

Layer Name: Community Care Foster Family Homes

Layer Type: Point

Status: Complete

Geog. Extent: Main Hawaiian Islands

Projection: Universal Transverse Mercator, Zone 4 (Meters)

Datum: NAD 83 HARN

Please note - if you are using data in the [State's web services](#) or downloading from the [State's geoportal](#), the data is served and exported in WGS84 coordinates, although it is stored internally (in the State's geodatabase) in UTM coordinates.

Description: Locations of community care foster family homes in the State of Hawaii as of **November 2021**. As defined in Hawaii Administrative Rules, ([HAR 11-800](#)), a community care foster family home is defined as any facility providing twenty four hour living accommodations, including personal care and homemaker services, for not more than two adults at any one time, at least one of whom shall be a Medicaid recipient, who are at the nursing facility level of care, who are unrelated to the foster family, and who are receiving the services of a licensed home and community-based case management agency. (See also [§321-481, HRS](#)).

Source: Hawaii State Department of Health, Office of Health Care Assurance (OHCA). For more information regarding the source, [click here](#).

History: This dataset was created from a table in Excel format obtained from the Office of Health Care Assurance. The address field was used to ArcGIS. In some cases, further rectification was done using various sources including Google Maps, organization websites, etc.

Note: Attributes and contact information listed on following page.

Attributes:	Points:	
	ProviderID	Provider ID Number
	FName	Provider First Name
	LName	Provider Last Name
	PhysStreet	Provider Street Address
	PhysCity	Provider Address - City
	PhysState	Provider Address - State
	PhysZip	Provider Address - Zipcode
	PhysIsland	Island on which facility is located
	MailStreet	Mailing Address - Street
	MailCity	Mailing Address - City
	MailState	Mailing Address - State
	MailZip	Mailing Address - Zipcode
	MailIsland	Island of Mailing Address
	Phone	Home Phone Number
	Alt_Phone	Alternate Phone Number
	Cert_Date	Certification Date
	Renew_Date	Renewal Date
	Num_Beds	Number of Beds at Facility

Contact: Statewide GIS Program, Office of Planning and Sustainable Development
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