be adopted and will include more detailed supplemental information, such as:

- Insurance coverage
- Informal supports
- Diagnostic information
- Follow-up appointments made by the hospital
- Equipment needs for the home
- Likely supports after discharge
- Referrals made to other agencies
- Physician orders/notes
- Hospital discharge orders
- Information on communicable diseases, substance abuse, violence or suicide

Each county AAA will establish a MOU with its respective local hospital or hospitals. The MOU will outline the roles, responsibilities, and timeliness of the HDP initiative.

Chapter III: MIS Plan

This section details the implementation of the management information system (MIS) that will support the core operational functions outlined in Chapter 2: SCD Operational Model. This plan describes the information technology infrastructure that will support the systems change operational model. This MIS plan also incorporates the technical assistance proposed by Harmony Information Systems, Inc. (Harmony). The proposal by Harmony outlines the customization and integration of the Harmony for Aging system (HfA) that will be the core MIS infrastructure supporting the functions and activities of the AAA developed through the systems change effort.

MIS Implementation Plan

This MIS implementation plan outlines the major tasks that must be accomplished in order to have the information technology infrastructure to support the core functions of the ADRC. While the HfA has many default features designed to support the AAA operations, the objectives of this MIS implementation plan detail the necessary customizations of the HfA to be properly integrated with the ADRC operations. The MIS implementation plan includes the automation of core ADRC operations including:

- Receiving referrals
- Information and Referral
- Intake
- Assessment
- Support Planning
- Case Management
- Continuous Quality Improvement

Referrals

The MIS system will be customized to receive and process referrals based on the protocols and client information collected. These protocols and data elements will be finalized as part of the overall five-year implementation plan. To automate these referral protocols, the HfA will need to be capable of receiving and managing referrals from various referral sites in an automated, consistent, and timely manner. Information exchanged will be maintained on the HfA and accessible to appropriate AAA staff.

Information and Assistance

The MIS plan includes building the capacity for a consolidated information and referral database containing standard data elements and categories that describe available community resources, supports, and services. These standard data elements will be finalized and configured on the HfA. The AIRS taxonomy, a feature on HfA, will be applied on the information resource database.

The information and referral component of the MIS plan will have the capacity to be maintained and updated by authorized AAA and EOA users. The counties will utilize the AGIS Network to provide an interface to ADRC information and assistance resources for the public via the internet. AGIS is a website hosting service that provides information and resources for the aging network. AGIS is contracted by the county AAA's to provide information, resources, and tools for the county ADRC websites.

Additionally, a web-based module that links the AGIS ADRC website to the Harmony for Aging database will allow for up-to-date information to be shared with the public accessing the ADRC website. Information that may be shared includes provider and program information specific to the state and counties. The AGIS ADRC website will automate the ability to receive updated information; and once verified by the appropriate user, it will make the update to the consolidated Harmony database.

Initial Intake

The MIS plan calls for the implementation of an intake process designed to triage and direct individuals to the most appropriate supports and services. These individuals include those who have been referred to the ADRC or have directly contacted the AAA requesting assistance. Intake protocols and criteria will be finalized from the systems change effort. These protocols and criteria will be automated on the HfA. A qualified ADRC intake staff member should be able to enter participant information into the system and apply automated protocols to direct the individual to appropriate supports, or issue a request for an in-home assessment. The intake protocol will assist the following decisions:

- Whether the individual is inquiring about long term care supports
- Probable Medicaid eligibility determination based on income and assets
- Determine if the individual has a need for services
- Determine the complexity of the individual's needs and supports

Assessment

Through the systems change development effort, the decision was made to pursue a standardized assessment process as a core function of the ADRC. A standardized assessment tool to determine an individual's need for services will be automated within the MIS system. Automating and building assessment information onto the existing client information will enhance the tracking of individuals for whom intake and referral data have been collected.

The preliminary consensus is to implement the interRAI Home Care instrument as the standard assessment tool and automate it on the HfA. Harmony has confirmed that the interRAI suite of tools will be a feature built into the HfA. Additional assessment questions and criteria may be amended to this instrument to meet the needs and program requirements of the ADRC.

Support Planning

The support planning function in the ADRC identifies the supports and services an individual will receive based on the in-home assessment of the individual's needs. The HfA will be automated to help develop support plans based on those assessment findings. Support planning criteria may be added to reflect

the supports and services available in each county AAA and their policies. The effort will also explore including Clinical Action Plans (CAPs) developed as part of the interRAI integration on the HfA. These CAPS could provide guidance to the development of support plans in determining the type and allocation of available community supports and services.

Case Management

A core function of the ADRC will be to provide case management to aid individuals with complex functional and chronic medical needs to obtain supports and services and to remain living safely in the community. In some county AAAs, case management has been a contracted function; however, with the development of a common operational model, these AAAs will be bringing case management in-house.

Therefore, the MIS infrastructure will be customized to support the case management functions of the ADRC. The functions that will be configured on the HfA may include case note tracking, monitoring and supervision of case management services, and performance and quality management.

Continuous Quality Improvement

Consolidating and centralizing the ADRC MIS support functions onto the HfA will allow the state and county AAAs to analyze quality and performance from a common set of data elements. A regular process to produce reports, review performance, and respond to variances will enhance the quality and consistency of services provided by the ADRC.

This task of the MIS plans calls for implementing the tracking and reporting of identified performance indicators and data elements. Initial performance indicators have been identified as part of the system change effort and are described in the five-year implementation plan. These performance indicators include timeliness of assessments, timeliness in initiating services, client satisfaction, etc. Some data elements will be available through information recorded from the operational tasks, while other data elements will need to be added to provide a measurement in respect to the performance indicator. These data elements are to be collected to and extracted from the HfA.

In addition, the system will be configured to produce management reports that the state and counties can review as part of a continuous quality improvement process. EOA and AAA staff will be able to use customized reports to monitor and improve their respective operations and roles. EOA will be able to monitor and compare programs across counties, and respond to variations in each county to maintain a statewide standard of program services and supports. The AAAs will generate reports to monitor and conduct county-level quality improvement processes based on defined performance indicators and thresholds. Individual AAA staff will also receive management reports that will assist them in monitoring their own performance and identifying clients for whom timelines have not been met. The MIS automation in supporting these quality management functions will enhance the value and consistency of services provided by the ADRC.

MIS Implementation Timeline

The implementation timeline of the MIS plan (***Exhibit 15***) includes major MIS milestones and development tasks that will be completed. The MIS tasks are color-coded in the larger five-year implementation timeline that includes all of the tasks. The anticipated MIS implementation dates correspond to each of the respective ADRC components of the five-year plan.

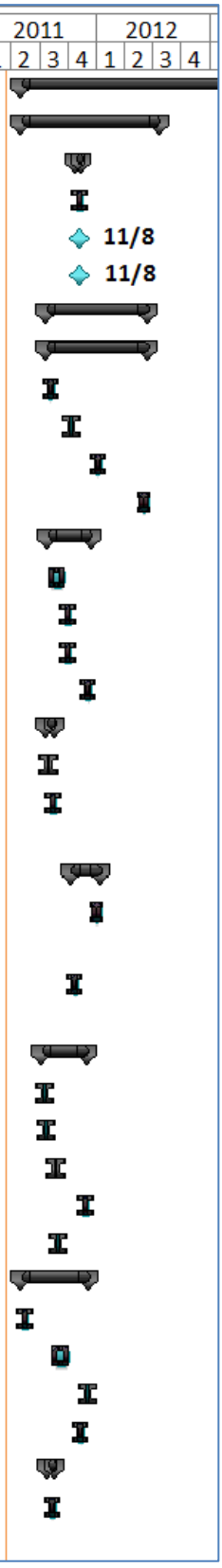
The development, implementation, and pilot of the MIS system will start in Maui County. The remaining counties will continue to use their existing MIS system (SAMS) and current county AAA operations until they are ready to transition to the common ADRC operational model. The implementation of the MIS functions will take place when the AAA transitions to the common operational model as scheduled in the implementation timeline.

The bulk of the MIS work to customize the HfA and the implementation of the MIS components will occur in Maui County. However, all AAAs and EOA will be active participants, as decisions on the MIS system and infrastructure configurations will apply to each county when they implement the ADRC operational model and the MIS plan.

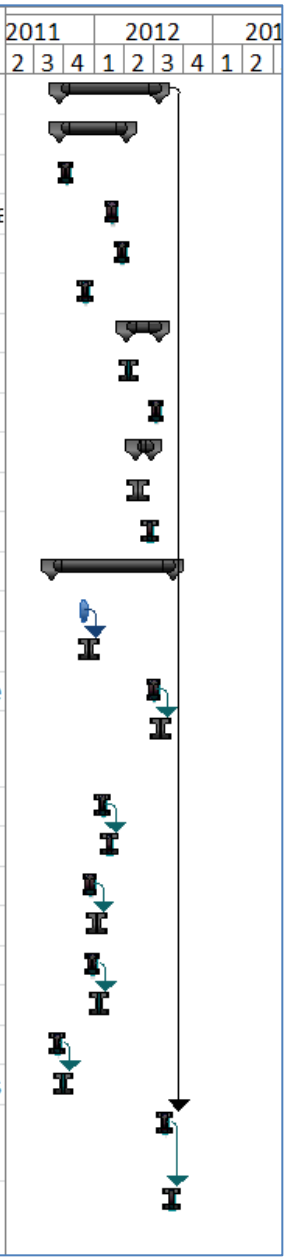
After the pilot and follow-up refinements are completed for Maui County; the ADRC and MIS implementation will take place next in Kauai County, followed by Hawai'i County, and finally to Honolulu County. As the MIS infrastructure will be on a consolidated information system, the MIS functions will be fully operating and in-place once Maui has finished its pilot. The counties that follow Maui County will be migrating information from their existing MIS system (SAMS) and onto the consolidated HfA. County specific integrations on the Harmony for Aging system are anticipated, but minimized due to the standardization of the ADRC model. The AAAs will need to train their staff to employ the MIS support functions prior to the rollout. Maui and other counties as they implement the common operational model will likely have the expertise to assist in training and provide guidance as other counties implement the ADRC model and implement the MIS functions.

Exhibit 15: MIS Implementation Timeline

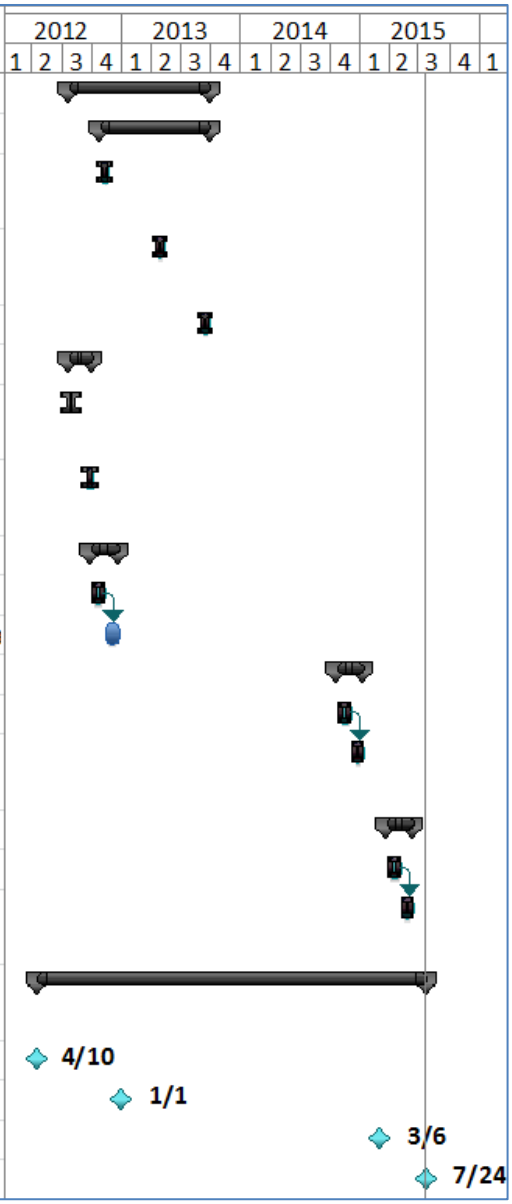
ID	Task Name
1	**MIS Implementation**
2	**Develop pilot system for Maui**
3	**Referrals**
4	Implementation of referral protocols on HfA
5	Referral protocols operating with high volume referral sour
6	Referral protocols operating with low volume referral sour
7	**Information and Assistance**
8	**Provider Information**
9	Configure data elements
10	Incorporate AIRS taxonomy
11	Incorporate data elements for disabilities
12	Incorporate data elements for provider quality
13	**Linkages to other disability populations**
14	Implement protocol for developmental disabilities
15	Implement protocol for mental health
16	Implement protocol for children and youth
17	Implement protocol for adults with physical disabilities
18	**Expansion to AGIS portal**
19	Implement mechanism for providers to submit informati
20	Implement protocol for AAAs to review and approve submitted information
21	**Initial Intake**
22	Implement Intake Screens on HfA (LTC need, QExA enrolled, Likely Medicaid eligible, Need for Services, Case
23	Implement protocol to assist with Medicaid application and status tracking
24	**Assessment**
25	Implement interRAI Home Care tool
26	Implement Medicaid spend down protocol
27	Implement person-centered planning
28	Integrate Options Counseling protocols
29	Implement waitlist protocols
30	**Support Planning**
31	Integrate participant direction protocols and tracking
32	Implement participant direction data elements
33	Implement support planning protocols and Clinical Action F
34	Implement management reports for participant direction
35	**Case Management**
36	Implement case management tools (case notes, monitoring and supervision, and performance/quality)



ID	Task Name
37	**Continuous Quality Improvement**
38	**Implement data collection of performance indicators**
39	Protocol to track timeliness of assessment
40	Protocol to track timeliness of QExA eligibility determina
41	Protocol to track timeliness of service delivery
42	Protocol to track participant experience
43	**Management Reports**
44	Implement queries to generate reports
45	Implement report templates
46	**Review Protocol**
47	Implement internal AAA review process and protocol
48	Implement EOA-AAA review process and protocol
49	**Refinement of Operations in Maui**
50	Review & Refinement of Referral MIS Operations
51	Implement Refinement of Referral MIS Operations
52	Review & Refinement of Information and Assistance MIS Ope
53	Implement Refinement of Information and Assistance MIS Operations
54	Review & Refinement of Initial Intake MIS Operations
55	Implement Refinement of Initial Intake MIS Operations
56	Review & Refinement of Assessment MIS Operations
57	Implement Refinement of Assessment MIS Operations
58	Review & Refinement of Support Plan MIS Operations
59	Implement Refinement of Support Plan MIS Operations
60	Review & Refinement of Case Management MIS Operations
61	Implement Refinement of Case Management MIS Operations
62	Review & Refinement of Continuous Quality Improvement MIS Operations
63	Implement Refinement of Continuous Quality Improvement MIS Operations



ID	Task Name
64	**Post Pilot Enhancements**
65	**Information and Assistance**
66	Incorporate data elements for residential care and nursing homes
67	Incorporate data elements for Community Care Family Foster Homes
68	Incorporate AAA provider reviews
69	**Continuous Quality Improvement**
70	Implement external stateholder review process and protocol
71	Implement interagency review process and protocol
72	**MIS Implementation in Kauai**
73	Implement core MIS operations
74	Integrate Kauai data into consolidated data
75	**MIS implementation in Hawai'i County**
76	Implement core MIS operations
77	Integrate Hawai'I County data into consolidated database
78	**MIS implementation in Honolulu County**
79	Implement core MIS operations
80	Integrate Honolulu County data into consolidated database
81	**MIS implementation milestones to support full-functioning ADRC**
82	Maui
83	Kauai
84	Hawai'i
85	Honolulu



Harmony Aging Services Proposal

Harmony Information Systems, Inc. has submitted a proposal to support the work of the initial pilot and implementation of the MIS support functions in Maui County. The proposal includes the MIS integration and data consolidation for Kauai County that follows the completion of the Maui pilot. As the Hawai'i County and Honolulu County ADRC operational implementation are slated for later years in the five-year plan (year 3 thru year 5), the MIS implementations in those counties are excluded in the Harmony Aging Services Proposal. An additional MIS implementation proposal in Hawai'i and Honolulu counties will be explored as their scheduled ADRC implementation timeframe nears. It is anticipated that the MIS implementation that will occur in Hawai'i and Honolulu counties will be similar to the rollout in Kauai.

The Harmony proposal outlines the specific activities that Harmony will conduct to customize the Harmony for Aging product to meet the MIS support functions defined in the ADRC operational plan.

These proposed activities include translating the operational plan into system specifications, implementing the operational protocols and procedures, testing and validation, training on how to use the system, data migrations/consolidation, and deployment of a full functioning HfA system. Harmony has outlined its integration process to include a six-phase approach starting with planning, to configuration documentation, setup, validation, training, and deployment. These phases are described in the Harmony proposal and detail the activities and tasks that will be completed in each phase of the proposal.

The planning, documentation, and setup phases will translate the components described in the MIS plan into functional requirements that will be configured on HfA. The validation, testing, and deployment phases will verify that the implementation of the MIS functions have met the operational specifications. The proposal outlines the tasks and approximate durations to complete each phase. Included in the proposal is the inclusive pricing for the implementation, support, and training for Maui and Kauai counties. In addition, timeline clarifications and assumptions for the proposal are provided. As a reference, licensing costs are included as reference in the proposal. It is assumed that the state (EOA) will be the client in this proposal and will procure a contract once a finalized ADRC implementation start date has been established.

Chapter IV: Finance and Sustainability Plan

This chapter details the finance and sustainability plan to support the operations described in the 5-year implementation plan. The bulk of the costs associated with this systems change are related to transforming business operations within the county AAAs so that they can meet AoA's definition of a full-functioning ADRC. Meeting this definition requires that the ADRC act as the single point of entry for Kupuna Care (KC) and Older Americans Act (OAA) services. Key functions include serving as the initial point of contact, conducting assessments, streamlining access to Medicaid funded services, determining eligibility, establishing support plans, and managing the provisioning of KC and OAA services.

Because each county has structured its current operations in very different ways, the degree of change necessary to meet these requirements (and the cost associated with these changes) varies substantially. Kauai has the fewest changes necessary to meet the full-functioning criteria. Maui is the next closest. Maui plans to bring case management services in-house as a function of the AAA and increase the qualifications for staff conducting assessments.

Hawai'i County must make several major structural changes to meet the full-functioning criteria. It must establish the Hawai'i County Office on Aging (HCOA) as the single point of entry by bringing in-house the intake and assessment functions currently performed by the Coordinated Services division of the County Department of Parks and Recreation and private sector case management agencies. HCOA also plans on bringing case management functions in-house.

The City and County of Honolulu Elderly Affairs Division (EAD) will require the greatest investment in resources to meet the full-functioning criteria. Currently, most intake, assessment, and eligibility determinations and all case management are done by private sector organizations that concurrently provide services to those individuals. This creates a substantial potential conflict of interest because these providers may make decisions based on payroll and staffing rather than the needs and preferences of the individuals. EAD will require a substantial increase in the number of staff necessary to comply with full-functioning requirements.

Working with the Finance and Sustainability Workgroup, county specific estimates of the funds necessary to implement the full-functioning ADRC model were developed. The process included the following steps:

1. Each county identified the changes in the number and qualifications of staff necessary to implement the ADRC operational model.

2. A budget template was developed that corresponded to Hawaii specific accounting requirements. Each county completed the template using the proposed staffing as a basis.

3. The workgroup identified current funding resources that could be reallocated to the ADRC effort.

4. A model was proposed for drawing down Medicaid Administrative Federal Financial Participation (FFP) to support implementation of the ADRC operational model.

EOA is currently working with each of the counties to refine these estimates in the anticipation that they can be included in the 2012/2013 budget request as well as future federal grant applications.

Potential Funds that Can Be Reallocated from Existing Spending

As a part of this effort, each of the counties explored whether any existing funds should be reallocated to fund the activities in this ADRC operational model. The three counties that currently contract with external agencies to provide case management, Hawai'i, Honolulu, and Maui, all plan to bring case management in-house and indicated that these funds should be reallocated to fund AAA staff positions performing these functions. **Exhibit 16** presents the estimated funds available for reallocation in each county.

Exhibit 16: Reallocation of Case Management Funds

County	Case Management Funds to be Reallocated
Kauai	$0
Maui	$71,000
Hawai'i	$319,028
Honolulu	$691,000
Total	**$1,081,028**

The Finance and Sustainability workgroup also explored whether it would be feasible to reallocate funds used for assessments and eligibility determinations in the two counties where these functions are currently done externally (Hawai'i and Honolulu Counties). Hawai'i County indicates that the outreach and assessment funds currently allocated to Coordinated Services are all county funds. HCOA stated that there is only a small amount of funds allocated for these activities and it would be very difficult to disentangle these funds; the Coordinated Services staff that conduct assessments also perform other tasks such as providing transportation and chore services. In Honolulu, the costs for assessments are included in a unit rate. EAD indicated that there was no easy way to untangle the reassessment amount from the unit rate at this time.

Potential for Drawing Down Medicaid Administrative Federal Financial Participation (FFP)

EOA is working with Med-QUEST to determine the feasibility of drawing down Medicaid administrative federal financial participation (FFP) for the ADRC effort. Many other states, notably Florida, Washington, Wisconsin, and Montana, are drawing down administrative FFP to partially fund these operations.

Many, if not most, of the ADRC functions are potentially eligible for matching Medicaid administrative funds. States can receive FFP from the federal government for costs associated with the "efficient and effective" administration of the Medicaid program. Generally the administrative match rate is 50%.[2] Medicaid administration activities can include the following:

- Outreach and enrollment,
- Case management,
- Provider monitoring,
- Planning and development,
- Network development,
- Auditing, and
- Quality improvement activities.

Most of the relevant ADRC functions for which FFP may be available will likely fall into the outreach and enrollment category, but some of the other categories are also relevant. Generally, the ADRC could receive FFP for services provided to someone who is Medicaid eligible. How the state and the ADRC define the eligibility determination process may affect the ability to draw down FFP for individuals who are ultimately determined not to be Medicaid eligible.

Under the proposed operational model for Hawaii's ADRC, the AAA staff will implement a two-tiered screening process to determine if someone might be eligible for Medicaid. During the initial intake, the AAA staff will screen to determine if someone is likely Medicaid eligible based solely on an individual's income and assets. The AAA will help establish Medicaid eligibility for people meeting this screen.

Under Hawaii's Medicaid eligibility criteria, individuals who have income and or assets above the eligibility threshold may be eligible if they have medical expenses that, when accounted for, reduce their income and assets to the point where they are eligible (i.e., they are eligible because they are medically needy). Therefore, the proposed model has identified a threshold for individuals who may be eligible or may be at risk of spending down to Medicaid eligibility. For these individuals, the AAA will conduct an in-home assessment that will include a cataloguing of their expenses to determine if they may be Medicaid eligible under the medically needy criteria.

Exhibit 17 provides a summary of these determinations and the proposed activities for which FFP may be claimed. ***Exhibit 18*** provides a breakdown of the potential to secure FFP for AAA staff performing core ADRC functions.

[2] Higher match rates theoretically could be obtained, such as compensation and training of skilled professional medical personnel performing administrative tasks that are medically related. Typically, these rates have been applied to utilization reviews.

Exhibit 17: Functions Potentially Eligible for Medicaid Federal Financial Participation (FFP)

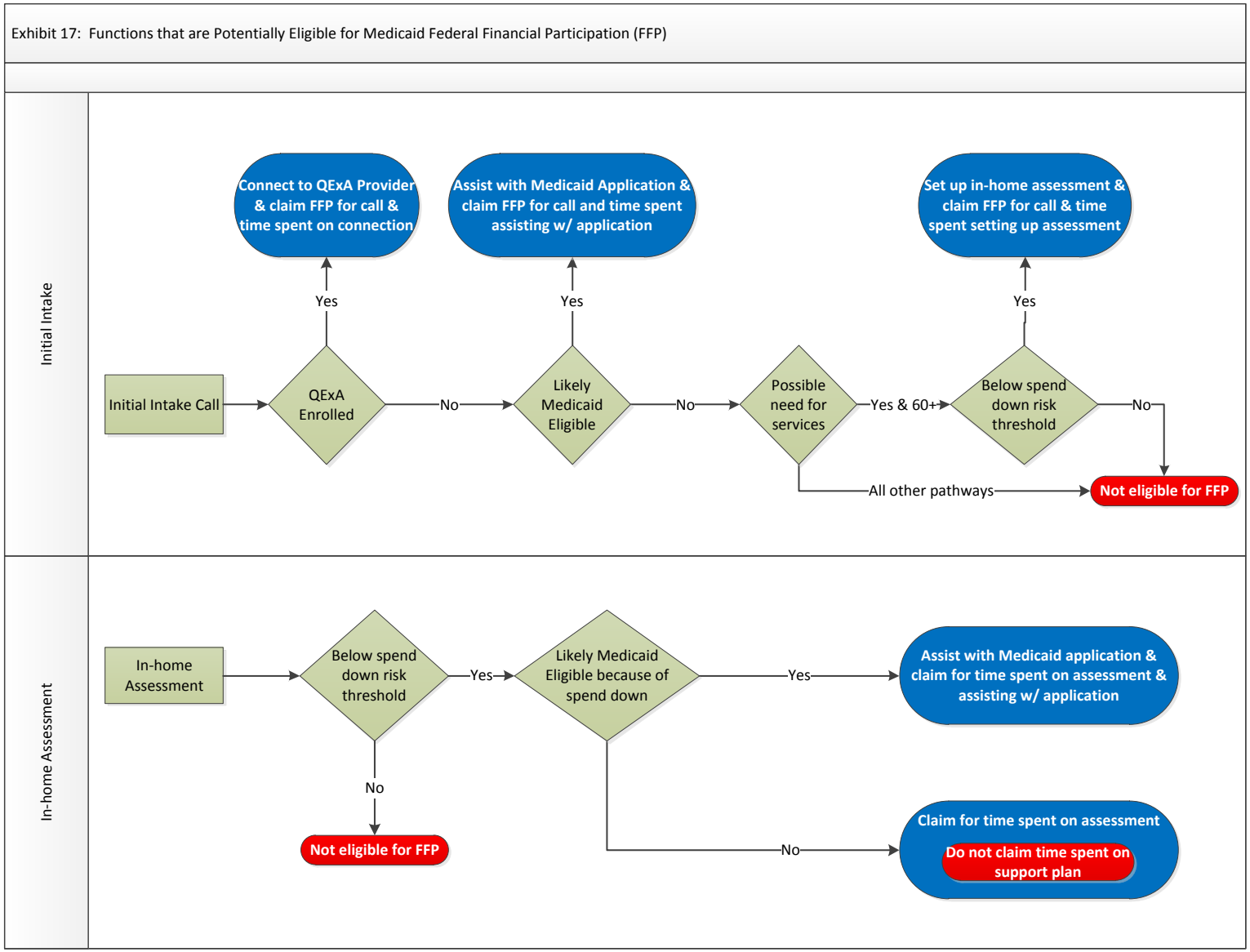


Exhibit 18: ADRC Functions by Potential for Medicaid Administrative Match

ADRC Staff Functions	Potential Ability to Receive Medicaid Administrative Match
Initial Intake	**Yes, if functions discuss Medicaid as potential service or if provided to someone who is Medicaid eligible**
Triage	**Only for individuals under Medicaid Spend Down Risk Threshold**
In-Home Assessment	**Only for individuals under Medicaid Spend Down Risk Threshold**
Case Management	**Only if providing short-term case management to help individuals connect with Medicaid services during crisis**
Other Activities	**If general support staff, could be included in overhead costs**

The AAAs will need to build infrastructure to comply with federal documentation requirements. The crux of this is having a methodology for documenting time spent on Medicaid reimbursable activities and attaching costs to these times. Hawaii's AAAs have a major advantage over other states in that they are already using a MIS system that will allow them to document staff time. This has been a major barrier for other states trying to draw down FFP for ADRC activities.

EOA, Med-QUEST and the AAAs will need to agree on a common format for reporting costs. We anticipate that this will involve making refinements to the current mechanisms by which the AAAs report costs to EOA.

Calculating a reliable estimate of the potential savings from drawing down administrative FFP would require an estimate of the number of contacts and individuals referred for assessment who fall below the threshold for risk of spend down to Medicaid. Unfortunately, the AAAs do not currently collect this data. Wisconsin, the state that developed the original ADRCs and has the most experience drawing down Medicaid administrative FFP, receives FFP for 56% of its activities (which at a 50% match rate covers 28% of the costs).

Chapter V: Implementation Plan

We developed a detailed implementation plan that lays out all of the tasks and corresponding timelines necessary to implement the components of the five-year plan. The complete Gantt chart for this effort, which is included as an ***Attachment B***, is nearly 600 task items long. This plan is meant to be a living document that will guide the work of EOA and the AAAs as all of the systems change efforts are implemented. We anticipate that as state and federal environments evolve and obstacles and opportunities arise, some dates and tasks will change. The implementation project plan will be tracked and managed using Microsoft Project. This will allow EOA to monitor and track the progress of the overall project management process.

Developing the plan required determining the relationship among key processes such as:

- The development of systems operations infrastructure;
- The timeline for phasing in county implementation;
- The state budgeting process; and
- The need for executive and/or legislative branch approvals at both the state and county levels.

The ***Exhibits 19 through 21*** show the relationship between each of these processes for the ADRC, participant direction, and hospital discharge planning efforts. These flowcharts depict the core activities and the relative order in which they will need to occur.

Exhibit 19: High Level Implementation Flow for Implementing ADRC Operations

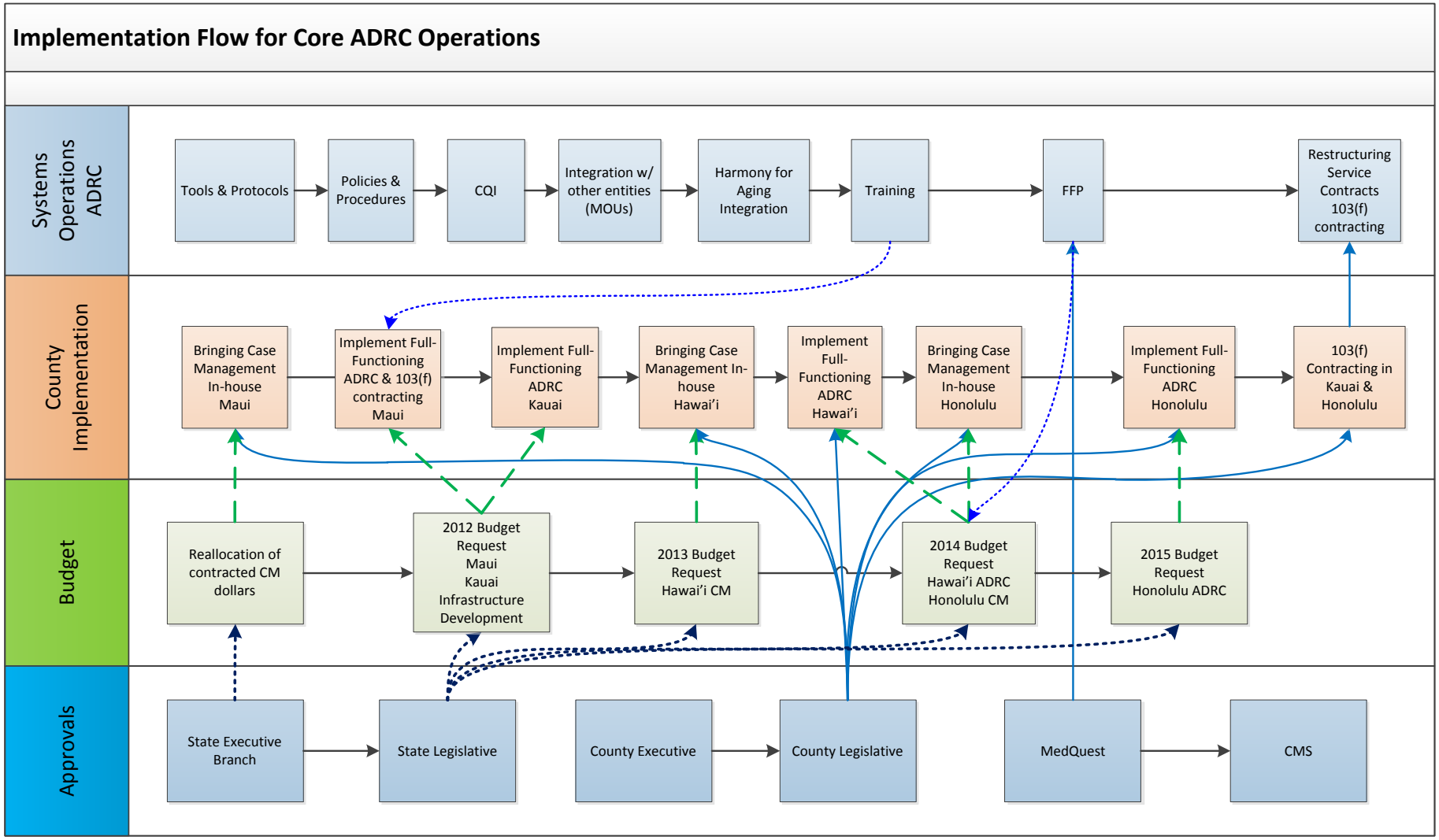


Exhibit 20: High Level Implementation Flow for Implementing the Participant Directed Option

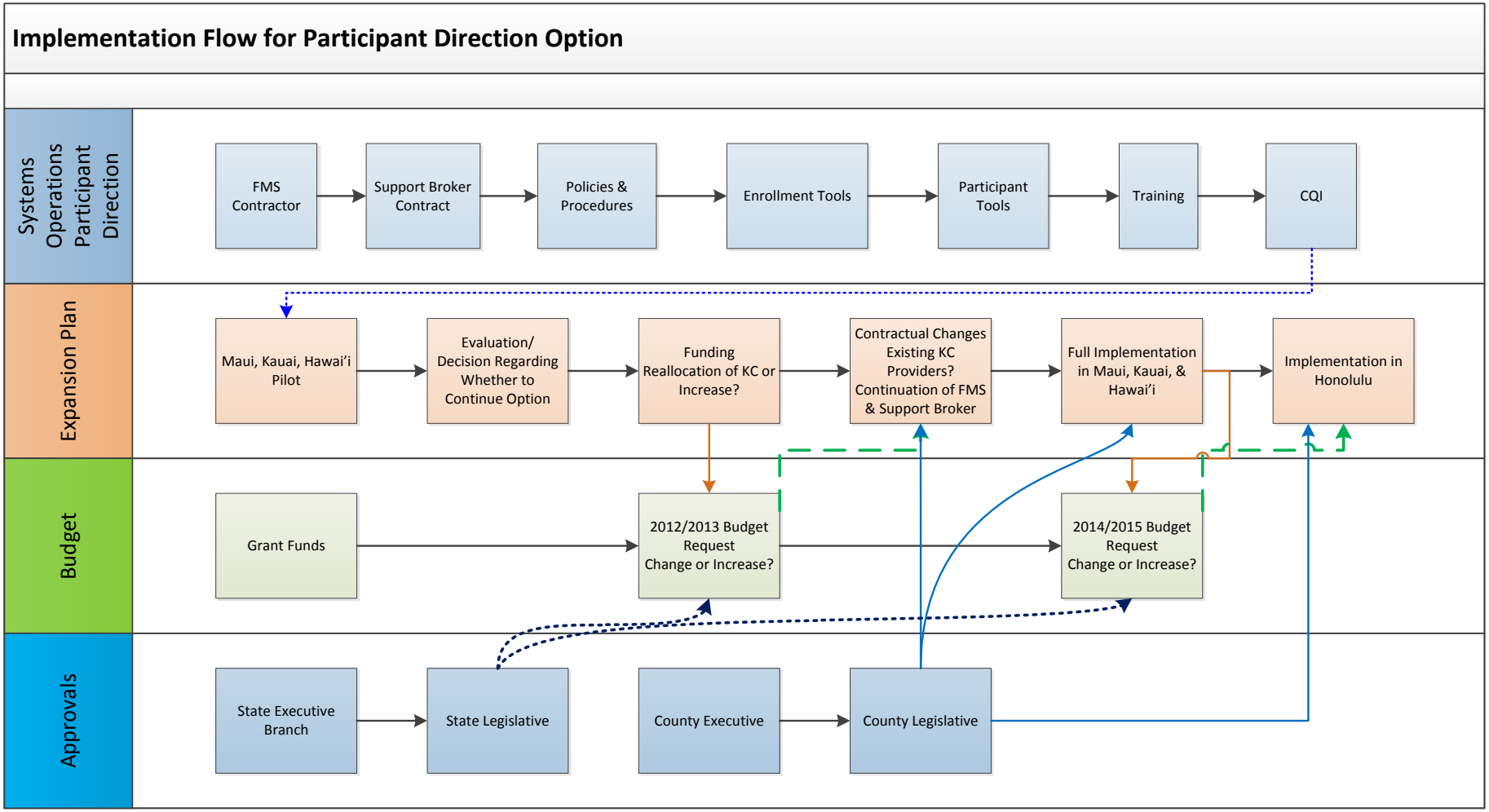
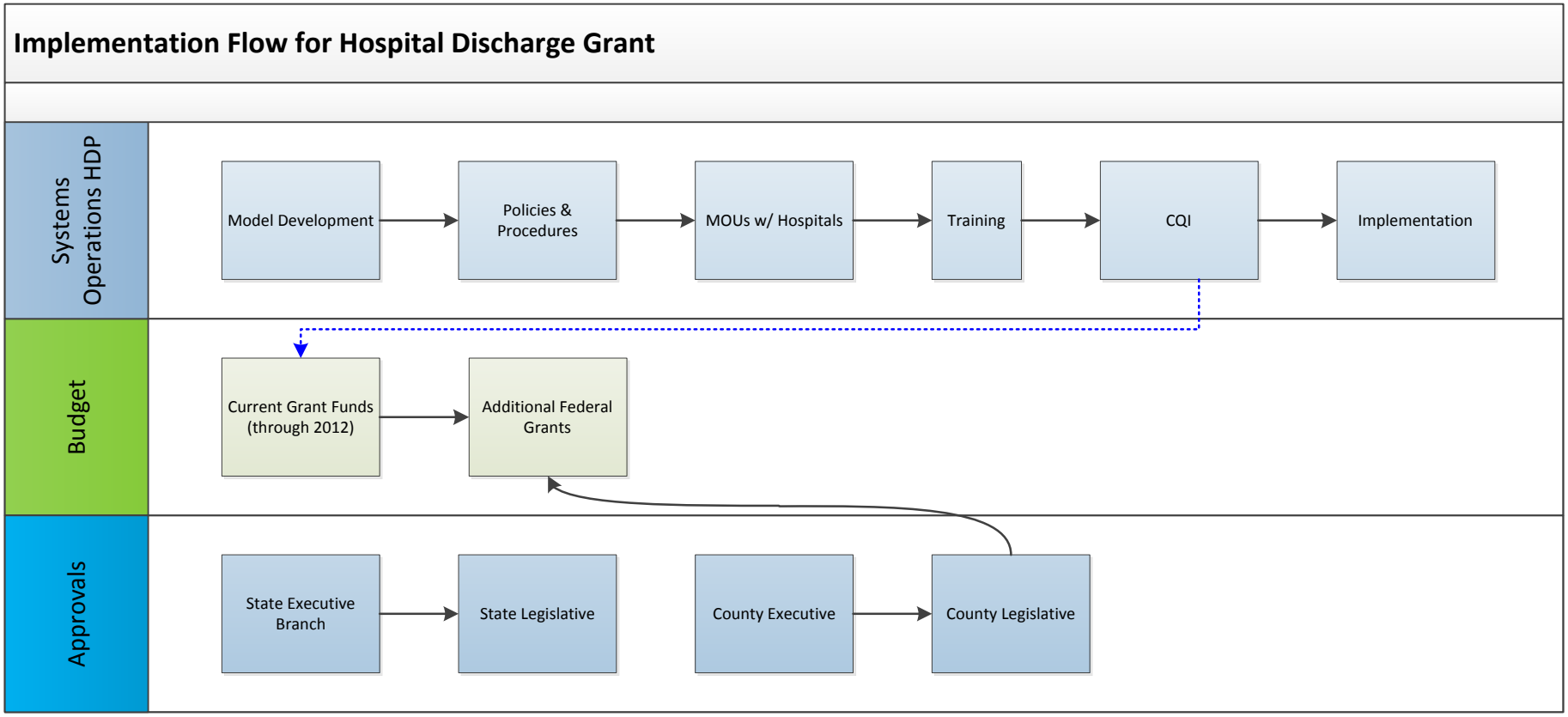


Exhibit 21: High Level Implementation Flow for Implementing the Hospital Discharge Planning Effort



Implementation Plan Legend

We color coded many of the rows in the implementation plan to highlight key aspects. The following is the key to the color coding:

Task is Related to MIS
Task is Related to Options Counseling Development
Task is Tied to Budget Process
Task Marks the Implementation of a Key Initiative

The detailed plan also identifies entities that will be working on each task. The following provides a crosswalk of the resource names to the resource initials included in ***Attachment B***:

Resource Name	Initials
Executive Office on Aging	EOA
Maui County	Mi
Kauai County	Ki
Honolulu County	Hu
Hawai'i County	Hi
Consultant	Cst
Harmony	Hmy
Med-QUEST	Mq
Core ADRC Workgroup	CAW
Participant Direction Workgroup	PDW
Hospital Discharge Workgroup	HDW
Executive Directors	ED
Finance & Sustainability Workgroup	FSW
Developmental Disabilities Division	DDD
Disability Organization	DO
Mental Health	MH
Options Counseling	OC
Information and Referral	I&R
Alliance of Information & Referral Systems	AIRS
Support Broker	SB
Fiscal Management Service	FMS
Veterans Administration Medical Center	VA

Key Implementation Dates

Exhibit 22 shows the current projected implementation dates for the key initiatives. It is important to note that these projected dates may change as circumstances evolve.

This exhibit shows that the first year will be spent developing key systems operations. The ADRC effort will be piloted in Maui before being rolled out to Kauai, Hawai'i and Honolulu Counties. The timeframe for the rollout in the other counties is significantly affected by the timing of budget appropriations and the administrative approval processes for hiring new staff at the county level.

Exhibit 22: Projected Implementation Dates for Key Initiatives

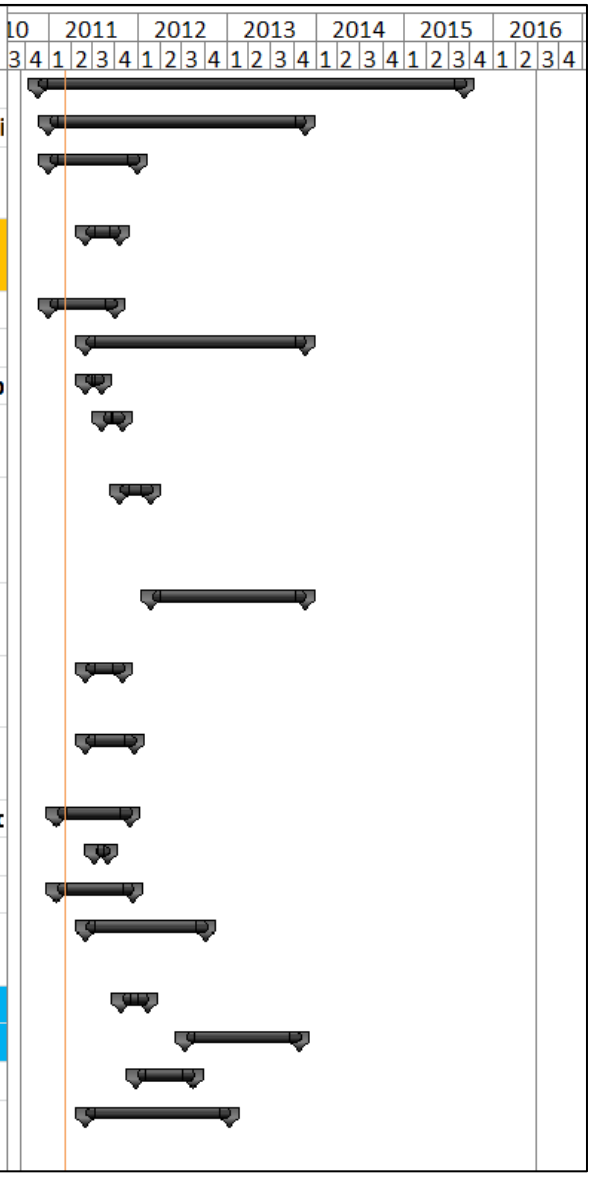
Initiative	Projected Implementation
Full-Functioning ADRC	**7/2015**
Full-Functioning ADRC - Maui Implementation	4/2012
Full-Functioning ADRC - Kauai Implementation	1/2013
Full-Functioning ADRC - Hawai'i County Implementation	3/2015
Full-Functioning ADRC - Honolulu Implementation	7/2015
In-House Case Management	**9/2013**
Maui implementation	12/2011
Hawai'i County implementation	3/2013
Honolulu Implementation	9/2013
Participant Direction	**9/2012**
Kauai, Hawai'i, and Maui pilot	8/2011
Kauai, Hawai'i and Maui full implementation	6/2012
Honolulu expansion plan	9/2012
Hospital Discharge Planning	**7/2011**
VA Option Implementation	**4/2012**
Service contracting changes	**6/2016**
Maui implementation	1/2012
Kauai and Honolulu implementation	6/2016

Implementing the Full-Functioning ADRC

Exhibit 23 provides the high-level timeframe for building the systems infrastructure for a full-functioning ADRC in Hawaii. The first several months involve a focus on finalizing tools and processes already identified in the implementation planning process. It is important to note that in all cases, EOA and the counties have reached a consensus regarding the framework and approach for each component; and in most cases, that consensus addresses the salient details, such as specific qualifications for staff, tools to be adapted and criteria to be used. Core new efforts during this initial implementation timeline will include incorporating these processes into the common MIS used across counties, Harmony for Aging, and into training materials.

Exhibit 23: High-Level Implementation Timeframe for Building Systems Infrastructure for the Full-Functioning ADRC Effort

ID	Task Name
1	Developing Full-Functioning ADRCs
2	Systems Infrastructure Development for Maui Pi
3	Develop mechanisms to streamline referrals to the ADRC
29	Develop comprehensive set of State-specific standards for OC
48	Develop common initial intake protocols
55	Refine I&R Database and Resources
56	Incorporate information about provider cap
61	Establish policy to incorporate AIRS taxonomy in I&R
66	Collect and integrate core information about programs supporting individuals with disabilities
72	Identify information on provider quality to be incorporated into I&R database
98	Develop protocol for assisting with Medicaid application
103	Develop protocols for linkages for other disability populations
121	Develop common in-home assessment protoc
142	Develop waitlist policy
146	Develop Support Plan
152	Develop Continuous Quality Improvement Infrastructure for ADRC Activities
198	Adapt Harmony for Maui Pilot
205	Longer term Harmony adaptations
210	Develop training infrastructure
233	Obtaining permission to draw down Medicaid Administrative Federal Financial Participation

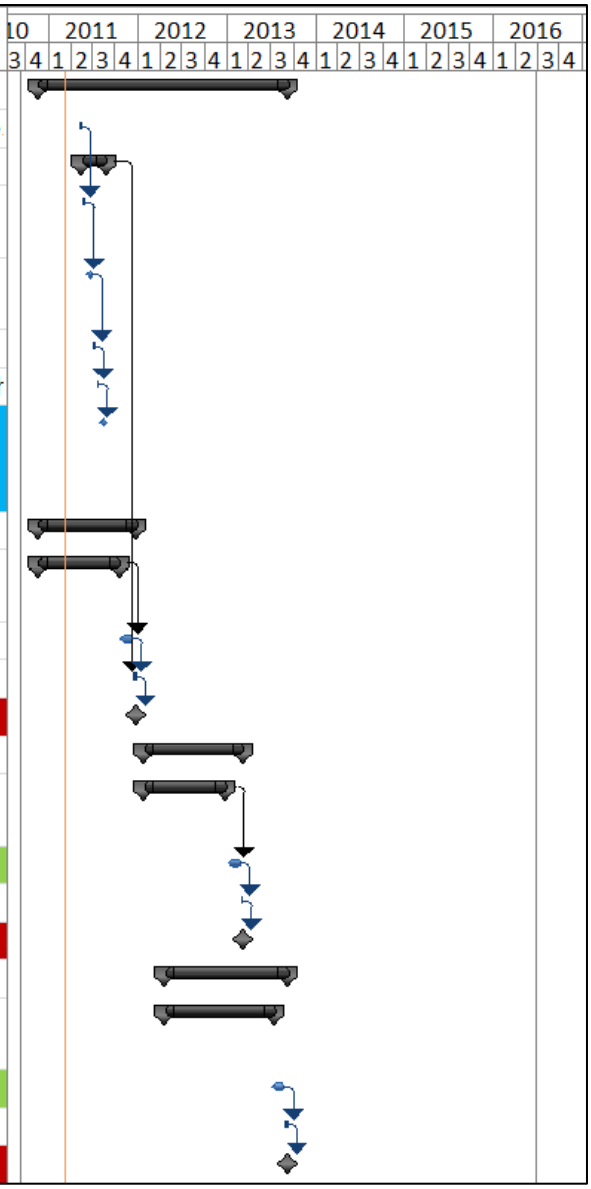


Implementing Changes to Case Management

As noted earlier, the three counties currently contracting for case management propose to bring these functions in-house. ***Exhibit 24*** provides a high-level timeframe for these efforts. Because Maui's proposed approach does not require any new state or county dollars, it has already begun preparing for this effort. The current timeframe has Honolulu County as the last county to roll out these changes.

Exhibit 24: Timeframe for Implementing Changes to Case Management

ID	Task Name
362	**Bring Case Management In-house**
363	Draft job descriptions and identification of serie
364	**Develop training infrastructure**
365	Decision whether to enroll in web-based training (e.g., U of MN or Boston College)
366	Develop training curricula and training approach (possibly adapting web-enabled
367	Core ADRC Workgroup input
368	Revise training curricula and training approach
369	Implement case management tools (case notes, case management supervision, performance/quality) in Harmony
370	**Maui County Rollout**
371	**Establishing Authority to Hire New Case Management Staff**
379	Hire staff
380	Train staff
381	Implementation
382	**Hawai'i County Rollout**
383	**Establishing Authority to Hire New Case Management Staff**
390	Hire staff
391	Train staff
392	Implementation
393	**Honolulu County Rollout**
394	**Establishing Authority to Hire New Case Management Staff**
401	Hire staff
402	Train staff
403	Implementation

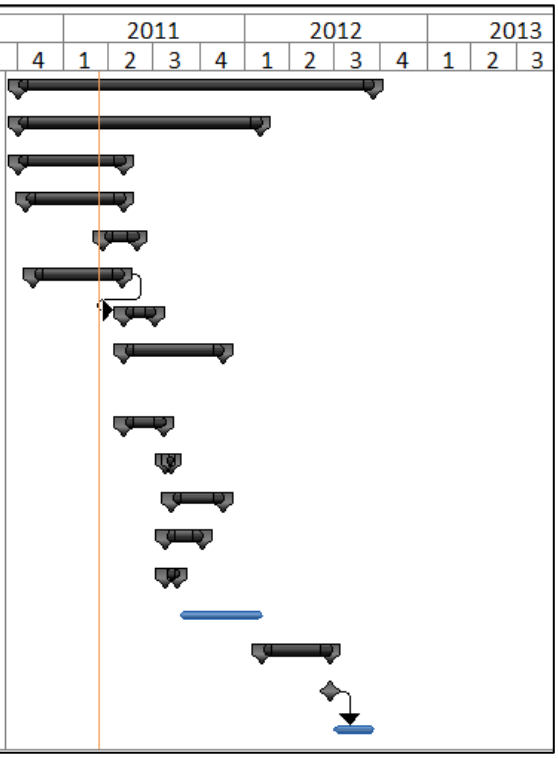


Implementing the Participant Directed Option

Exhibit 25 provides the high-level timeframe for implementing the participant directed option. EOA is already actively engaged in building this infrastructure, having recently issued RFPs for the FMS contractor and the support broker. This option will be piloted in Kauai, Maui, and Hawai'i Counties using federal grant funds. If the pilot is successful, the state will decide whether to expand the option in Kupuna Care and/or to request additional funding.

Exhibit 25: High-Level Implementation Timeframe for Building Systems Infrastructure for the Participant Directed Option

ID	Task Name
404	**Developing a Participant Direction Option**
405	**System Operations**
406	**FMS Contractor**
410	**Support Broker Contract**
414	**Policies & Procedures**
419	**Enrollment Process**
425	**Participant Tools**
430	**Develop Continuous Quality Improvement Infrastructure for Participant Direction**
431	**Finalize Performance Indicators**
435	**Develop data collection methods**
450	**Management Reports**
454	**Establish review and remediation processes**
463	**Training**
466	Maui, Kauai, Hawai'i Pilot
467	**Expansion Plan**
471	Full Implementation in Maui, Kauai, and Hawai'i
472	Develop expansion plan for Honolulu

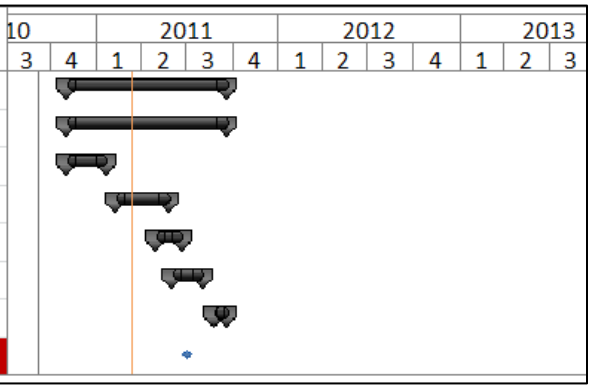


Implementing the Hospital Discharge Planning Effort

Exhibit 26 provides the timeframe for building infrastructure for the hospital discharge planning effort. It is important to note that all of the counties currently have staff working on this grant who are coordinating with local hospitals and assisting with hospital discharges. The tasks incorporated into the five-year plan would add greater structure and increased consistency across counties, something that is necessary in order to transform this pilot into an ongoing, statewide program.

Exhibit 26: High-Level Implementation Timeframe for Building Systems Infrastructure for the Hospital Discharge Planning Effort

ID	Task Name
473	**Providing Hospital Discharge Planning**
474	**System Operations**
475	**Model Development**
481	**Policies & Procedures**
486	**MOUs w/ Hospitals**
492	**Training**
494	**Continuous Quality Improvement**
496	Implementation

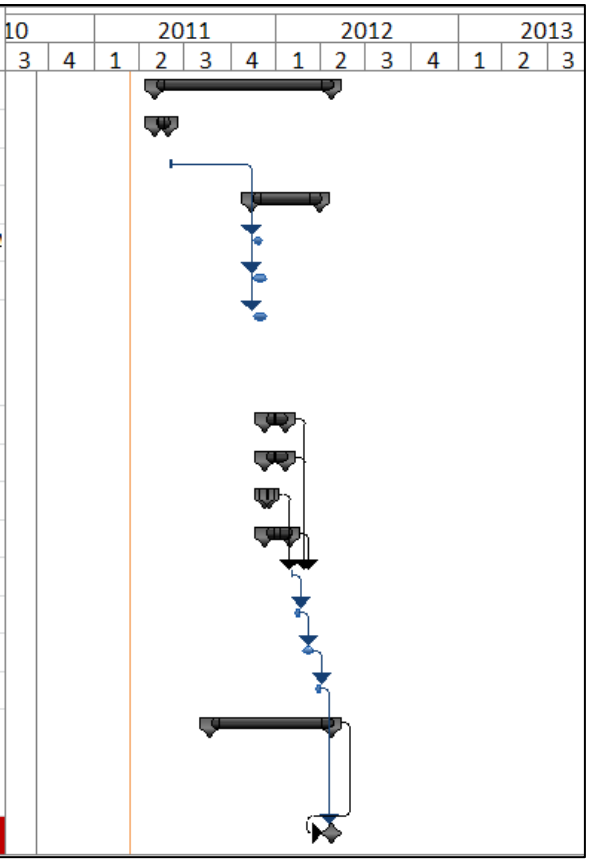


Implementation of the Veteran's Administration Option

Under the Community Living Program (CLP) grant, Hawaii has the option of establishing contracts with the local VA site so that veterans can access the participant directed option and the AAAs receive compensation for associated administrative costs. ***Exhibit 27*** provides an overview of the key steps for negotiating the major components of that contractual agreement.

Exhibit 27: High-Level Implementation Timeframe for Establishing a Veteran's Administration Option

ID	Task Name
497	**Build Veteran's Administration Program**
498	**EOA has initial meeting with VA**
503	Decision to proceed
504	**Provider Agreement with VAMC**
505	Parties to agreement (individual AAAs vs. EOA
506	Process for referrals from VA
507	Rate Determination (VAMC case-mix, VAMC sets rate for each Veteran, or AAA develops budget & VAMC approves)
508	**Rate Construction**
513	**VAMC Payment for VD-HCBS**
516	**Complying with VA Specific Requirements**
519	**Follow-up process**
523	AAA Decision to Proceed
524	County Executive Branch Approval
525	County Council Approvals
526	Signed Provider Agreement
527	**Operations that need to be in place prior to implementation (developed as part of participant-direction effort)**
534	Implementation



Chapter VI: Ongoing Planning Process

Given the five-year timeline and number of activities involved to implement a full functioning ADRC system, there must be a process to ensure the plan remains relevant and current. This document identifies a proposed structure to maintain, update and expand the work plan and its components to meet the goals of Hawaii's effort.

Exhibit 28 presents a proposed organizational structure for this process.

Exhibit 28: Proposed Framework for Ongoing Planning Process

A Leadership Team consisting of EOA representatives and Executive Directors from each county will oversee all implementation activities. Separate advisory groups will provide guidance to the Leadership Team. Finally, three workgroups provide effort on more detailed aspects of the implementation. The following describes the role and responsibilities for each.

Leadership Team

The Leadership Team oversees implementation of the plan and makes decisions regarding needed changes to the plan. Members include State EOA staff and the Executive Directors from each of the four county Area Agencies on Aging. The Leadership Team receives general administrative support from an EOA staff person.

The Leadership Team meets to review the progress of implementation at least every other month, but more often during critical times. The purpose of these meetings is:

- To monitor and review the progress of activities
- To identify, discuss, and seek solutions to challenges presented to overall plan or to individual county situations
- To assign tasks to workgroups
- To identify and take action on changes needed to the plan
- To make decisions and provide direction for implementation of the plan
- To enhance and facilitate continuance of a *statewide system*
- To facilitate sharing of resources and critical knowledge

EOA-AAA Continuous Quality Improvement Committee (CQI)

Shortly after the rollout of the full-functioning ADRC in Maui, a CQI committee will form to assist the Leadership Team to develop a Quality Management framework related to a full functioning ADRC system. The scope and process for this committee will be developed with input from the Core ADRC Workgroup. This committee will recommend a strategy and work plan to the Leadership Team covering:

- Reviewing management reports on performance indicators
- Identification of the range of potential remediation activities
- The identification and promotion of promising practices and excellence in performance

This committee membership will include representation from EOA and each of the AAAs. This group will also participate in the External Advisory and Interagency quality committees. In addition, it will receive reports from each AAA's internal CQI committee as these become active. EOA will provide administrative support to the committee.

Advisory Group

An ongoing advisory group provides input from individuals/entities critical to the efficient and effective implementation of the plan. This advisory group receives administrative support from state staff (e.g., arranging meetings and agendas, recording minutes and recommended actions).

The advisory group members include representatives from organizations or groups with key roles in a full functioning ADRC and other individuals with specific knowledge helpful to implementing a statewide ADRC system. Examples include representatives from state agency divisions (such as Med-QUEST and the state DD division), the Disability Communication Access Board, Veteran's Affairs, hospital discharge planners, provider organizations, disability organizations. The Policy Advisory Board on Elder Affairs convened by EOA provides a good basis for this ongoing group, with EOA inviting any missing memberships.

This advisory group will meet on at least a quarterly basis. The purpose of these meetings is:

- To provide advice and recommendations to the Leadership Team on specific topics
- To provide general input about the progress of activities

- To provide qualitative information regarding experiences with system
- To assist with community outreach or other efforts to improve the effectiveness of the *statewide system*
- To facilitate sharing of resources and critical knowledge

Workgroups

Workgroups provide focused effort and attention designed to implement details of the five-year plan. The workgroups involve key state and county staff. Staff includes individuals responsible to oversee and implement portions of the work plan at the local level.

State staff will provide support to the workgroups in two ways: 1) administrative support to arrange and maintain a calendar of meetings; and 2) EOA lead staff to facilitate the implementation of the plan, document recommendations and assignments made by the workgroup, and provide written reports to the Leadership Team.

A description of the role for each workgroup follows.

MIS Workgroup

The MIS workgroup responsibilities include implementation of the five-year plan concerning hardware and software to support the enhancement of the system to a statewide, fully functioning ADRC. The purpose of the workgroup includes

- To monitor, review, and report to the Leadership Team on the progress of activities
- To identify, discuss, and seek solutions to challenges presented to overall plan or to individual county situations
- To identify and organize the responsibilities for specific action steps related to plan implementation
- To identify and recommend action on changes needed to the plan
- To make other recommendations to the Leadership Team for implementation of the plan
- To enhance and facilitate continuance of a *statewide system*
- To facilitate sharing of resources and critical knowledge

Budget and Sustainability Workgroup

The Budget and Sustainability workgroup has the critical role of providing oversight for two related components of the implementation of the five-year plan.

Budget:

Budget oversight includes tracking the use and availability of financial resources to support the activities included in the five-year implementation plan. This includes resources from sources such as federal grants, state appropriations, and county funds. The purpose of budget meetings includes

- To track and report to the Leadership Team on the use and availability of financial resources to support the activities included in the five-year plan
- To identify, discuss, and seek solutions to any budget challenges that present barriers to the implementation of the plan
- To propose recommendations to the Leadership team regarding specific action steps to ensure continued progress of the five-year plan
- To provide fiscal analyses and cost effectiveness evaluation regarding implementation decisions, as directed by the Leadership Team
- To make other recommendations to the Leadership Team for implementation of the plan
- To enhance and facilitate continuance of a *statewide system*
- To facilitate sharing of resources and critical knowledge

Sustainable Infrastructure

The workgroup also maintains responsibility to evaluate and provide recommendations on infrastructure necessary to sustain progress of the five-year plan. This includes

- Evaluation of short and long term staffing to implement components of the five-year plan
- Recommending enhancements or changes of the initial sustainability plan to the Leadership Team
- Maintaining and tracking a consolidated plan for adequate infrastructure including acquisition, maintenance, repair, or replacement of equipment and supplies necessary to implement the five-year plan in each county

Program Design and Implementation Workgroup and Subgroups

The five-year plan includes a number of adjustments to current tools and practices in order to create a more standardized, reliable, and systematic resource for people using Hawaii's ADRC. The Program Design and Implementation Workgroup responsibilities include addressing the plan for standardizing many of the tools and approaches used by ADRC staff. For example, the five-year plan calls for standardization of assessment definitions and criteria used to determine service need and eligibility for programs.

The purpose of the main Program Design and Implementation workgroup meetings include

- To identify subgroup assignments and timelines
- To review and integrate the work and recommendations of subgroups into the overall program design and implementation
- To review and recommend to the Leadership Team specific programmatic tools and process for the standardization of ADRC activities across the four counties

- To review and recommend to the Leadership Team any other "best practices" from Hawaii's counties and nationwide that should be considered for incorporation into the plan
- To track and report to the Leadership Team on the development and implementation of the various programmatic action steps identified in the five-year plan
- To identify, discuss, and seek solutions to any programmatic challenges that present barriers to the implementation of the five-year plan
- To make recommendations to the Leadership Team about actions steps needed for continued progress on the five-year plan
- To enhance and facilitate continuance of a *statewide system*
- To facilitate sharing of resources and critical knowledge

Subgroups of the Program Design and Implementation Workgroup:

Three subgroups, reporting through the Program Design and Implementation Workgroup, will focus on specific issues and tools needed for 1) Hospital Discharge, 2) Participant Direction, and 3) Core ADRC. Subgroups provide a way to focus members on the details for efforts in these three areas. Funneling recommendations back through the overall Program Design and Implementation Workgroup helps to ensure consistency and overall integration within the ADRC design.

The responsibilities of the subgroups are similar to those described for the overall Program Design and Implementation workgroup, and include:

- To review and recommend to the Program Design and Implementation workgroup specific programmatic tools and process for the standardization of activities across the four counties
- To review and recommend to the Program Design and Implementation workgroup any other "best practices" from Hawaii's counties and nationwide that should be considered for incorporation into the plan
- To track and report to the Program Design and Implementation workgroup on the development and implementation of assigned programmatic activities
- To identify, discuss, and seek solutions to any programmatic challenges that present barriers to the implementation of the five-year plan
- To make recommendations to the Program Design and Implementation workgroup about actions steps needed for continued progress on the five-year plan
- To enhance and facilitate continuance of a *statewide system*
- To facilitate sharing of resources and critical knowledge

A short description of the subgroups follows.

A. Hospital Discharge

The Hospital Discharge workgroup will develop the infrastructure tools needed for addressing the goal of discharging individuals from acute inpatient hospitals back to the community. This work includes developing tools and protocols for identifying at risk individuals, providing timely assistance, and performing necessary follow up to help maintain the person in the community.

B. Participant Directed Services (Community Living Program)

The Participant Directed Services workgroup will develop the infrastructure tools needed to implement a consumer directed service option. This work includes developing tools and protocols for enrolling individuals, providing information and coaching about self-directed services, fiscal management, and quality oversight.

C. Core ADRC

The Core ADRC workgroup will develop the infrastructure tools needed to standardize many of the functions or components of the ADRC that relate to programmatic implementation. Examples of the work for this subgroup include development of common intake and assessment data and tools, common performance standards related to providing information and assistance, and the other programmatic components identified in the five year plan.

We anticipate that after the implementation of the full-functioning ADRC in Maui, there will no longer be a need for the subgroups. At that point, there work will be folded into the work of the larger committee.

Workgroup Composition

Each of the main workgroups (MIS, Budget and Sustainability, and Program Design and Implementation) will include one representative with knowledge specific to the subject matter from EOA and each of the four counties. These representatives will act as permanent members of the group. The group may also invite other state, county, and other partner representatives to participate on an ad hoc basis when beneficial to the efforts of the group. Members of subgroups or ad hoc committees needed to support the efforts of the main workgroups will be defined by the three workgroups.

The goals for this approach are to

- Ensure knowledgeable representation from each participating agency (EOA and county AAAs)
- Maintain a core group over the life of the five-year plan, facilitating in-depth knowledge and understanding of key components and rationales for decisions
- Ensure that each agency has input and influence into the way that the statewide system is implemented
- Identify and understand any variations in how the statewide system must be implemented in each county
- Help achieve the outcome of a *statewide system* for individuals and families to use

Workgroup Meetings and Supports

Each main workgroup will initially meet twice per month or at a frequency directed by the Leadership Team in order to complete work within the timelines of the five-year implementation plan.

Responsibilities for leading the meeting will rotate among the permanent members of the group on an every six-month basis, with EOA having responsibility for the first rotation. If the person responsible for leading the meeting is unable to attend and lead the meeting, the person having served the previous six months will assume the duty for that meeting. EOA support staff will take meeting notes and will distribute these to members of the workgroup after each meeting.

Workgroups do not need to meet in person and may use the established WebEx and other tools (e.g., blogs) to facilitate meetings. EOA support staff will assist each workgroup as needed to learn and use the tools available.

Attachment A: Acronym Glossary

AAA – Area Agency on Aging

ADLs – Activities of Daily Living

ADRC – Aging and Disability Resource Center

AIRS – Alliance of Information and Referral Systems

AoA – Administration on Aging

CIL – Center for Independent Living

CLP – Community Living Program

CMS – Centers for Medicare & Medicaid Services

DCAB – Disability and Communication Access Board

DHS – Department of Human Services

DOH – Department of Health

EAD –Elderly Affairs Division in the Department of Community Services of the City and County of Honolulu

EOA – Executive Office on Aging

FMS – Fiscal Management Service

HCIL – Hawaii Centers for Independent Living

HCOA – Hawai'i County Office of Aging

HDP – Hospital Discharge Planning

HIPAA – Health Insurance Portability and Accountability Act

I&R – Information and Referral

I&A – Information and Assistance

IADLs – Instrumental Activities of Daily Living

KAEA – Kauai County, Agency on Elderly Affairs

KC – Kupuna Care

MCOA – Maui County Office on Aging

MH – Mental Health

MOU – Memorandum of Understanding

OAA – Older Americans Act (Title III)

QExA – QUEST Expanded Access

SAMS – Social Assistance Management System, a product of Harmony Information Systems, Inc.

SCD – Systems Change Developer

SEP – Single Point of Entry

SHIP – Senior Health Insurance Program

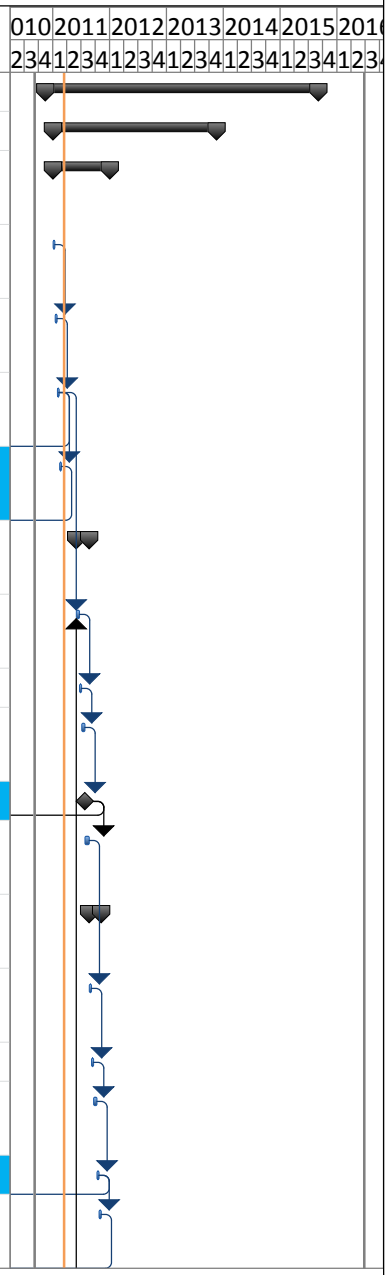
SNF/NF – Skilled Nursing Facility/Nursing Facility

Attachment B: Detailed Implementation Plan

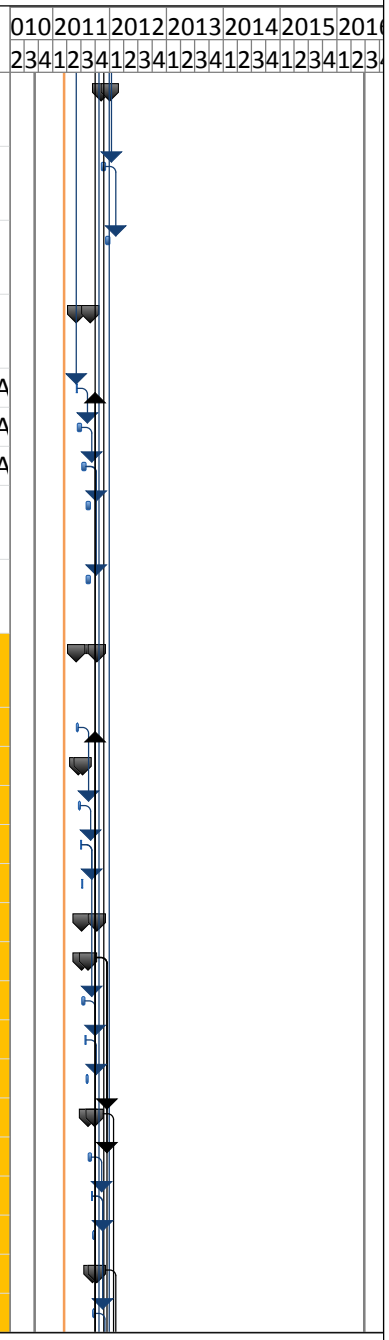
[***Attachment B*** on next page]

Hawaii SCD Implementation Plan

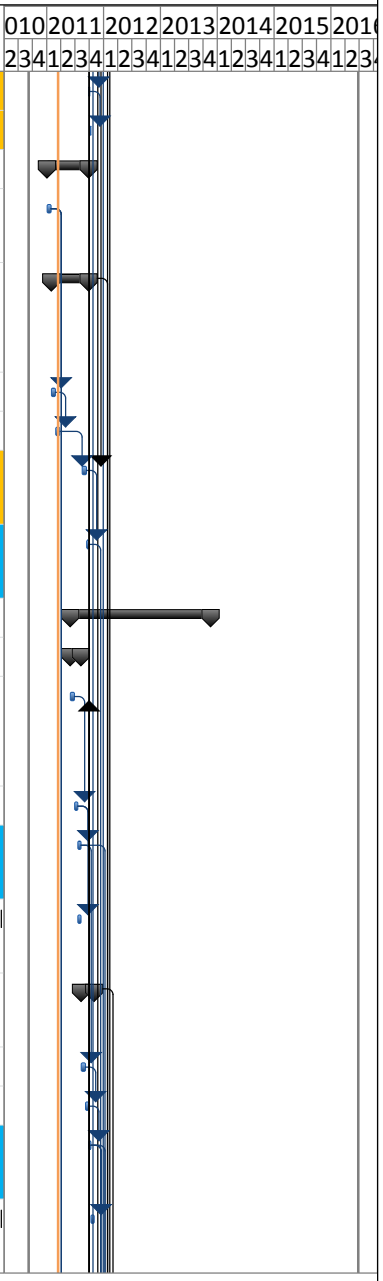
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
1	**1**	**Developing Full-Functioning ADRCs**		**1255 days**	**11/15/10**	**9/4/15**	
2	**1.1**	**Systems Infrastructure Development for Maui Pilot**		**752 days**	**1/3/11**	**11/19/13**	
3	**1.1.1**	**Develop mechanisms to streamline referrals to the ADRC**		**262 days**	**1/3/11**	**1/3/12**	
4	1.1.1.1	Protocol for HIPAA compliance for transmitting client information		10 days	1/3/11	1/14/11	H
5	1.1.1.2	Draft protocols for web-based, phone, email, and fax referrals	4	10 days	1/17/11	1/28/11	H
6	1.1.1.3	Core ADRC Workgroup review of draft protocols	5	10 days	1/31/11	2/11/11	CAW,H
7	1.1.1.4	Revised protocols ready for incorporation within Harmony	6	10 days	2/14/11	2/25/11	Hmy,H
8	**1.1.1.5**	**Establish state level MOUs for high volume referral sources to the AAA**		**60 days**	**6/1/11**	**8/23/11**	
9	1.1.1.5.1	EOA outreach to state level high volume agencies	6,588	15 days	6/1/11	6/21/11	EOA,Mi
10	1.1.1.5.2	Draft MOUs	9	10 days	6/22/11	7/5/11	EOA,Mi
11	1.1.1.5.3	Agreement/Sign on MOUs with respective agencies	10	15 days	7/6/11	7/26/11	EOA,Mi
12	1.1.1.5.4	Implement referral protocols	11	0 days	7/26/11	7/26/11	EOA,Mi
13	1.1.1.5.5	Provide outreach and training on referring to ADRC	12	20 days	7/27/11	8/23/11	EOA,Mi
14	**1.1.1.6**	**Establish local level MOUs for high volume referral sources to the AAA in Maui**		**55 days**	**8/24/11**	**11/8/11**	
15	1.1.1.6.1	AAAs outreach to respective county agencies with high volume referrals	13	10 days	8/24/11	9/6/11	Mi
16	1.1.1.6.2	Draft MOUs	15	10 days	9/7/11	9/20/11	Mi
17	1.1.1.6.3	Agreement/Sign MOUs with respective agencies	16	15 days	9/21/11	10/11/11	Mi
18	1.1.1.6.4	Implement referral protocols	17	10 days	10/12/11	10/25/11	Mi
19	1.1.1.6.5	Provide outreach and training on referring to ADRC	18	10 days	10/26/11	11/8/11	Mi



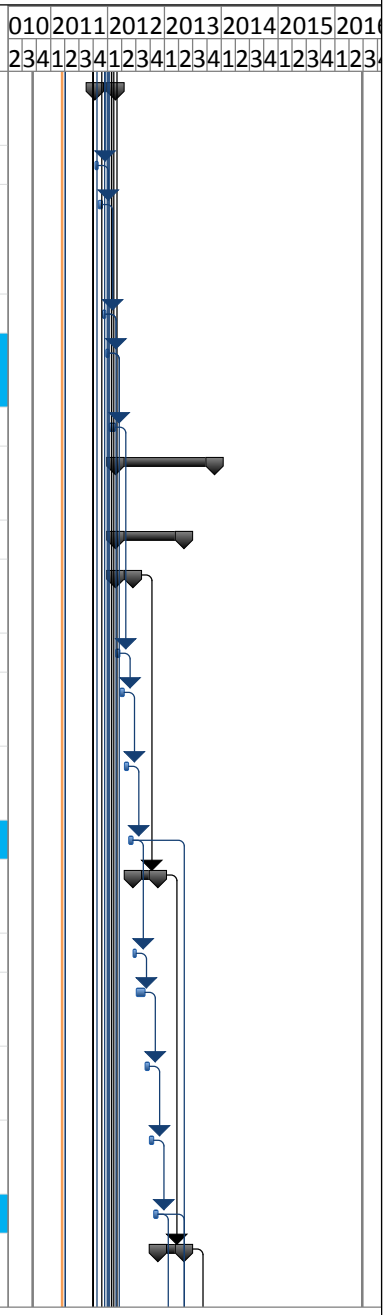
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
20	**1.1.1.7**	**Integration with Low Volume Referral Sources in Maui**		**40 days**	**11/9/11**	**1/3/12**	
21	1.1.1.7.1	AAAs/EOA outreach to low volume referral agencies	19	20 days	11/9/11	12/6/11	Mi
22	1.1.1.7.2	Provide outreach and training on referring to ADRC	21	20 days	12/7/11	1/3/12	Mi
23	**1.1.1.8**	**Establish MOU with Med-QUEST on referral to ADRC for all counties**		**65 days**	**6/1/11**	**8/30/11**	
24	1.1.1.8.1	Outreach to Med-QUEST	6,588	5 days	6/1/11	6/7/11	EOA,Mq,CA
25	1.1.1.8.2	Draft MOU Med-QUEST	24	20 days	6/8/11	7/5/11	EOA,Mq,CA
26	1.1.1.8.3	Agreement/Sign MOU with Med-QUEST	25	20 days	7/6/11	8/2/11	EOA,Mq,CA
27	1.1.1.8.4	Incorporate referral information with denial letters for individuals, ages 60 and older	26	20 days	8/3/11	8/30/11	EOA,Mq
28	1.1.1.8.5	Develop protocol for Med-QUEST to refer applicants to respective disability supports	26	20 days	8/3/11	8/30/11	EOA,Mq
29	**1.1.2**	**Develop comprehensive set of State-specific standards for OC**		**95 days**	**6/1/11**	**10/11/11**	
30	1.1.2.1	Background research	588	10 days	6/1/11	6/14/11	Cst
31	**1.1.2.2**	**Indentification of competencies**		**20 days**	**6/15/11**	**7/12/11**	CAW,Cst
32	1.1.2.2.1	Draft proposal	30	10 days	6/15/11	6/28/11	Cst
33	1.1.2.2.2	Core ADRC Workgroup review	32	5 days	6/29/11	7/5/11	CAW,Cst
34	1.1.2.2.3	Revised competencies	33	5 days	7/6/11	7/12/11	Cst
35	**1.1.2.3**	**Development of protocols**		**70 days**	**7/6/11**	**10/11/11**	
36	**1.1.2.3.1**	**Initial intake**		**30 days**	**7/6/11**	**8/16/11**	
37	1.1.2.3.1.1	Draft protocol	33	15 days	7/6/11	7/26/11	Cst
38	1.1.2.3.1.2	Core ADRC Workgroup review	37	5 days	7/27/11	8/2/11	CAW,Cst
39	1.1.2.3.1.3	Revised Protocol	38	10 days	8/3/11	8/16/11	Cst
40	**1.1.2.3.2**	**In-home assessment**	**36**	**30 days**	**8/17/11**	**9/27/11**	
41	1.1.2.3.2.1	Draft protocol	36	15 days	8/17/11	9/6/11	Cst
42	1.1.2.3.2.2	Core ADRC Workgroup review	41	5 days	9/7/11	9/13/11	CAW,Cst
43	1.1.2.3.2.3	Revised Protocol	42	10 days	9/14/11	9/27/11	Cst
44	**1.1.2.3.3**	**Support Plan**		**20 days**	**9/14/11**	**10/11/11**	
45	1.1.2.3.3.1	Draft protocol	42	10 days	9/14/11	9/27/11	Cst



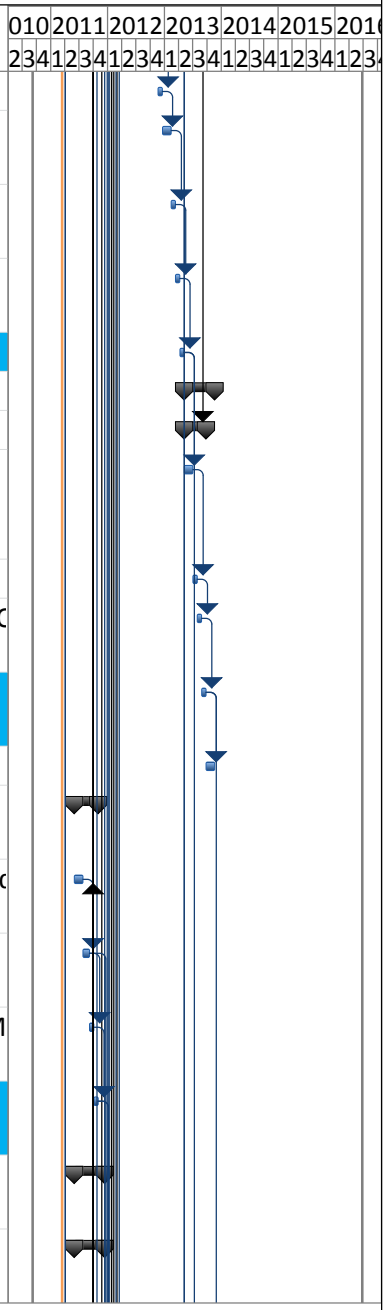
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
46	1.1.2.3.3.2	Core ADRC Workgroup review	45	5 days	9/28/11	10/4/11	CAW,Cst
47	1.1.2.3.3.3	Revised Protocol	46	5 days	10/5/11	10/11/11	Cst
48	**1.1.3**	**Develop common initial intake protocols**		**192 days**	**1/3/11**	**9/27/11**	
49	1.1.3.1	Review of interRAI screeners and associated algorithms		20 days	1/3/11	1/28/11	H
50	**1.1.3.2**	**Develop Intake Screens (LTC need, QExA enrolled, Likely Medicaid eligible, Need for Services, Case Complexity)**		**172 days**	**1/31/11**	**9/27/11**	
51	1.1.3.2.1	Draft Screens	49	20 days	1/31/11	2/25/11	H
52	1.1.3.2.2	Core ADRC Workgroup review	51	20 days	2/28/11	3/25/11	H,CAW
53	1.1.3.2.3	Incorporate protocols from LTC Options Counseling effort	52,36	20 days	8/17/11	9/13/11	Cst
54	1.1.3.2.4	Revised screens ready for incorporation within Harmony	53	10 days	9/14/11	9/27/11	Cst,Hmy
55	**1.1.4**	**Refine I&R Database and Resources**		**645 days**	**6/1/11**	**11/19/13**	
56	**1.1.4.1**	**Incorporate information about provider capac**		**50 days**	**6/1/11**	**8/9/11**	
57	1.1.4.1.1	Identify common data elements and procedure for providers to be notified to enter data and AAA review of data	588	20 days	6/1/11	6/28/11	Mi
58	1.1.4.1.2	Core ADRC Workgroup input	57	15 days	6/29/11	7/19/11	CAW,Mi
59	1.1.4.1.3	Revised fields ready for incorporation with Harmony	58	15 days	7/20/11	8/9/11	Hmy,Mi
60	1.1.4.1.4	Revised policies incorporated into AAA policies and procedures	58	15 days	7/20/11	8/9/11	EOA,Hi,Hu,I
61	**1.1.4.2**	**Establish policy to incorporate AIRS taxonomy in I&R**		**60 days**	**8/10/11**	**11/1/11**	
62	1.1.4.2.1	Develop draft proposal	59	20 days	8/10/11	9/6/11	Mi
63	1.1.4.2.2	Core ADRC Workgroup input	62	15 days	9/7/11	9/27/11	CAW,Mi
64	1.1.4.2.3	Revised policy ready for incorporation with Harmony	63	10 days	9/28/11	10/11/11	Hmy,Mi
65	1.1.4.2.4	Revised policies incorporated into AAA policies and procedures	64	15 days	10/12/11	11/1/11	EOA,Hi,Hu,I



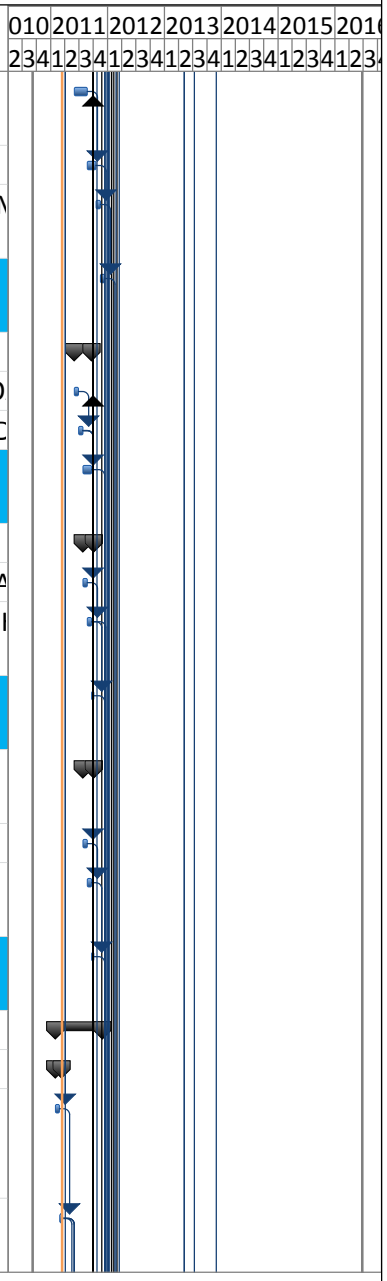
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
66	**1.1.4.3**	**Collect and integrate core information about programs supporting individuals with**		**95 days**	**10/12/11**	**2/21/12**	
67	1.1.4.3.1	Identify all relevant programs	64	15 days	10/12/11	11/1/11	Mi
68	1.1.4.3.2	Determine common program description data elements (e.g., eligibility criteria, point of access, etc.)	67	20 days	11/2/11	11/29/11	Mi
69	1.1.4.3.3	Core ADRC Workgroup review	68	15 days	11/30/11	12/20/11	CAW,Mi
70	1.1.4.3.4	Finalize data elements and incorporate within Harmony	69	15 days	12/21/11	1/10/12	Hmy,Mi
71	1.1.4.3.5	Populate database	70	30 days	1/11/12	2/21/12	EOA,Mi
72	**1.1.4.4**	**Identify information on provider quality to be incorporated into I&R database**		**455 days**	**2/22/12**	**11/19/13**	
73	**1.1.4.4.1**	**Mid-term enhancements**		**315 days**	**2/22/12**	**5/7/13**	
74	**1.1.4.4.1.1**	**Incorporate CMS/federal provider review data**		**80 days**	**2/22/12**	**6/12/12**	
75	1.1.4.4.1.1.1	Identify data to be incorporated	71	20 days	2/22/12	3/20/12	Mi
76	1.1.4.4.1.1.2	Determine way to upload federal review data into I & R database	75	20 days	3/21/12	4/17/12	Hmy,Mi
77	1.1.4.4.1.1.3	Core ADRC Workgroup input and decision to proceed	76	20 days	4/18/12	5/15/12	CAW,Mi
78	1.1.4.4.1.1.4	Establish uploading procedure	77	20 days	5/16/12	6/12/12	Hmy
79	**1.1.4.4.1.2**	**Incorporate residential care and nursing home information**	**74**	**115 days**	**6/13/12**	**11/20/12**	
80	1.1.4.4.1.2.1	Identify data to be incorporated	78	15 days	6/13/12	7/3/12	Mi
81	1.1.4.4.1.2.2	Obtain approval to access and publish data	80	40 days	7/4/12	8/28/12	EOA,Mi
82	1.1.4.4.1.2.3	Determine way to upload data into I & R database	81	20 days	8/29/12	9/25/12	Hmy,Mi
83	1.1.4.4.1.2.4	Core ADRC Workgroup input and decision to proceed	82	20 days	9/26/12	10/23/12	CAW,Mi
84	1.1.4.4.1.2.5	Establish uploading procedure	83	20 days	10/24/12	11/20/12	Hmy
85	**1.1.4.4.1.3**	**Incorporate Community Care Family Foster Homes**	**79**	**120 days**	**11/21/12**	**5/7/13**	



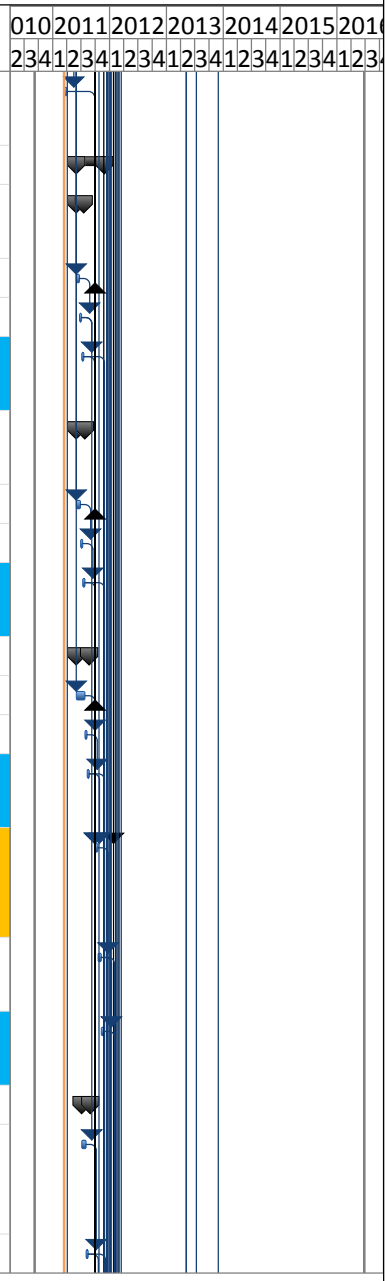
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
86	1.1.4.4.1.3.1	Identify data to be incorporated	84	20 days	11/21/12	12/18/12	Mi
87	1.1.4.4.1.3.2	Obtain approval to access and publish data	86	40 days	12/19/12	2/12/13	EOA,Mi
88	1.1.4.4.1.3.3	Determine way to upload data into I & R database	87	20 days	2/13/13	3/12/13	Hmy,Mi
89	1.1.4.4.1.3.4	Core ADRC Workgroup input and decision to proceed	88	20 days	3/13/13	4/9/13	CAW,Mi
90	1.1.4.4.1.3.5	Establish uploading procedure	89	20 days	4/10/13	5/7/13	Hmy
91	**1.1.4.4.2**	**Longer-term enhancements**		**140 days**	**5/8/13**	**11/19/13**	
92	**1.1.4.4.2.1**	**Incorporate AAA provider reviews**	**85**	**100 days**	**5/8/13**	**9/24/13**	
93	1.1.4.4.2.1.1	Develop draft common provider review tool and timeframes for conducting reviews	90	40 days	5/8/13	7/2/13	Cst
94	1.1.4.4.2.1.2	Core ADRC Workgroup input	93	20 days	7/3/13	7/30/13	Cst,CAW
95	1.1.4.4.2.1.3	Revise tool and obtain provider input	94	20 days	7/31/13	8/27/13	Cst,CAW,EC
96	1.1.4.4.2.1.4	Revised tool ready for incorporation within Harmony	95	20 days	8/28/13	9/24/13	Hmy,Cst
97	1.1.4.4.2.2	Explore consumer reviews	96	40 days	9/25/13	11/19/13	
98	**1.1.5**	**Develop protocol for assisting with Medicaid application**		**110 days**	**6/1/11**	**11/1/11**	
99	1.1.5.1	Discussion with Med-QUEST regarding requirements for a complete application	588	40 days	6/1/11	7/26/11	Cst,EOA,Mc
100	1.1.5.2	Draft protocol for completing package and tracking application status	99	30 days	7/27/11	9/6/11	Cst
101	1.1.5.3	Core ADRC Workgroup and Med-QUEST review	100	20 days	9/7/11	10/4/11	Cst,CAW,M
102	1.1.5.4	Revised protocol ready for incorporation within Harmony	101	20 days	10/5/11	11/1/11	Cst,Hmy
103	**1.1.6**	**Develop protocols for linkages for other disability populations**		**140 days**	**6/1/11**	**12/13/11**	
104	**1.1.6.1**	**Develop protocols for handoff for adults with physical disabilities**		**140 days**	**6/1/11**	**12/13/11**	



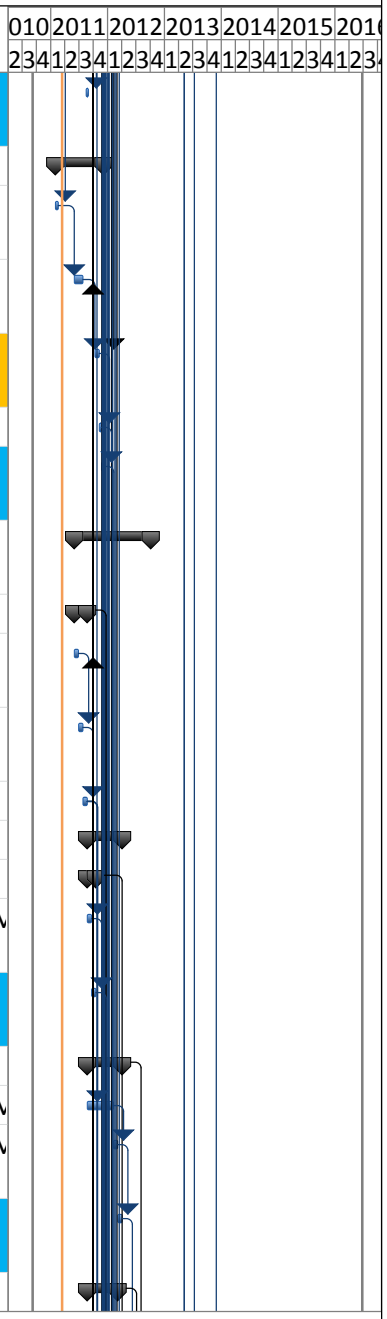
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
105	1.1.6.1.1	Identify organization that will receive referrals	588	60 days	6/1/11	8/23/11	EOA,Mi
106	1.1.6.1.2	Develop draft protocol for handoff	105	40 days	8/24/11	10/18/11	EOA,Mi
107	1.1.6.1.3	Core ADRC Workgroup and disability entity review	106	20 days	10/19/11	11/15/11	CAW,EOA,M
108	1.1.6.1.4	Revised protocol ready for incorporation within Harmony	107	20 days	11/16/11	12/13/11	Hmy,Mi
109	**1.1.6.2**	**Develop protocols for handoff to DDD**		**80 days**	**6/1/11**	**9/20/11**	
110	1.1.6.2.1	Develop draft protocol for handoff	588	20 days	6/1/11	6/28/11	Mi,DDD,EO
111	1.1.6.2.2	Core ADRC Workgroup and DDD review	110	20 days	6/29/11	7/26/11	CAW,Mi,DD
112	1.1.6.2.3	Revised protocol ready for incorporation within Harmony	111	40 days	7/27/11	9/20/11	Hmy,Mi
113	**1.1.6.3**	**Develop protocols for handoff to Mental Heal**		**50 days**	**7/27/11**	**10/4/11**	
114	1.1.6.3.1	Develop draft protocol for handoff	111	20 days	7/27/11	8/23/11	Mi,MH,EOA
115	1.1.6.3.2	Core ADRC Workgroup and Mental Health review	114	20 days	8/24/11	9/20/11	CAW,Mi,MI
116	1.1.6.3.3	Revised protocol ready for incorporation within Harmony	115	10 days	9/21/11	10/4/11	Hmy,Mi
117	**1.1.6.4**	**Develop protocols for handoff for children and youth**		**50 days**	**7/27/11**	**10/4/11**	
118	1.1.6.4.1	Develop draft protocol for handoff	111	20 days	7/27/11	8/23/11	EOA,Mi
119	1.1.6.4.2	Core ADRC Workgroup and agencies representing children and youth	118	20 days	8/24/11	9/20/11	Mi
120	1.1.6.4.3	Revised protocol ready for incorporation within Harmony	119	10 days	9/21/11	10/4/11	Hmy,Mi
121	**1.1.7**	**Develop common in-home assessment protocol**		**217 days**	**1/31/11**	**11/29/11**	
122	**1.1.7.1**	**Review and adapt interRAI-HC for Hawaii**		**30 days**	**1/31/11**	**3/11/11**	**Cst**
123	1.1.7.1.1	Identify necessary changes to items (e.g., descriptions of residential options, ethnicity categories, etc.)	49	20 days	1/31/11	2/25/11	H
124	1.1.7.1.2	Identify algorithms that can be used for risk status & assignment to case management	123	10 days	2/28/11	3/11/11	H



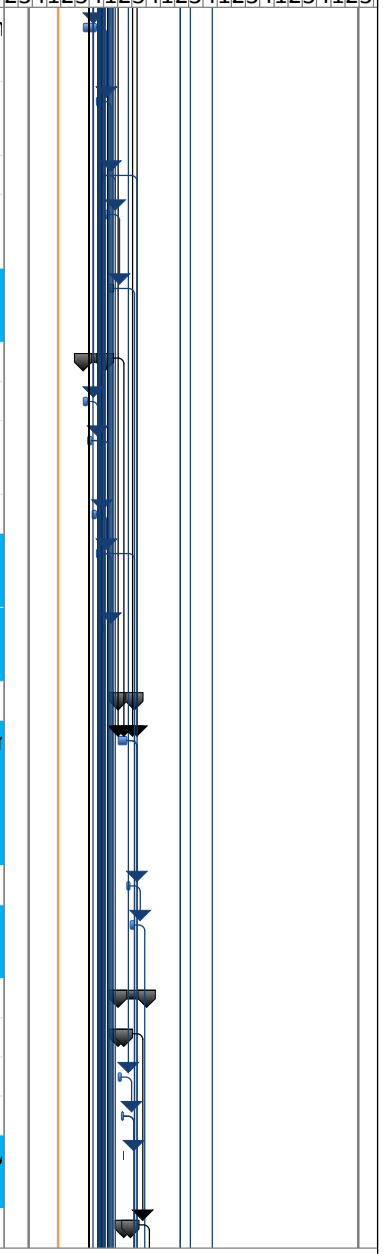
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
125	1.1.7.2	Review proposed changes with Core ADRC Workgroup and interRAI	124	15 days	3/14/11	4/1/11	H,CAW
126	**1.1.7.3**	**Develop assessment protocol**		**130 days**	**6/1/11**	**11/29/11**	
127	**1.1.7.3.1**	**Develop criteria to receive case management and assign to high risk status**		**35 days**	**6/1/11**	**7/19/11**	
128	1.1.7.3.1.1	Develop draft criteria	124,588	15 days	6/1/11	6/21/11	Cst
129	1.1.7.3.1.2	Obtain Core ADRC Workgroup input	128	10 days	6/22/11	7/5/11	Cst,CAW
130	1.1.7.3.1.3	Revised criteria ready for incorporation within Harmony	129	10 days	7/6/11	7/19/11	Cst
131	**1.1.7.3.2**	**Develop protocol for determining Medicaid spend down risk**		**40 days**	**6/1/11**	**7/26/11**	
132	1.1.7.3.2.1	Develop protocol criteria	124,588	20 days	6/1/11	6/28/11	Cst
133	1.1.7.3.2.2	Obtain Core ADRC Workgroup input	132	10 days	6/29/11	7/12/11	Cst,CAW
134	1.1.7.3.2.3	Revised protocol ready for incorporation within Harmony	133	10 days	7/13/11	7/26/11	Cst
135	**1.1.7.3.3**	**Incorporate person-centered planning**		**60 days**	**6/1/11**	**8/23/11**	
136	1.1.7.3.3.1	Develop draft modifications	124,588	40 days	6/1/11	7/26/11	Cst
137	1.1.7.3.3.2	Obtain Core ADRC Workgroup input	136	10 days	7/27/11	8/9/11	Cst,CAW
138	1.1.7.3.3.3	Revised protocols ready for incorporation within Harmony	137	10 days	8/10/11	8/23/11	Cst
139	1.1.7.3.4	Integrate revised interRAI-HC with other protocols and incorporate protocols developed as part of the Options	125,130,1	15 days	9/28/11	10/18/11	Cst
140	1.1.7.3.5	Review final assessment protocol with Core ADRC Workgroup	139	15 days	10/19/11	11/8/11	Cst,CAW
141	1.1.7.3.6	Revised protocol ready for incorporation within Harmony	140	15 days	11/9/11	11/29/11	Cst,Hmy
142	**1.1.8**	**Develop waitlist policy**		**40 days**	**7/6/11**	**8/30/11**	
143	1.1.8.1	Draft policy and protocol that identifies who goes on waitlist and procedure for handling wait list	129	20 days	7/6/11	8/2/11	Cst
144	1.1.8.2	Obtain Core ADRC Workgroup input	143	10 days	8/3/11	8/16/11	CAW,Cst



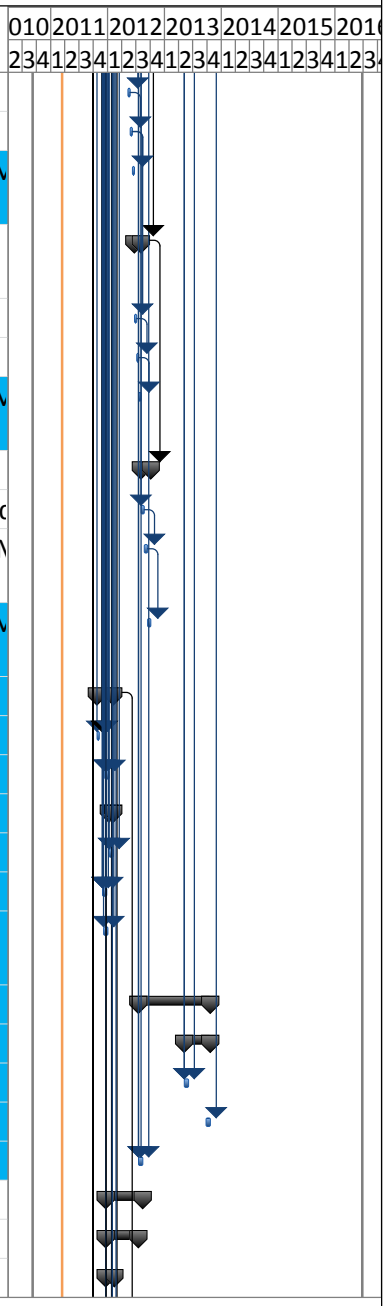
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
145	1.1.8.3	Revised protocols ready for incorporation within Harmony	144	10 days	8/17/11	8/30/11	Cst
146	**1.1.9**	**Develop Support Plan**		**222 days**	**1/31/11**	**12/6/11**	
147	1.1.9.1	Review interRAI capabilities, such as Clinical Action Plans (CAPS)	49	15 days	1/31/11	2/18/11	Cst
148	1.1.9.2	Develop draft Support Plan that includes goals and outcomes and CAPS	147,588	40 days	6/1/11	7/26/11	Cst
149	1.1.9.3	Incorporate protocols from Options Counseling Effort	148,44	20 days	10/12/11	11/8/11	Cst
150	1.1.9.4	Obtain Core ADRC Workgroup Input	149	10 days	11/9/11	11/22/11	CAW,Cst
151	1.1.9.5	Revise Support Plan and Prepare for Incorporation within Harmony	150	10 days	11/23/11	12/6/11	Cst
152	**1.1.10**	**Develop Continuous Quality Improvement Infrastructure for ADRC Activities**		**352.3 days**	**6/1/11**	**10/5/12**	
153	**1.1.10.1**	**Finalize Performance Indicators**		**60 days**	**6/1/11**	**8/23/11**	
154	1.1.10.1.1	Core ADRC Workgroup review of draft indicators	588	20 days	6/1/11	6/28/11	CAW,Cst
155	1.1.10.1.2	Core ADRC decision regarding threshold for when corrective action should occur	154	20 days	6/29/11	7/26/11	Cst,CAW
156	1.1.10.1.3	Finalization of performance indicators	155	20 days	7/27/11	8/23/11	Cst
157	**1.1.10.2**	**Develop data collection methods**		**160 days**	**8/24/11**	**4/3/12**	
158	**1.1.10.2.1**	**Timeliness of assessment**		**40 days**	**8/24/11**	**10/18/11**	
159	1.1.10.2.1.1	Ensure staff are documenting initial intake and assessments within Harmony	156	20 days	8/24/11	9/20/11	EOA,Hmy,M
160	1.1.10.2.1.2	Build query that tracks timeliness within Harmony	159	20 days	9/21/11	10/18/11	Hmy
161	**1.1.10.2.2**	**Timeliness of service delivery**		**160 days**	**8/24/11**	**4/3/12**	
162	1.1.10.2.2.1	Enroll all service providers in Provider Dir	156	6 mons	8/24/11	2/7/12	EOA,Hmy,M
163	1.1.10.2.2.2	Ensure that providers are documenting service delivery within Provider Direct	162	1 mon	2/8/12	3/6/12	EOA,Hmy,M
164	1.1.10.2.2.3	Build query that tracks timeliness within Harmony	163	20 days	3/7/12	4/3/12	Hmy
165	**1.1.10.2.3**	**Timeliness of QExA Approval**		**140 days**	**8/24/11**	**3/6/12**	



ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
166	1.1.10.2.3.1	Meet with Med-QUEST and obtain buy-in on indicator	156	60 days	8/24/11	11/15/11	Mi,EOA,Hm
167	1.1.10.2.3.2	Draft protocol for checking DMO for application status	166	20 days	11/16/11	12/13/11	Cst
168	1.1.10.2.3.3	Core ADRC Workgroup review	167	20 days	12/14/11	1/10/12	CAW,Cst
169	1.1.10.2.3.4	Revised protocol ready for incorporation within Harmony	168	20 days	1/11/12	2/7/12	Cst,Hmy
170	1.1.10.2.3.5	Build query that tracks timeliness within Harmony	169	20 days	2/8/12	3/6/12	Hmy
171	**1.1.10.2.4**	**Participant Experience**		**100 days**	**8/24/11**	**1/10/12**	
172	1.1.10.2.4.1	Core ADRC Workgroup selects tool	156	20 days	8/24/11	9/20/11	CAW,Cst
173	1.1.10.2.4.2	Draft protocol for use of tool (e.g., when it will be used and how)	172	20 days	9/21/11	10/18/11	Cst
174	1.1.10.2.4.3	Core ADRC Workgroup review	173	20 days	10/19/11	11/15/11	CAW,Cst
175	1.1.10.2.4.4	Revised protocol ready for incorporation within Harmony	174	20 days	11/16/11	12/13/11	Cst,Hmy
176	1.1.10.2.4.5	Build query that reports performance within Harmony	175	20 days	12/14/11	1/10/12	Hmy
177	**1.1.10.3**	**Management Reports**		**75 days**	**4/4/12**	**7/17/12**	
178	1.1.10.3.1	Incorporated queries into draft management reports targeting the following users: EOA, AAA management, AAA supervisors, AAA frontline staff (intake,	158,161,1	40 days	4/4/12	5/29/12	CAW,Cst,Hr
179	1.1.10.3.2	Core ADRC Workgroup review	178	15 days	5/30/12	6/19/12	CAW,Cst
180	1.1.10.3.3	Finalize management reports and prepare for incorporation within Harmony	179	20 days	6/20/12	7/17/12	Cst,Hmy
181	**1.1.10.4**	**Establish review and remediation processes**		**132.3 days**	**4/4/12**	**10/5/12**	
182	**1.1.10.4.1**	**Develop internal AAA review process**		**27.3 days**	**4/4/12**	**5/11/12**	
183	1.1.10.4.1.1	Develop draft process	164	15 days	4/4/12	4/24/12	Cst
184	1.1.10.4.1.2	Core ADRC Workgroup review	183	10 days	4/25/12	5/8/12	CAW
185	1.1.10.4.1.3	Revise process and incorporate into AAA policies and procedures	184	2.3 days	5/9/12	5/11/12	Hmy,EOA,M
186	**1.1.10.4.2**	**Develop EOA-AAA review process**	**182**	**30 days**	**5/11/12**	**6/22/12**	

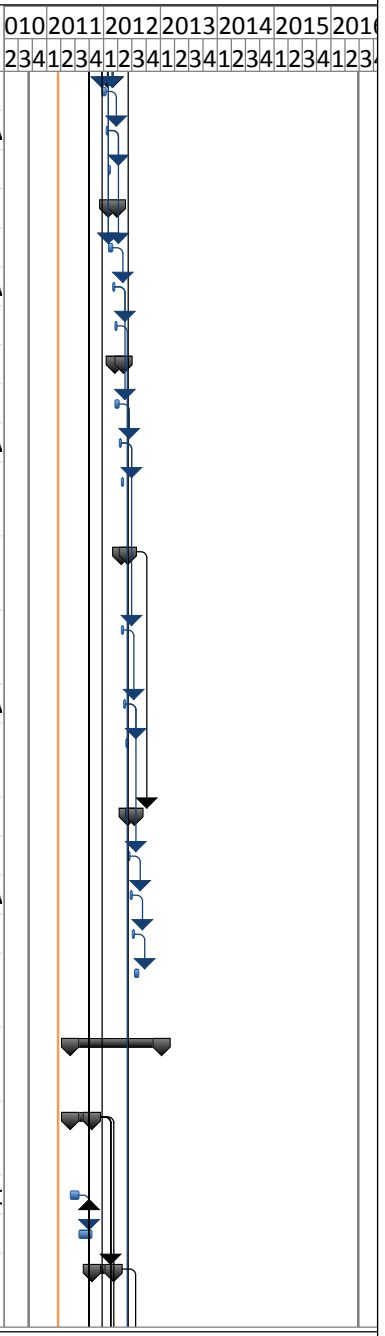


ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
187	1.1.10.4.2.1	Develop draft process	184	10 days	5/11/12	5/25/12	Cst
188	1.1.10.4.2.2	Core ADRC Workgroup review	187	10 days	5/25/12	6/8/12	CAW
189	1.1.10.4.2.3	Revise process and incorporate into AAA policies and procedures	188	10 days	6/8/12	6/22/12	Hmy,EOA,M
190	**1.1.10.4.3**	**Develop review process for external stakeholders**	**186**	**30 days**	**6/22/12**	**8/3/12**	
191	1.1.10.4.3.1	Develop draft process	188	10 days	6/22/12	7/6/12	Cst
192	1.1.10.4.3.2	Core ADRC Workgroup review	191	10 days	7/6/12	7/20/12	CAW
193	1.1.10.4.3.3	Revise process and incorporate into AAA policies and procedures	192	10 days	7/20/12	8/3/12	Hmy,EOA,M
194	**1.1.10.4.4**	**Develop interagency review process**	**190**	**45 days**	**8/3/12**	**10/5/12**	
195	1.1.10.4.4.1	Develop draft process	168	15 days	8/3/12	8/24/12	Cst,EOA,Mc
196	1.1.10.4.4.2	Core ADRC Workgroup and Med-QUEST review	195	15 days	8/24/12	9/14/12	CAW,EOA,M
197	1.1.10.4.4.3	Revise process and incorporate into AAA policies and procedures	196	15 days	9/14/12	10/5/12	Hmy,EOA,M
198	**1.2**	**Adapt Harmony for Maui Pilot**		**75 days**	**10/26/11**	**2/7/12**	
199	1.2.1	Incorporate referral protocols	12,18,7	10 days	10/26/11	11/8/11	Hmy
200	1.2.2	Incorporate initial intake protocols and algorithm	54,102,10	20 days	12/14/11	1/10/12	Hmy
201	**1.2.3**	**Incorporate changes to I & R database**		**20 days**	**1/11/12**	**2/7/12**	**Hmy**
202	1.2.3.1	Initial enhancement for Maui pilot	59,64,70	20 days	1/11/12	2/7/12	Hmy
203	1.2.4	Incorporate assessment protocols and algorithms	102,130,1	20 days	11/30/11	12/27/11	Hmy
204	1.2.5	Incorporate support plan and targeting protocols and algorithms	144,151	20 days	12/7/11	1/3/12	Hmy
205	**1.3**	**Longer term Harmony adaptations**		**330 days**	**7/18/12**	**10/22/13**	
206	**1.3.1**	**Incorporate changes to I & R database**		**120 days**	**5/8/13**	**10/22/13**	**Hmy**
207	1.3.1.1	Mid-term enhancements	78,84,90	20 days	5/8/13	6/4/13	Hmy
208	1.3.1.2	Longer term enhancements	96	20 days	9/25/13	10/22/13	Hmy
209	1.3.2	Longer term CQI enhancements	170,175,1	20 days	7/18/12	8/14/12	Hmy
210	**1.4**	**Develop training infrastructure**		**170 days**	**12/21/11**	**8/14/12**	
211	**1.4.1**	**Training specific to new ADRC operations**		**150 days**	**12/21/11**	**7/17/12**	
212	**1.4.1.1**	**Intake staff**		**40 days**	**12/21/11**	**2/14/12**	

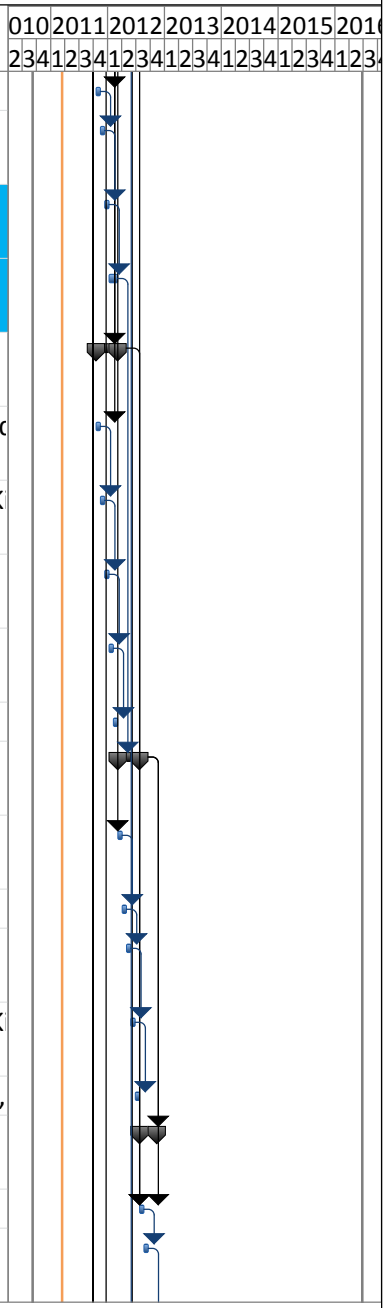


Hawaii SCD Implementation Plan

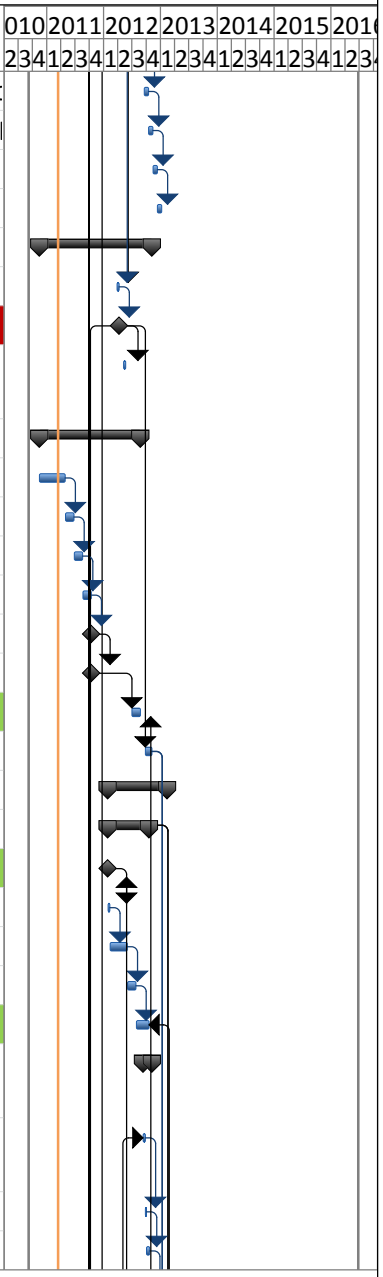
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
213	1.4.1.1.1	Develop training curricula and training appr	50,61,69,1	20 days	12/21/11	1/17/12	Cst,Mi
214	1.4.1.1.2	Core ADRC Workgroup input	213	10 days	1/18/12	1/31/12	Cst,Mi,CAW
215	1.4.1.1.3	Revise training curricula and training approa	214	10 days	2/1/12	2/14/12	Cst,Mi
216	**1.4.1.2**	**In-home assessment staff**		**40 days**	**2/1/12**	**3/27/12**	
217	1.4.1.2.1	Develop training curricula and training appr	214,140,1	20 days	2/1/12	2/28/12	Cst,Mi
218	1.4.1.2.2	Core ADRC Workgroup input	217	10 days	2/29/12	3/13/12	Cst,Mi,CAW
219	1.4.1.2.3	Revise training curricula and training approa	218	10 days	3/14/12	3/27/12	Cst,Mi
220	**1.4.1.3**	**AAA Management**		**40 days**	**3/14/12**	**5/8/12**	
221	1.4.1.3.1	Develop training curricula and training appr	218	20 days	3/14/12	4/10/12	Cst,Mi
222	1.4.1.3.2	Core ADRC Workgroup input	221	10 days	4/11/12	4/24/12	Cst,Mi,CAW
223	1.4.1.3.3	Revise training curricula and training approach	222	10 days	4/25/12	5/8/12	Cst,Mi
224	**1.4.1.4**	**Develop training for HCIL and other disability groups**		**30 days**	**4/25/12**	**6/5/12**	
225	1.4.1.4.1	Develop training curricula and training approach	222	10 days	4/25/12	5/8/12	Cst,Mi
226	1.4.1.4.2	Core ADRC Workgroup input	225	10 days	5/9/12	5/22/12	Cst,Mi,CAW
227	1.4.1.4.3	Revise training curricula and training approach	226	10 days	5/23/12	6/5/12	Cst,Mi
228	**1.4.1.5**	**Develop training for SHIP volunteers**	**224**	**30 days**	**6/6/12**	**7/17/12**	
229	1.4.1.5.1	Develop training curricula and training appr	226	10 days	6/6/12	6/19/12	Cst,Mi
230	1.4.1.5.2	Core ADRC Workgroup input	229	10 days	6/20/12	7/3/12	Cst,Mi,CAW
231	1.4.1.5.3	Revise training curricula and training approa	230	10 days	7/4/12	7/17/12	Cst,Mi
232	1.4.2	Decision whether to enroll in web-based training (e.g., U of MN or Boston College)	231	20 days	7/18/12	8/14/12	CAW
233	**1.5**	**Obtaining permission to draw down Medicaid Administrative Federal Financial Participation**		**420 days**	**6/1/11**	**1/8/13**	
234	**1.5.1**	**Obtain Med-QUEST Approval of Outlines of the Proposed Approach**		**100 days**	**6/1/11**	**10/18/11**	
235	1.5.1.1	Present Draft Approach to Med-QUEST	588	40 days	6/1/11	7/26/11	Cst,EOA,Mc
236	1.5.1.2	Revise Based Upon Med-QUEST input	235	60 days	7/27/11	10/18/11	Cst,EOA
237	**1.5.2**	**Develop approach for documenting time spent on Medicaid related activities**	**234**	**100 days**	**10/19/11**	**3/6/12**	



ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
238	1.5.2.1	Develop draft approach	234	20 days	10/19/11	11/15/11	Cst
239	1.5.2.2	Review by Finance and Sustainability Workgroup	238	20 days	11/16/11	12/13/11	Cst,FSW
240	1.5.2.3	Revised approach ready for MIS implementation	239	20 days	12/14/11	1/10/12	Cst,Hmy
241	1.5.2.4	Develop MIS to support 100% documentation of time	240	40 days	1/11/12	3/6/12	Cst,Hmy
242	**1.5.3**	**Develop accounting methodology to attach costs to Medicaid related time**	**234**	**100 days**	**10/19/11**	**3/6/12**	
243	1.5.3.1	Obtain Med-QUEST input regarding accounting requirements	234	20 days	10/19/11	11/15/11	Cst,EOA,Mc
244	1.5.3.2	County review and recommendations regarding how to comply with requirements	243	20 days	11/16/11	12/13/11	Cst,Hi,Hu,K
245	1.5.3.3	Creation of standardized reporting approach	244	20 days	12/14/11	1/10/12	Cst
246	1.5.3.4	Review by Finance and Sustainability Workgroup	245	20 days	1/11/12	2/7/12	Cst,FSW
247	1.5.3.5	Revise approach ready for implementation	246	20 days	2/8/12	3/6/12	Cst
248	**1.5.4**	**Develop accounting structures to ensure that FFP flows back to the AAAs**	**241**	**100 days**	**3/7/12**	**7/24/12**	
249	1.5.4.1	Obtain input from state CFO office to determine best approach	234	20 days	3/7/12	4/3/12	Cst,EOA
250	1.5.4.2	Draft transfer of funds plan	249	20 days	4/4/12	5/1/12	Cst,EOA
251	1.5.4.3	Review by Finance and Sustainability Workgroup	250	20 days	5/2/12	5/29/12	Cst,FSW
252	1.5.4.4	Determine what needs to occur at county to receive funds	251	20 days	5/30/12	6/26/12	Cst,Hi,Hu,K
253	1.5.4.5	Approach ready for implementation	252	20 days	6/27/12	7/24/12	Cst,EOA,Hi,
254	**1.5.5**	**Incorporate proposed approach in MOU with Med-QUEST**	**248**	**80 days**	**7/25/12**	**11/13/12**	
255	1.5.5.1	Draft MOU	237,242,2	20 days	7/25/12	8/21/12	Cst
256	1.5.5.2	Review by Finance and Sustainability Workgroup	255	20 days	8/22/12	9/18/12	Cst,FSW

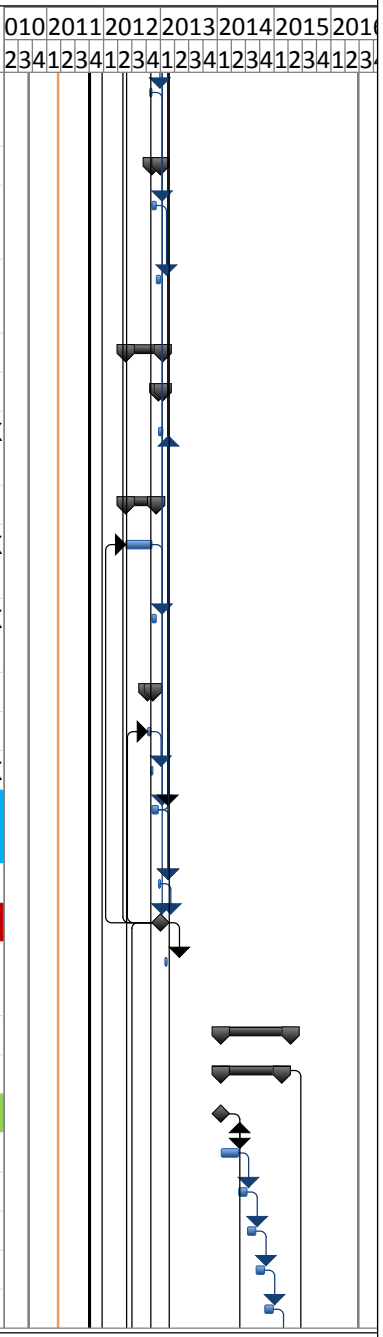


ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
257	1.5.5.3	Review by Med-QUEST	256	20 days	9/19/12	10/16/12	Cst,EOA,Mc
258	1.5.5.4	MOU Signed	257	20 days	10/17/12	11/13/12	EOA,Hi,Hu,I
259	1.5.6	Med-QUEST submits plan to CMS for approval	258	20 days	11/14/12	12/11/12	Mq
260	1.5.7	Proposed approach ready for implementation	259	20 days	12/12/12	1/8/13	Hi,Hu,Ki,Mi
261	**1.6**	**Maui County ADRC Rollout**		**517 days**	**11/15/10**	**11/6/12**	
262	1.6.1	Train staff	219,198	10 days	3/28/12	4/10/12	Cst,Mi
263	1.6.2	Implementation	262	0 days	4/10/12	4/10/12	Mi
264	1.6.3	Train management staff on CQI and implement procedures	263FS+1 mon	10 days	5/9/12	5/22/12	Cst,Mi
265	**1.6.4**	**Add supplemental staff**		**465 days**	**11/15/10**	**8/24/12**	
266	1.6.4.1	Creating series for type of position		6 mons	11/15/10	4/29/11	Mi
267	1.6.4.2	Creating job descriptions	266	2 mons	5/2/11	6/24/11	Mi
268	1.6.4.3	Assign SR rating	267	2 mons	6/27/11	8/19/11	Mi
269	1.6.4.4	Union approval if necessary	268	2 mons	8/22/11	10/14/11	Mi
270	1.6.4.5	Public Hearing	269	0 mons	10/14/11	10/14/11	Mi
271	1.6.4.6	County Council approval	270	0 mons	10/14/11	10/14/11	Mi
272	1.6.4.7	Hire new staff	271,563	2 mons	7/2/12	8/24/12	Mi
273	1.6.5	Evaluation and refinement	263FS+6 n	30 days	9/26/12	11/6/12	Mi
274	**1.7**	**Kauai County ADRC Rollout**		**272 days**	**1/27/12**	**2/12/13**	
275	**1.7.1**	**Add supplemental staff**		**190 days**	**1/27/12**	**10/19/12**	
276	1.7.1.1	Letter of Intent received from the State	561	0 days	1/27/12	1/27/12	EOA
277	1.7.1.2	Creating job descriptions and SR rating	276	10 days	1/30/12	2/10/12	Ki
278	1.7.1.3	Mayor, Finance, and Personnel Approval	277	4 mons	2/13/12	6/1/12	Ki
279	1.7.1.4	County Council approval	278	2 mons	6/4/12	7/27/12	Ki
280	1.7.1.5	Hire new staff	279,563SF	3 mons	7/30/12	10/19/12	Ki
281	**1.7.2**	**Establish local level MOUs for high volume referral sources to the AAA**		**40 days**	**9/12/12**	**11/6/12**	
282	1.7.2.1	Outreach to respective county agencies with high volume referrals	300SS-4 mons	10 days	9/12/12	9/25/12	Ki
283	1.7.2.2	Draft MOUs	282	5 days	9/26/12	10/2/12	Ki
284	1.7.2.3	Agreement/Sign MOUs with respective agencie	283	15 days	10/3/12	10/23/12	Ki



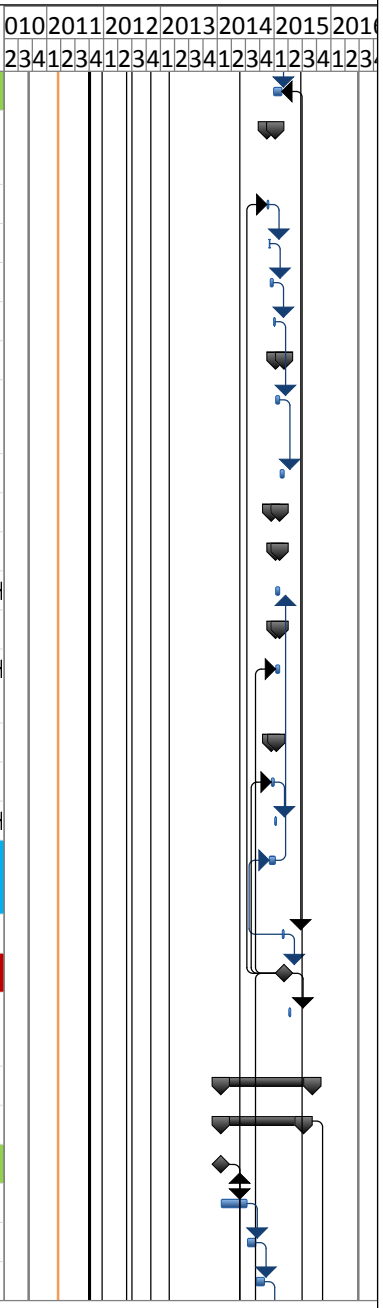
Hawaii SCD Implementation Plan

ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
285	1.7.2.4	Provide outreach and training on referring to ADRC	284	10 days	10/24/12	11/6/12	Ki
286	**1.7.3**	**Integration with Low Volume Referral Sources**		**40 days**	**11/7/12**	**1/1/13**	
287	1.7.3.1	Kauai/EOA outreach to low volume referral agencies	285	20 days	11/7/12	12/4/12	Ki
288	1.7.3.2	Provide outreach and training on referring to ADRC	287	20 days	12/5/12	1/1/13	Ki
289	**1.7.4**	**Kauai specific CQI changes**		**170 days**	**5/23/12**	**1/15/13**	
290	**1.7.4.1**	**Timeliness of assessment**		**20 days**	**12/19/12**	**1/15/13**	
291	1.7.4.1.1	Ensure staff are documenting initial intake and assessments within Harmony	298	20 days	12/19/12	1/15/13	EOA,Hmy,K
292	**1.7.4.2**	**Timeliness of service delivery**		**140 days**	**5/23/12**	**12/4/12**	
293	1.7.4.2.1	Enroll all service providers in Provider Direct	300SS-8 mons	6 mons	5/23/12	11/6/12	EOA,Hmy,K
294	1.7.4.2.2	Ensure that providers are documenting service delivery within Provider Direct	293	1 mon	11/7/12	12/4/12	EOA,Hmy,K
295	**1.7.4.3**	**Develop internal review process**		**25 days**	**10/10/12**	**11/13/12**	
296	1.7.4.3.1	Develop process based on Maui model	300SS-3 m	15 days	10/10/12	10/30/12	Ki
297	1.7.4.3.2	Incorporate into AAA policies and procedure	296	10 days	10/31/12	11/13/12	Hmy,EOA,K
298	1.7.5	Integrate Kauai data with Maui and add Kauai specific fields	273,275FS days	30 days	11/7/12	12/18/12	Ki
299	1.7.6	Train staff	298,275	10 days	12/19/12	1/1/13	EOA,Ki
300	1.7.7	Implementation	299,273	0 days	1/1/13	1/1/13	Ki
301	1.7.8	Train management staff on CQI and implement procedures	300FS+1 mon	10 days	1/30/13	2/12/13	EOA,Hi
302	**1.8**	**Hawai'i County ADRC Rollout**		**320 days**	**1/24/14**	**4/17/15**	
303	**1.8.1**	**Add supplemental staff**		**280 days**	**1/24/14**	**2/20/15**	
304	1.8.1.1	Letter of Intent from the State	566	0 days	1/24/14	1/24/14	EOA
305	1.8.1.2	Creating series for type of position	304	4 mons	1/27/14	5/16/14	Hi
306	1.8.1.3	Creating job descriptions	305	2 mons	5/19/14	7/11/14	Hi
307	1.8.1.4	Assign SR rating	306	2 mons	7/14/14	9/5/14	Hi
308	1.8.1.5	Union approval if necessary	307	2 mons	9/8/14	10/31/14	Hi
309	1.8.1.6	County Council approval	308	2 mons	11/3/14	12/26/14	Hi

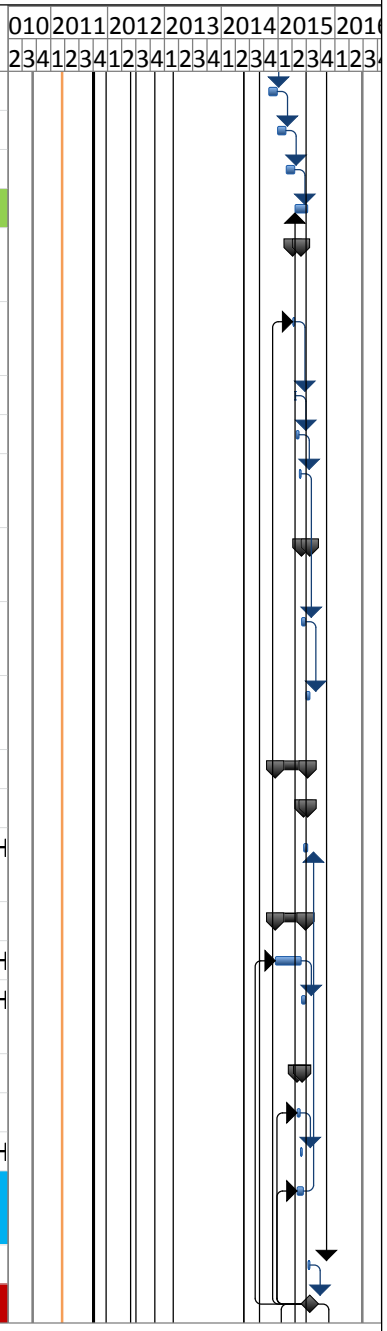


Hawaii SCD Implementation Plan

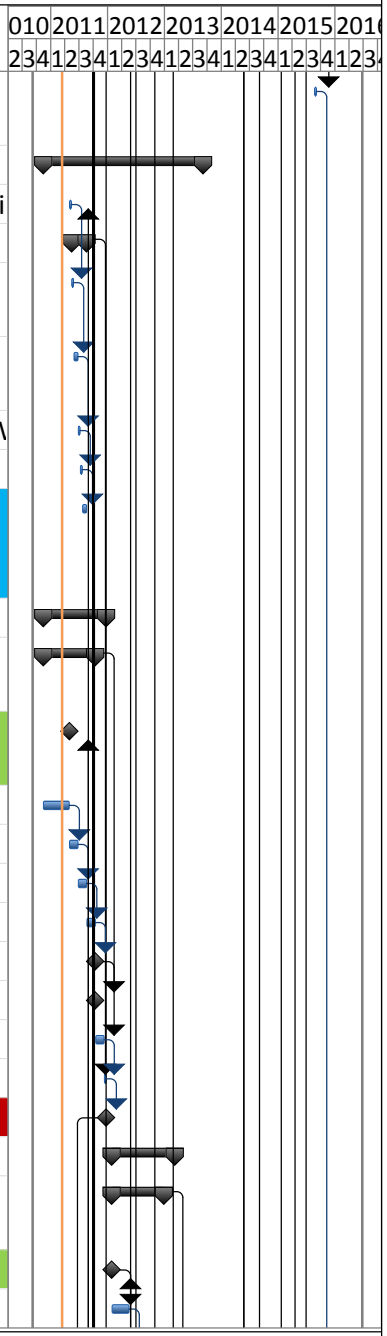
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
310	1.8.1.7	Hire new staff	309,568SF	2 mons	12/29/14	2/20/15	Hi
311	**1.8.2**	**Establish local level MOUs for high volume referral sources to the AAA**		**40 days**	**11/17/14**	**1/9/15**	
312	1.8.2.1	Outreach to respective county agencies with hi	329SS-4 m	10 days	11/17/14	11/28/14	Hi
313	1.8.2.2	Draft MOUs	312	5 days	12/1/14	12/5/14	Hi
314	1.8.2.3	Agreement/Sign MOUs with respective agencie	313	15 days	12/8/14	12/26/14	Hi
315	1.8.2.4	Provide outreach and training on referring to A	314	10 days	12/29/14	1/9/15	Hi
316	**1.8.3**	**Integration with Low Volume Referral Sources**		**40 days**	**1/12/15**	**3/6/15**	
317	1.8.3.1	Hawai'i County/EOA outreach to low volume referral agencies	315	20 days	1/12/15	2/6/15	Hi
318	1.8.3.2	Provide outreach and training on referring to A	317	20 days	2/9/15	3/6/15	Hi
319	**1.8.4**	**Hawai'i County specific CQI changes**		**40 days**	**12/15/14**	**2/6/15**	
320	**1.8.4.1**	**Timeliness of assessment**		**20 days**	**1/12/15**	**2/6/15**	
321	1.8.4.1.1	Ensure staff are documenting initial intake a	327	20 days	1/12/15	2/6/15	EOA,Hmy,H
322	**1.8.4.2**	**Timeliness of service delivery**		**20 days**	**1/12/15**	**2/6/15**	
323	1.8.4.2.1	Ensure that providers are documenting service delivery within Harmony	329SS-2 mons	1 mon	1/12/15	2/6/15	EOA,Hmy,H
324	**1.8.4.3**	**Develop internal review process**		**25 days**	**12/15/14**	**1/16/15**	
325	1.8.4.3.1	Develop process based on Maui model	329SS-3 m	15 days	12/15/14	1/2/15	Hi
326	1.8.4.3.2	Incorporate into AAA policies and procedure	325	10 days	1/5/15	1/16/15	Hmy,EOA,H
327	1.8.5	Integrate Hawai'i data with Maui/Kauai and add Hawai'i specific fields	328SS-3 mons	30 days	12/1/14	1/9/15	Hi
328	1.8.6	Train staff	303	10 days	2/23/15	3/6/15	EOA,Hi
329	1.8.7	Implementation	328	0 days	3/6/15	3/6/15	Hi
330	1.8.8	Train management staff on CQI and implement procedures	329FS+1 mon	10 days	4/6/15	4/17/15	EOA,Hi
331	**1.9**	**Honolulu County ADRC Rollout**		**420 days**	**1/24/14**	**9/4/15**	
332	**1.9.1**	**Add supplemental staff**		**380 days**	**1/24/14**	**7/10/15**	
333	1.9.1.1	Letter of Intent received from the State	566	0 days	1/24/14	1/24/14	EOA
334	1.9.1.2	Creating series for type of position	333	6 mons	1/27/14	7/11/14	Hu
335	1.9.1.3	Creating job descriptions	334	2 mons	7/14/14	9/5/14	Hu
336	1.9.1.4	Assign SR rating	335	2 mons	9/8/14	10/31/14	Hu



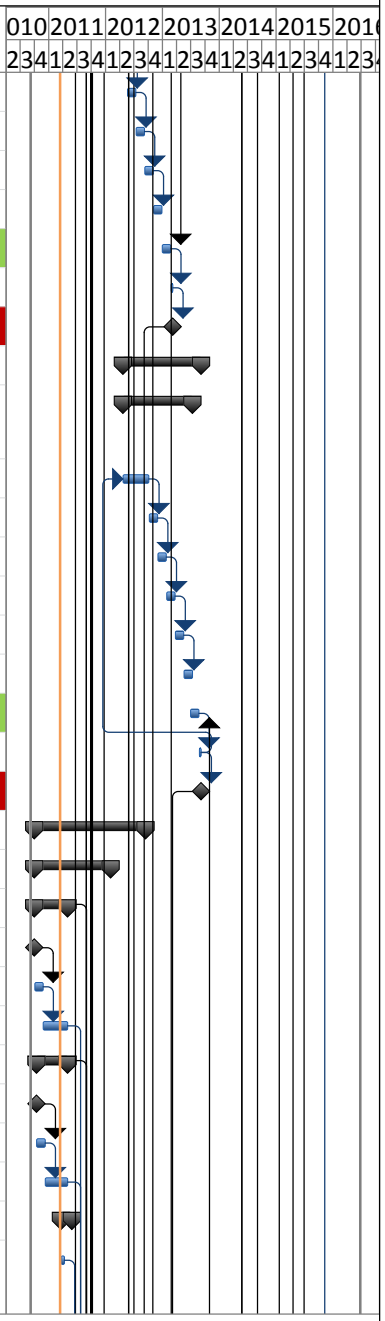
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
337	1.9.1.5	Union approval if necessary	336	2 mons	11/3/14	12/26/14	Hu
338	1.9.1.6	Public Hearing	337	2 mons	12/29/14	2/20/15	Hu
339	1.9.1.7	County Council approval	338	2 mons	2/23/15	4/17/15	Hu
340	1.9.1.8	Hire new staff	339,569FS	3 mons	4/20/15	7/10/15	
341	**1.9.2**	**Establish local level MOUs for high volume referral sources to the AAA**		**40 days**	**4/6/15**	**5/29/15**	
342	1.9.2.1	Outreach to respective county agencies with high volume referrals	360SS-4 mons	10 days	4/6/15	4/17/15	Hu
343	1.9.2.2	Draft MOUs	342	5 days	4/20/15	4/24/15	Hu
344	1.9.2.3	Agreement/Sign MOUs with respective agencie	343	15 days	4/27/15	5/15/15	Hu
345	1.9.2.4	Provide outreach and training on referring to ADRC	344	10 days	5/18/15	5/29/15	Hu
346	**1.9.3**	**Integration with Low Volume Referral Sources in Honlulu**		**40 days**	**6/1/15**	**7/24/15**	
347	1.9.3.1	Honolulu/EOA outreach to low volume referral agencies	345	20 days	6/1/15	6/26/15	Hu
348	1.9.3.2	Provide outreach and training on referring to ADRC	347	20 days	6/29/15	7/24/15	Hu
349	**1.9.4**	**Honolulu specific CQI changes**		**150 days**	**12/15/14**	**7/10/15**	
350	**1.9.4.1**	**Timeliness of assessment**		**20 days**	**6/15/15**	**7/10/15**	
351	1.9.4.1.1	Ensure staff are documenting initial intake and assessments within Harmony	358	20 days	6/15/15	7/10/15	EOA,Hmy,H
352	**1.9.4.2**	**Timeliness of service delivery**		**140 days**	**12/15/14**	**6/26/15**	
353	1.9.4.2.1	Enroll all service providers in Provider Direct	360SS-8 m	6 mons	12/15/14	5/29/15	EOA,Hmy,H
354	1.9.4.2.2	Ensure that providers are documenting service delivery within Provider Direct	353	1 mon	6/1/15	6/26/15	EOA,Hmy,H
355	**1.9.4.3**	**Develop internal review process**		**25 days**	**5/4/15**	**6/5/15**	
356	1.9.4.3.1	Develop process based on Maui model	360SS-3 m	15 days	5/4/15	5/22/15	Hu
357	1.9.4.3.2	Incorporate into AAA policies and procedure	356	10 days	5/25/15	6/5/15	Hmy,EOA,H
358	1.9.5	Integrate Honolulu data with other 3 counties and add Honolulu specific fields	360SS-3 mons	30 days	5/4/15	6/12/15	Hu
359	1.9.6	Train staff	332	10 days	7/13/15	7/24/15	EOA,Hu
360	1.9.7	Implementation	359	0 days	7/24/15	7/24/15	Hu



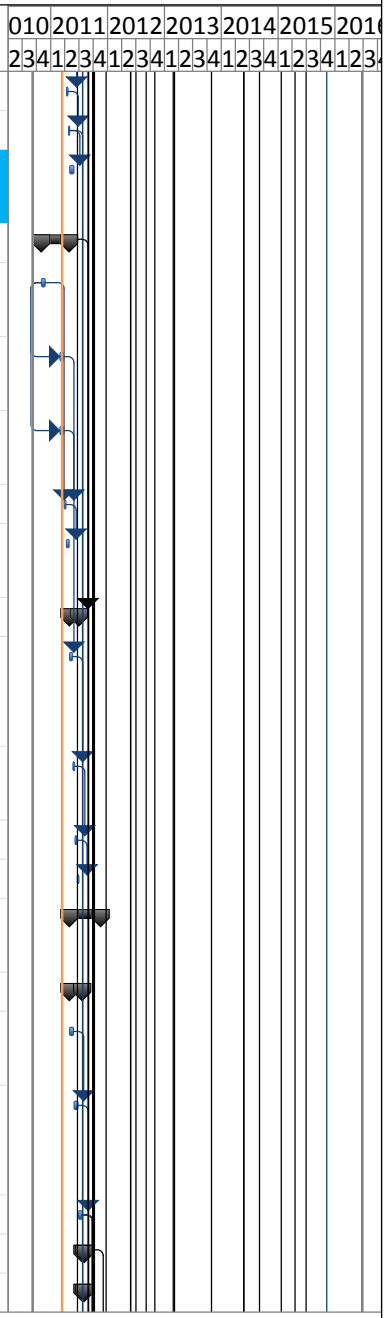
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
361	1.9.8	Train management staff on CQI and implement procedures	360FS+1 mon	10 days	8/24/15	9/4/15	EOA,Hu
362	**2**	**Bring Case Management In-house**		**735 days**	**11/15/10**	**9/6/13**	
363	2.1	Draft job descriptions and identification of series	558	10 days	5/2/11	5/13/11	Cst,EOA,Mi
364	**2.2**	**Develop training infrastructure**		**70 days**	**5/16/11**	**8/19/11**	
365	2.2.1	Decision whether to enroll in web-based training (e.g., U of MN or Boston College)	363	10 days	5/16/11	5/27/11	CAW,EOA
366	2.2.2	Develop training curricula and training approach (possibly adapting web-enabled system)	365	20 days	5/30/11	6/24/11	Cst,Mi
367	2.2.3	Core ADRC Workgroup input	366	10 days	6/27/11	7/8/11	Cst,Mi,CAW
368	2.2.4	Revise training curricula and training approach	367	10 days	7/11/11	7/22/11	Cst,Mi
369	2.2.5	Implement case management tools (case notes, case management supervision, performance/quality) in Harmony	368	20 days	7/25/11	8/19/11	Cst,Mi
370	**2.3**	**Maui County Rollout**		**290 days**	**11/15/10**	**12/23/11**	
371	**2.3.1**	**Establishing Authority to Hire New Case Management Staff**		**240 days**	**11/15/10**	**10/14/11**	
372	2.3.1.1	Letter notifying end of waiver requirement received by county	558	0 days	5/2/11	5/2/11	Mi
373	2.3.1.2	Creating series for type of position		6 mons	11/15/10	4/29/11	Mi
374	2.3.1.3	Creating job descriptions	373	2 mons	5/2/11	6/24/11	Mi
375	2.3.1.4	Assign SR rating	374	2 mons	6/27/11	8/19/11	Mi
376	2.3.1.5	Union approval if necessary	375	2 mons	8/22/11	10/14/11	Mi
377	2.3.1.6	Public Hearing	376	0 mons	10/14/11	10/14/11	Mi
378	2.3.1.7	County Council approval	377	0 mons	10/14/11	10/14/11	Mi
379	2.3.2	Hire staff	371	2 mons	10/17/11	12/9/11	Mi
380	2.3.3	Train staff	379,364	10 days	12/12/11	12/23/11	Mi
381	2.3.4	Implementation	380	0 days	12/23/11	12/23/11	Mi
382	**2.4**	**Hawai'i County Rollout**		**290 days**	**1/27/12**	**3/8/13**	
383	**2.4.1**	**Establishing Authority to Hire New Case Management Staff**		**240 days**	**1/27/12**	**12/28/12**	
384	2.4.1.1	Letter of Intent received from the State	561	0 days	1/27/12	1/27/12	Hi
385	2.4.1.2	Creating series for type of position	384	4 mons	1/30/12	5/18/12	Hi



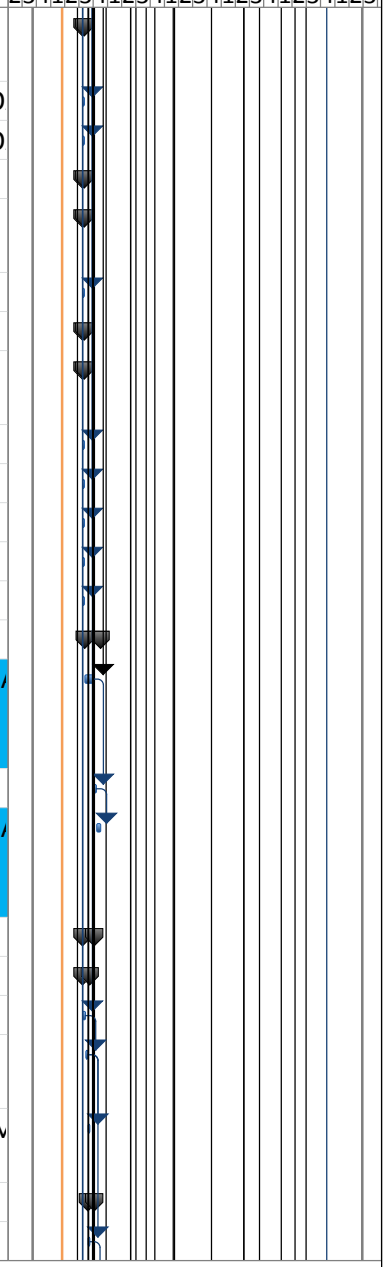
ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
386	2.4.1.3	Creating job descriptions	385	2 mons	5/21/12	7/13/12	Hi
387	2.4.1.4	Assign SR rating	386	2 mons	7/16/12	9/7/12	Hi
388	2.4.1.5	Union approval if necessary	387	2 mons	9/10/12	11/2/12	Hi
389	2.4.1.6	County Council approval	388	2 mons	11/5/12	12/28/12	Hi
390	2.4.2	Hire staff	383	2 mons	12/31/12	2/22/13	Hi
391	2.4.3	Train staff	390	10 days	2/25/13	3/8/13	Hi
392	2.4.4	Implementation	391	0 days	3/8/13	3/8/13	Hi
393	**2.5**	**Honolulu County Rollout**		**360 days**	**4/23/12**	**9/6/13**	
394	**2.5.1**	**Establishing Authority to Hire New Case Management Staff**		**320 days**	**4/23/12**	**7/12/13**	
395	2.5.1.1	Creating series for type of position	402FS-18 r	6 mons	4/23/12	10/5/12	Hu
396	2.5.1.2	Creating job descriptions	395	2 mons	10/8/12	11/30/12	Hu
397	2.5.1.3	Assign SR rating	396	2 mons	12/3/12	1/25/13	Hu
398	2.5.1.4	Union approval if necessary	397	2 mons	1/28/13	3/22/13	Hu
399	2.5.1.5	Public Hearing	398	2 mons	3/25/13	5/17/13	Hu
400	2.5.1.6	County Council approval	399	2 mons	5/20/13	7/12/13	Hu
401	2.5.2	Hire staff	568	2 mons	7/1/13	8/23/13	Hu
402	2.5.3	Train staff	401	10 days	8/26/13	9/6/13	Hu
403	2.5.4	Implementation	402	0 days	9/6/13	9/6/13	Hu
404	**3**	**Developing a Participant Direction Option**		**512 days**	**10/1/10**	**9/14/12**	
405	**3.1**	**System Operations**		**352 days**	**10/1/10**	**2/3/12**	
406	**3.1.1**	**FMS Contractor**		**153 days**	**10/1/10**	**5/2/11**	
407	3.1.1.1	RFP Issued		0 days	10/1/10	10/1/10	EOA
408	3.1.1.2	Contractor selected	407	40 days	10/4/10	11/25/10	EOA
409	3.1.1.3	Contractor ready to offer services	408	112 days	11/26/10	5/2/11	FMS
410	**3.1.2**	**Support Broker Contract**		**142 days**	**10/15/10**	**5/2/11**	
411	3.1.2.1	RFP Issued		0 days	10/15/10	10/15/10	EOA
412	3.1.2.2	Contractor selected	411	40 days	10/15/10	12/9/10	EOA
413	3.1.2.3	Contractor ready to offer services	412	102 days	12/10/10	5/2/11	SB
414	**3.1.3**	**Policies & Procedures**		**51 days**	**3/21/11**	**5/30/11**	
415	3.1.3.1	Translate workgroup decisions into draft policies and procedures document		16 days	3/21/11	4/11/11	EOA



ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
416	3.1.3.2	Participant Direction Workgroup Review	415	9 days	4/12/11	4/22/11	PDW
417	3.1.3.3	Finalize Policies and Procedures	416	6 days	4/25/11	5/2/11	EOA
418	3.1.3.4	Implement participant direction tracking in Harmony	417	20 days	5/3/11	5/30/11	Hmy
419	**3.1.4**	**Enrollment Process**		**130 days**	**11/1/10**	**4/29/11**	
420	3.1.4.1	Each AAA proposes process for enrolling individuals		20 days	11/1/10	11/26/10	Hi,Ki,Mi
421	3.1.4.2	Development of form that incorporates spend down and targeting criteria	420SS	19 days	3/1/11	3/25/11	EOA
422	3.1.4.3	Adapt MN Capacity for Self Direction tool for Hawaii	420SS	19 days	3/1/11	3/25/11	EOA
423	3.1.4.4	Participant Direction Workgroup Review	420,421	10 days	3/28/11	4/8/11	PDW
424	3.1.4.5	Finalization of county specific enrollment processes	423	15 days	4/11/11	4/29/11	Hi,Ki,Mi
425	**3.1.5**	**Participant Tools**	**419**	**45 days**	**5/2/11**	**7/1/11**	
426	3.1.5.1	Develop Draft Participant Information and Tools adapting work from other states (primarily forms and checklists)	422	15 days	5/2/11	5/20/11	EOA
427	3.1.5.2	Incorporate tools and policies and procedures into participant manual	426	10 days	5/23/11	6/3/11	EOA
428	3.1.5.3	Participant Direction Workgroup Review	427	10 days	6/6/11	6/17/11	PDW
429	3.1.5.4	Revise Tools	428	10 days	6/20/11	7/1/11	EOA
430	**3.1.6**	**Develop Continuous Quality Improvement Infrastructure for Participant Direction**		**145 days**	**5/2/11**	**11/18/11**	
431	**3.1.6.1**	**Finalize Performance Indicators**		**60 days**	**5/2/11**	**7/22/11**	
432	3.1.6.1.1	Participant Direction Workgroup review of draft indicators		20 days	5/2/11	5/27/11	PDW,EOA
433	3.1.6.1.2	Participant Direction Workgroup decision regarding threshold for when corrective action should occur	432	20 days	5/30/11	6/24/11	PDW,EOA
434	3.1.6.1.3	Finalization of performance indicators	433	20 days	6/27/11	7/22/11	PDW,EOA
435	**3.1.6.2**	**Develop data collection methods**		**10 days**	**7/25/11**	**8/5/11**	
436	**3.1.6.2.1**	**Data from AAAs**		**10 days**	**7/25/11**	**8/5/11**	

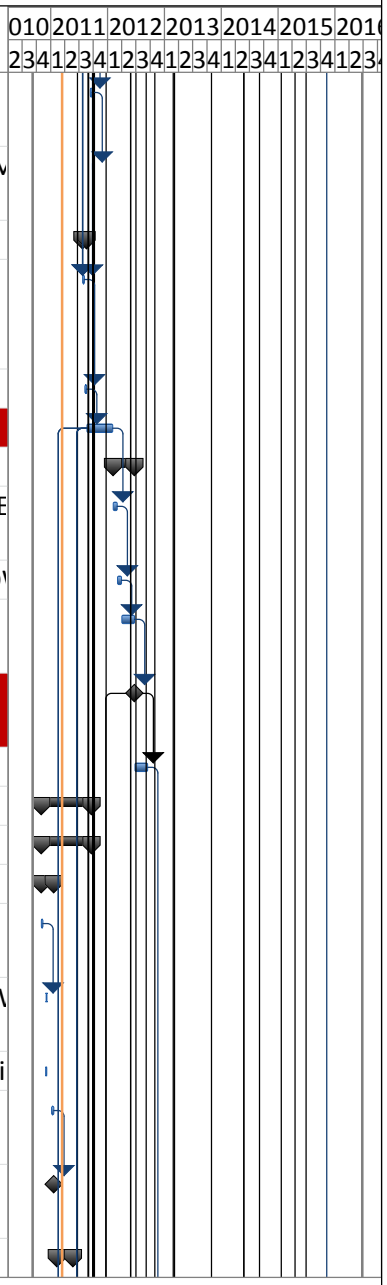


ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
437	**3.1.6.2.1.1**	**Establish data collection methods for the following areas:**		**10 days**	**7/25/11**	**8/5/11**	
438	3.1.6.2.1.1.1	Number enrolled	434	10 days	7/25/11	8/5/11	Hi,Ki,Mi,EO
439	3.1.6.2.1.1.2	Enrollees meet eligibility criteria	434	10 days	7/25/11	8/5/11	Hi,Ki,Mi,EO
440	**3.1.6.2.2**	**Data from FMS provider**		**10 days**	**7/25/11**	**8/5/11**	
441	**3.1.6.2.2.1**	**Establish data collection methods for the following areas:**		**10 days**	**7/25/11**	**8/5/11**	
442	3.1.6.2.2.1.1	Budget management	434	10 days	7/25/11	8/5/11	EOA,FMS
443	**3.1.6.2.3**	**Data from Support Broker(s)**		**10 days**	**7/25/11**	**8/5/11**	
444	**3.1.6.2.3.1**	**Establish data collection methods for the following areas:**		**10 days**	**7/25/11**	**8/5/11**	
445	3.1.6.2.3.1.1	Individual budget	434	10 days	7/25/11	8/5/11	EOA,SB
446	3.1.6.2.3.1.2	Support Planning	434	10 days	7/25/11	8/5/11	EOA,SB
447	3.1.6.2.3.1.3	Participant outcomes	434	10 days	7/25/11	8/5/11	SB,EOA
448	3.1.6.2.3.1.4	Support brokerage	434	10 days	7/25/11	8/5/11	SB,EOA
449	3.1.6.2.3.1.5	Health and safety	434	10 days	7/25/11	8/5/11	EOA,SB
450	**3.1.6.3**	**Management Reports**		**75 days**	**8/8/11**	**11/18/11**	
451	3.1.6.3.1	Incorporate data from AAAs, Support Brokers, and FMS Provider into management reports	435	40 days	8/8/11	9/30/11	FMS,SB,EO
452	3.1.6.3.2	Participant Direction Workgroup review	451	15 days	10/3/11	10/21/11	PDW
453	3.1.6.3.3	Finalize management reports and prepare for incorporation within Harmony	452	20 days	10/24/11	11/18/11	SB,FMS,EO
454	**3.1.6.4**	**Establish review and remediation processes**		**55 days**	**7/25/11**	**10/7/11**	
455	**3.1.6.4.1**	**Develop internal AAA review process**		**35 days**	**7/25/11**	**9/9/11**	
456	3.1.6.4.1.1	Develop draft process	434	15 days	7/25/11	8/12/11	EOA
457	3.1.6.4.1.2	Participant Direction Workgroup Review	456	10 days	8/15/11	8/26/11	PDW
458	3.1.6.4.1.3	Revise process and incorporate into AAA policies and procedures	457	10 days	8/29/11	9/9/11	Hi,EOA,Ki,M
459	**3.1.6.4.2**	**Develop EOA-AAA review process**		**30 days**	**8/29/11**	**10/7/11**	
460	3.1.6.4.2.1	Develop draft process	457	10 days	8/29/11	9/9/11	EOA

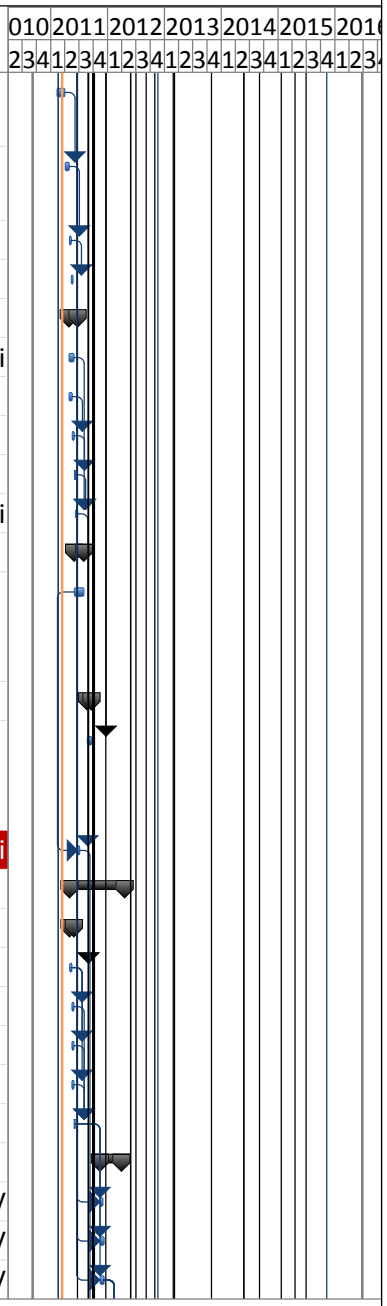


Hawaii SCD Implementation Plan

ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
461	3.1.6.4.2.2	Participant Direction Workgroup Review	460	10 days	9/12/11	9/23/11	PDW
462	3.1.6.4.2.3	Revise process and incorporate into AAA policies and procedures	461	10 days	9/26/11	10/7/11	Hi,EOA,Ki,M
463	**3.1.7**	**Training**		**20 days**	**7/25/11**	**8/19/11**	
464	3.1.7.1	Incorporate policies, FMS, and Support Broker information into staff training manual and curricula	417,413,4(	10 days	7/25/11	8/5/11	EOA,Cst
465	3.1.7.2	Train county staff	464	10 days	8/8/11	8/19/11	EOA
466	3.1.8	Maui, Kauai, Hawai'i Pilot	465	6 mons	8/22/11	2/3/12	Hi,Ki,Mi
467	**3.2**	**Expansion Plan**		**100 days**	**2/6/12**	**6/22/12**	
468	3.2.1	Evaluation Decision Whether to Continue Option	466	1 mon	2/6/12	3/2/12	EOA,PDW,E
469	3.2.2	Funding Reallocation of KC or Increase?	468	20 days	3/5/12	3/30/12	ED,EOA,PD
470	3.2.3	Contractual Changes w/ Existing KC Providers? Continuation of FMS and Support Broker	469	60 days	4/2/12	6/22/12	Hi,Ki,Mi
471	3.3	Full Implementation in Maui, Kauai, and Hawai'i	470	0 days	6/22/12	6/22/12	Hi,Ki,Mi
472	3.4	Develop expansion plan for Honolulu	471	3 mons	6/25/12	9/14/12	Hu
473	**4**	**Providing Hospital Discharge Planning**		**232 days**	**11/1/10**	**9/20/11**	
474	**4.1**	**System Operations**		**232 days**	**11/1/10**	**9/20/11**	
475	**4.1.1**	**Model Development**		**59 days**	**11/1/10**	**1/20/11**	
476	4.1.1.1	Select HDP models to review with Hospital Discharge Workgroup		9 days	11/1/10	11/11/10	EOA,Hi
477	4.1.1.2	Share Hospital Discharge Materials to share with HDPM group	476	4 days	12/2/10	12/7/10	EOA,Hi,HDV
478	4.1.1.3	Identify HDP representative for each AAA		1.2 wks	11/29/10	12/6/10	Hi,Hu,Ki,Mi
479	4.1.1.4	Review Hospital Discharge Materials/Models (2 HDP Models)		11 days	1/6/11	1/20/11	HDW
480	4.1.1.5	Determine Hospital Discharge Model of Choice	479	0 days	1/20/11	1/20/11	HDW
481	**4.1.2**	**Policies & Procedures**		**74 days**	**2/10/11**	**5/24/11**	

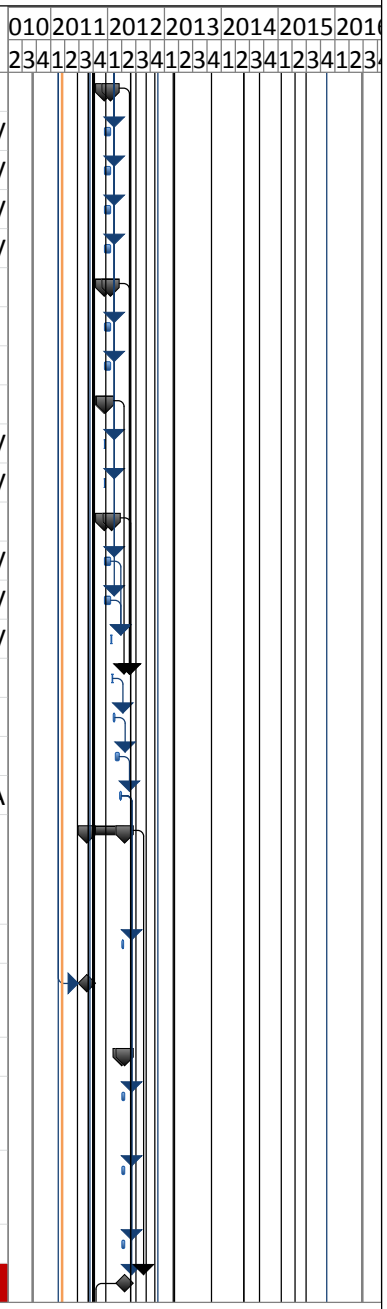


ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
482	4.1.2.1	Referral Protocol from Hospital Discharge Planners to AAA		37 days	2/10/11	4/1/11	EOA,Hi
483	4.1.2.2	Translate selected model and referral protocols into policies and procedures	482	20 days	4/4/11	4/29/11	EOA,Hi
484	4.1.2.3	Review by Hospital Discharge Workgroup	483	9 days	5/2/11	5/12/11	HDW
485	4.1.2.4	Revised policies and procedures	484	8 days	5/13/11	5/24/11	EOA,Hi
486	**4.1.3**	**MOUs w/ Hospitals**		**39 days**	**4/29/11**	**6/22/11**	
487	4.1.3.1	Outreach to Target Hospitals for HDP		22 days	4/29/11	5/30/11	Hi,Hu,Ki,Mi
488	4.1.3.2	Draft MOU For Participating Hospitals		14 days	4/29/11	5/18/11	EOA,Hi
489	4.1.3.3	Review by Hospital Discharge Workgroup	488	10 days	5/19/11	6/1/11	HDW
490	4.1.3.4	Revise MOU	489	5 days	6/2/11	6/8/11	EOA,Hi
491	4.1.3.5	Agreement/Sign MOU with Hospitals	487,490	10 days	6/9/11	6/22/11	Hi,Hu,Ki,Mi
492	**4.1.4**	**Training**		**44 days**	**6/1/11**	**8/1/11**	
493	4.1.4.1	Train HDP Staff on Selected HDP Model (e.g., Coleman, Transitional Care Model, etc..)		44 days	6/1/11	8/1/11	EOA,Hi
494	**4.1.5**	**Continuous Quality Improvement**		**20 days**	**8/24/11**	**9/20/11**	
495	4.1.5.1	Review and adapt Core ADRC performance indicators and data collection to reflect HDP effort	153	20 days	8/24/11	9/20/11	EOA,Hi
496	4.1.6	Implementation	493SS,491	10 days	6/23/11	7/6/11	Hi,Hu,Ki,Mi
497	**5**	**Build Veteran's Administration Program**		**254 days**	**5/3/11**	**4/20/12**	
498	**5.1**	**EOA has initial meeting with VA**		**20 days**	**5/3/11**	**5/30/11**	
499	5.1.1	Present Plan	406,410	10 days	5/3/11	5/16/11	EOA,VA
500	5.1.2	Agree on process for developing program	499	10 days	5/17/11	5/30/11	EOA,VA
501	5.1.3	Request to VAMC for information regarding distri	499	10 days	5/17/11	5/30/11	EOA,VA
502	5.1.4	Preliminary guidance from VAMC regarding prefe	499	10 days	5/17/11	5/30/11	EOA,VA
503	5.2	Decision to proceed	500,501,5(	5 days	5/31/11	6/6/11	Ki,Mi,Hi
504	**5.3**	**Provider Agreement with VAMC**		**100 days**	**11/14/11**	**3/30/12**	
505	5.3.1	Parties to agreement (individual AAAs vs. EOA)	503,466SS	15 days	11/14/11	12/2/11	EOA,FSW,V
506	5.3.2	Process for referrals from VA	503,466SS	20 days	11/14/11	12/9/11	EOA,FSW,V
507	5.3.3	Rate Determination (VAMC case-mix, VAMC sets	503,466SS	20 days	11/14/11	12/9/11	EOA,FSW,V

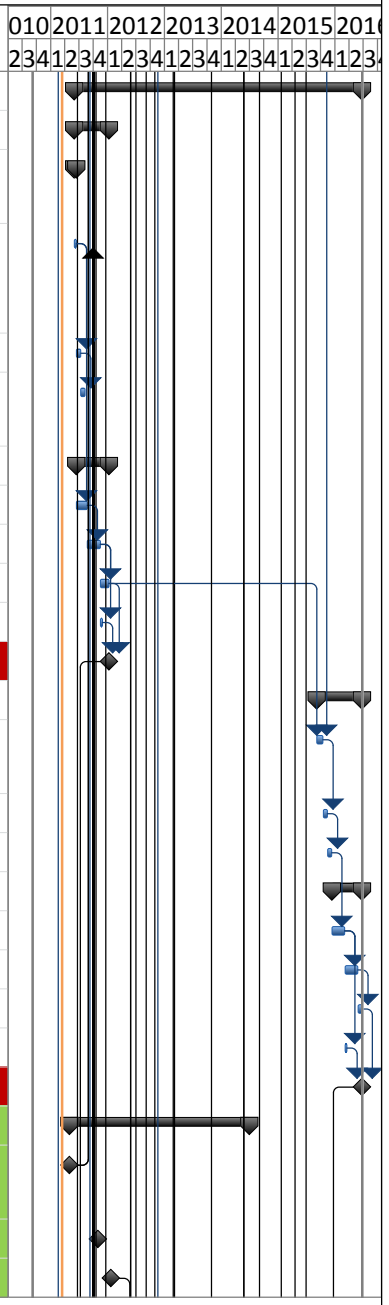


Hawaii SCD Implementation Plan

ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
508	**5.3.4**	**Rate Construction**		**30 days**	**12/12/11**	**1/20/12**	
509	5.3.4.1	Veteran Directed Budget	507	30 days	12/12/11	1/20/12	EOA,FSW,V
510	5.3.4.2	VD-HCBS Oversight	507	30 days	12/12/11	1/20/12	EOA,FSW,V
511	5.3.4.3	Assessment & related start-up costs	507	30 days	12/12/11	1/20/12	EOA,FSW,V
512	5.3.4.4	Veteran's "rainy day" fund	507	30 days	12/12/11	1/20/12	EOA,FSW,V
513	**5.3.5**	**VAMC Payment for VD-HCBS**		**30 days**	**12/12/11**	**1/20/12**	
514	5.3.5.1	AAA ability to submit monthly invoices	507	30 days	12/12/11	1/20/12	Hi,Ki,Mi
515	5.3.5.2	Cash flow	507	30 days	12/12/11	1/20/12	Mi,Ki,Hi
516	**5.3.6**	**Complying with VA Specific Requirements**		**5 days**	**12/12/11**	**12/16/11**	
517	5.3.6.1	Payments for non-professional workers may nc	507	5 days	12/12/11	12/16/11	EOA,FSW,V
518	5.3.6.2	Veteran Representatives cannot serve as paid \	507	5 days	12/12/11	12/16/11	EOA,FSW,V
519	**5.3.7**	**Follow-up process**		**35 days**	**12/12/11**	**1/27/12**	
520	5.3.7.1	Reassessments	507	30 days	12/12/11	1/20/12	EOA,FSW,V
521	5.3.7.2	At least quarterly face-to-face-visits	507	30 days	12/12/11	1/20/12	EOA,FSW,V
522	5.3.7.3	Reports to share with VAMC	520,521	5 days	1/23/12	1/27/12	EOA,FSW,V
523	5.3.8	AAA Decision to Proceed	508,513,5	5 days	1/30/12	2/3/12	Mi,Ki,Hi
524	5.3.9	County Executive Branch Approval	523	10 days	2/6/12	2/17/12	Mi,Ki,Hi
525	5.3.10	County Council Approvals	524	20 days	2/20/12	3/16/12	Mi,Ki,Hi
526	5.3.11	Signed Provider Agreement	525	10 days	3/19/12	3/30/12	Mi,Ki,Hi,VA
527	**5.4**	**Operations that need to be in place prior to implementation (developed as part of participant-direction effort)**		**175 days**	**8/22/11**	**4/20/12**	
528	5.4.1	Staff trained to accept referrals from VA	526	10 days	4/2/12	4/13/12	Mi,Ki,Hi
529	5.4.2	Participant Directed Pilot ready for implementation	466SS	0 days	8/22/11	8/22/11	
530	**5.4.3**	**Access to agency-provided services**		**15 days**	**4/2/12**	**4/20/12**	
531	5.4.3.1	Building in back-end ability to attribute costs to VA rather than KC	526	15 days	4/2/12	4/20/12	Mi,Ki,Hi
532	5.4.3.2	Contract amendment (if necessary) for additional units	526	15 days	4/2/12	4/20/12	Mi,Ki,Hi
533	5.4.4	Capacity to bill VA	526	15 days	4/2/12	4/20/12	Mi,Ki,Hi
534	5.5	Implementation	526,527	0 days	4/20/12	4/20/12	

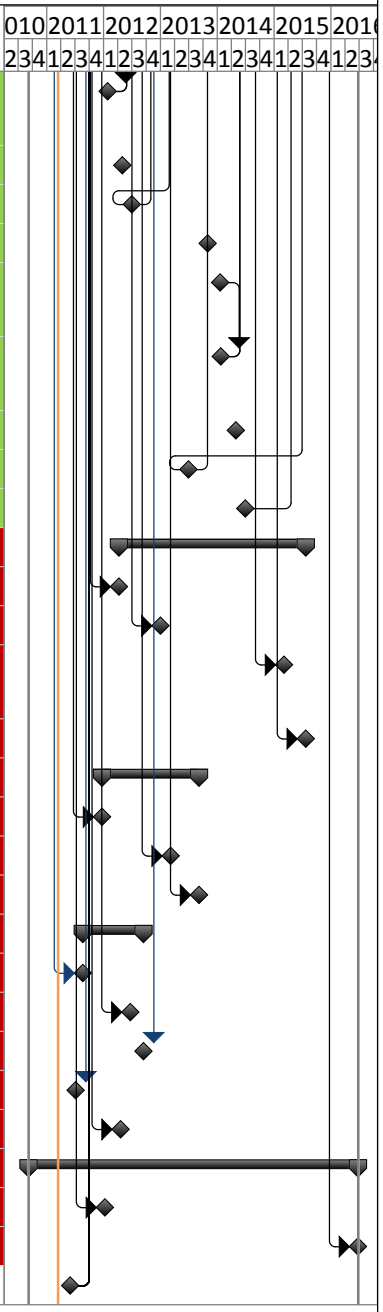


ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
535	**6**	**Restructuring Service Contracts**		**1323 days**	**6/1/11**	**6/24/16**	
536	**6.1**	**Maui Implementation**		**160 days**	**6/1/11**	**1/10/12**	**Mi**
537	**6.1.1**	**Develop process to utilize 103F purchasing authority for contracting services**		**10 days**	**6/1/11**	**6/14/11**	**Mi**
538	6.1.1.1	Explore how QExA health plans contract with Home Health/Home Care providers to do unit basis billing and payment	588	10 days	6/1/11	6/14/11	Mi
539	6.1.2	Train staff to understand procurement process	538	20 days	6/15/11	7/12/11	Mi
540	6.1.3	Outreach service providers on contracting changes	539	20 days	7/13/11	8/9/11	Mi
541	**6.1.4**	**RFP**		**150 days**	**6/15/11**	**1/10/12**	
542	6.1.4.1	Develop RFP	538	50 days	6/15/11	8/23/11	Mi
543	6.1.4.2	Release RFP and Review proposals	542	60 days	8/24/11	11/15/11	Mi
544	6.1.4.3	Signed contracts	543	2 mons	11/16/11	1/10/12	Mi
545	6.1.5	Train assessment and support plan staff	543	10 days	11/16/11	11/29/11	Mi
546	6.1.6	Implementation	544,545	0 days	1/10/12	1/10/12	
547	**6.2**	**Kauai and Honolulu implementation**		**210 days**	**9/7/15**	**6/24/16**	**Ki,Hu**
548	6.2.1	Develop process to utilize 103F purchasing authority for contracting services	544,361	30 days	9/7/15	10/16/15	**Ki,Hu**
549	6.2.2	Train staff to understand procurement process	548	20 days	10/19/15	11/13/15	**Ki,Hu**
550	6.2.3	Outreach service providers on contracting change	549	20 days	11/16/15	12/11/15	**Ki,Hu**
551	**6.2.4**	**RFP**		**140 days**	**12/14/15**	**6/24/16**	**Ki,Hu**
552	6.2.4.1	Develop RFP	550	60 days	12/14/15	3/4/16	**Ki,Hu**
553	6.2.4.2	Release RFP and Review proposals	552	60 days	3/7/16	5/27/16	**Ki,Hu**
554	6.2.4.3	Signed contracts	553	20 days	5/30/16	6/24/16	**Ki,Hu**
555	6.2.5	Train assessment and support plan staff	552	10 days	3/7/16	3/18/16	
556	6.2.6	Implementation	554,555	0 days	6/24/16	6/24/16	
557	**7**	**Budget**		**826 days**	**5/2/11**	**7/1/14**	
558	7.1	EOA issues letter informing counties that the waiver requirement has been removed for case		0 days	5/2/11	5/2/11	EOA
559	7.2	2013 Supplemental Budget Request Proposed by EC		0 days	11/1/11	11/1/11	EOA
560	7.3	2013 Budget Request Included in Governor's Budget		0 days	1/23/12	1/23/12	



Hawaii SCD Implementation Plan

ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
561	7.4	Letter of Intent from the State sent to Maui, Kauai, & Hawai'i Counties	560FS+5 days	0 days	1/27/12	1/27/12	EOA
562	7.5	2013 Budget approved		0 days	5/2/12	5/2/12	
563	7.6	2013 Appropriations made to counties		0 days	7/2/12	7/2/12	
564	7.7	2014/2015 Budget Request Proposed by EOA		0 days	11/1/13	11/1/13	EOA
565	7.8	2014/15 Budget Request Included in Governor's Budget		0 days	1/20/14	1/20/14	
566	7.9	Letter of Intent from the State sent to Hawai'i and Honolulu Counties	565FS+5 days	0 days	1/24/14	1/24/14	EOA
567	7.10	2014/15 Budget approved		0 days	5/1/14	5/1/14	
568	7.11	2014 Appropriations made to counties		0 days	7/1/13	7/1/13	
569	7.12	2015 Appropriations made to counties		0 days	7/1/14	7/1/14	
570	**8**	**Full-Functioning ADRC**		**858 days**	**4/10/12**	**7/24/15**	
571	8.1	Full-Functioning ADRC - Maui Implementation	263SS	0 days	4/10/12	4/10/12	
572	8.2	Full-Functioning ADRC - Kauai Implementation	300SS	0 days	1/1/13	1/1/13	
573	8.3	Full-Functioning ADRC - Hawai'i County Implementation	329SS	0 days	3/6/15	3/6/15	
574	8.4	Full-Functioning ADRC - Honolulu Implementation	360SS	0 days	7/24/15	7/24/15	
575	**9**	**In-House Case Management**		**445 days**	**12/23/11**	**9/6/13**	
576	9.1	Maui implementation	381SS	0 days	12/23/11	12/23/11	
577	9.2	Hawai'i County implementation	392SS	0 days	3/8/13	3/8/13	
578	9.3	Honolulu Implementation	403SS	0 days	9/6/13	9/6/13	
579	**10**	**Participant Direction**		**280 days**	**8/22/11**	**9/14/12**	
580	10.1	Kauai, Hawai'i, and Maui pilot	466SS	0 days	8/22/11	8/22/11	
581	10.2	Kauai, Hawai'i and Maui full implementation	471SS	0 days	6/22/12	6/22/12	
582	10.3	Honolulu expansion plan	472	0 days	9/14/12	9/14/12	
583	**11**	**Hospital Discharge Planning**	**496**	**0 days?**	**7/6/11**	**7/6/11**	
584	**12**	**VA Option Implementation**	**534SS**	**0 days**	**4/20/12**	**4/20/12**	
585	**13**	**Service contracting changes**		**515 days?**	**9/7/10**	**6/24/16**	
586	13.1	Maui implementation	546SS	0 days	1/10/12	1/10/12	
587	13.2	Kauai and Honolulu implementation	556SS	0 days	6/24/16	6/24/16	
588	13.3	Implementation Contractor Procurred		0 days	6/1/11	6/1/11	



ID	Outline Number	Task Name	Predecesso	Duration	Start	Finish	Resource Initials
589	13.4	**Task is Related to MIS**					
590	13.5	**Task is Related to Options Counseling Developmen**					
591	13.6	**Task is Tied to Budget Process**					
592		**Task Marks the Implementation of a Key Initiative**					

Project: Hawaii SCD Operational P
Date: 3/15/11