

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

March 25, 2021

Judy Mohr Peterson, Ph.D.
Med-QUEST Division Administrator
State of Hawaii, Department of Human Services
601 Kanokila Blvd., Room 518, P.O. Box 700190
Kapolei, HI 97609-0190

Dear Dr. Mohr Peterson:

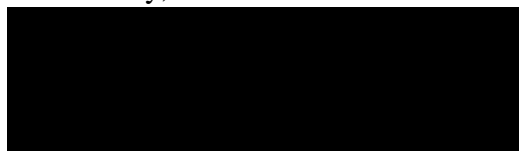
We are writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Hawaii's request to extend the "Hawaii QUEST Integration" (Project No. 11-W-00001/9) authorities in the 1115 Attachment K in order to respond to the COVID-19 pandemic. This extension has been incorporated into the demonstration's Special Terms and Conditions as Attachment K.

The authorities that the state has requested in Attachment K are effective from March 1, 2020 through 6 months after the end of the federally declared COVID-19 public health emergency (PHE). These authorities apply in all locations served by the demonstration for anyone impacted by COVID-19 who receives home and community-based services through the demonstration.

We have included the updated Attachment K pages with this correspondence.

If you need assistance, feel free to contact your Project Officer, Michael Trieger at (410) 786-0745 or by e-mail at Michael.Trieger1@cms.hhs.gov.

Sincerely,



Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosure

cc: Brian Zolynas, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

- A. State: Hawaii
- B. Waiver Title(s): 1115 QUEST Integration – Home and Community Based Services
- C. Control Number(s): QUEST Integration Medicaid Section 1115 Demonstration (No 11-W-00001/9)

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. Brief Description of Emergency. *In no more than one paragraph each,* briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID-19 pandemic. This amendment is updating the end date to six (6) months after the conclusion of the public health emergency. This submittal is additive to the previously approved Appendix K and will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.)

F. Proposed Effective Date: Start Date: March 1, 2020 **Anticipated End Date:** Six (6) months after the conclusion of the public health emergency

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

<https://dod.hawaii.gov/hiema/sert-resources/plans-and-planning-resources/>
<https://dod.hawaii.gov/hiema/files/2020/05/Final-2020-Strategic-Plan.pdf>
https://dod.hawaii.gov/hiema/files/2017/08/HI-EOP.FINAL_Version-May-2017.pdf

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Judy
Last Name: Mohr Peterson, PhD
Title: Administrator
Agency: Hawaii Department of Human Services, Med-QUEST Division
Address 1: 601 Kamokila Blvd.
Address 2: Suite 506A
City: Kapolei
State: Hawaii
Zip Code: 96707
Telephone: 808-692-8085
E-mail: jmohrpeterson@dhs.hawaii.gov
Fax Number: 808-692-8087

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:


First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Date: Jan 15, 2021


State Medicaid Director or Designee

First Name: Cathy
Last Name Betts
Title: Director
Agency: Hawaii Department of Human Services
Address 1: 1390 Miller Street
Address 2: Room 209
City Honolulu
State Hawaii
Zip Code 96813
Telephone: 808-586-4999
E-mail cbetts@dhs.hawaii.gov
Fax Number 808-692-8087



ⁱ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.