

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled and Elderly Health Programs Group

January 19, 2021

Judy Mohr Peterson, PhD
Med-Quest Division Administrator
State of Hawaii, Department of Human Services
601 Kamokila Blvd, Suite 506A
Kapolei, HI 96707

Dear Dr. Mohr Peterson:

We are writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Hawaii's request to amend the following 1915(c) Home and Community-Based Services (HCBS) waiver with the Emergency Preparedness and Response Appendix K in order to respond to the COVID-19 pandemic:

WAIVER TITLE	CMS AMENDMENT CONTROL NUMBER
Home and Community Based Services for People with Intellectual and Developmental Disabilities (I/DD Waiver)	HI.0013.R07.09

The amendment that the state has requested in the Appendix K are additive to those previously approved and are effective from March 1, 2020 to six months after the end of the federal public health emergency (PHE) for COVID-19; they apply in all locations served by the individual waivers for anyone impacted by COVID-19.

Please note the guidance issued in the December 22, 2020 State Health Official Letter (SHO). Specifically, flexibilities approved via the 1135 authority expire at the end of the PHE. We advise that the state review the SHO, as well as the flexibilities approved via the 1135 authority and consider if adjustments need to be made in the Appendix K to compensate for the loss of the 1135 options. For example, CMS strongly advises that a state that waived regulatory requirements of a home and community-based setting for any new settings being used during the PHE, assess those settings to determine if they are appropriate for use in the six months after the PHE expires.

We have included the approved Appendix K pages with this correspondence. Please utilize the waiver management system for HCBS waivers for any further amendments to this waiver program other than Appendix K.

If you need assistance, feel free to contact Amanda Hill of my staff at 410-786-2457 or by e-mail at Amanda.Hill@cms.hhs.gov or Mary Marchioni at 303-844-7094 or by e-mail Mary.Marchioni@cms.hhs.gov.

Sincerely,

Alissa Mooney DeBoy
Director, DEHPG

Enclosure

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): Hawaii 1915(c) Home and Community Based Services for People with Intellectual and Developmental Disabilities (I/DD Waiver)

C. Control Number(s): HI.0013.R07.09

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:*

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: Mary
Last Name Brogan
Title: Administrator
Agency: Hawaii State Department of Health, Developmental Disabilities Division
Address 1: 1250 Punchbowl Street
Address 2: Room 463
City Honolulu
State Hawaii
Zip Code 95813
Telephone: 808-586-5840
E-mail Mary.brogan@doh.hawaii.gov
Fax Number 808-586-5844

8. Authorizing Signature

Signature: _____ **Date:** 1/14/2021

_____/S/_____
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.