DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

Medicaid and CHIP Operations Group

June 24, 2026

Meredith Nichols, Med-QUEST Administrator
Department of Human Services
601 Kamokila Boulevard
Suite 518
Kapolei, HI 96707

RE: HCB Services for People with Intellectual and Developmental Disabilities (I/DD) Waiver (HI-0013.R09.00) renewal

Dear Administrator Nichols:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to renew HCB Services for People with Intellectual and Developmental Disabilities for individuals of all ages with intellectual and developmental disabilities who would otherwise require placement in an intermediate care facility. The CMS Control Number for the amendment is HI-0013.R09.00 and should be referenced on all future correspondence relating to this waiver renewal.

With this renewal, the state is making the following major changes: 1) Updating the service definition for Discovery and Career Planning to align with federal/Office of Disability Employment Policy (ODEP) definitions for Customized Employment & the Discovery process, 2) Strengthen the Individual Employment Supports service definition to align with federal/ODEP definitions or competitive integrated employment, 3) Adding new Personal Care Assistance service and require Electronic Visit Verification (EVV) for the service, 4) Adding Residential Care Supports service provided in a licensed or certified home by a primary caregiver who lives in the home, 5) New limits are added to Residential Habilitation to not allow another daily service on the same day, 6) Additional Residential Supports changing short-term time limit from 60 days to 90 days, 7) Updating Community Navigator definition to be individualized promote community membership, 8) Updating Environmental Accessibility Adaptation language to allow for an exceptions review if the maximum cost exceed the limits, 9) Expanding the Personal Emergency Response System service definition to adjust for current and evolving technology, 10) Changing the Private Duty Nursing maximum average hours per day from 8 hours to 10 hours and increasing the day limit from 30 days to 60 days, 11) Adding Training and Consultation (T&C) by a Behavior Analyst as a service available to a participant while in an acute-care hospital for transition purposes only, 12) Updating several sections of the waiver to address new requirements, 13) Updating the use of SIS-A 2nd Edition and the descriptions for the seven levels, 14) Updating the provider monitoring process to be at least every three years,

annual review for providers on corrective action plans. 15) Updating Appendix G restrictive interventions, and 16) Adding new supplemental payments for expanding adult foster home capacity on the neighboring islands, placements into community integrated employment and payments for direct support professional. No participants will lose access to services or waiver eligibility as a result of these changes. The effective date for the renewal is July 1, 2026.

This waiver will offer the following supports for waiver participants: Adult Day Health, Discovery & Career Planning, Individual Employment Supports, Personal Assistance/Habilitation, Personal Care Assistance, Residential Habilitations, Respite, Additional Residential Supports, Assistive Technology, Chore, Community Learning Services, Community Navigator, Environmental Accessibility Adaptations, Non-Medical Transportation, Personal Emergency Response System, Private Duty Nursing, Residential Care Supports, Specialized Medical Equipment and Supplies, Training and Consultation, Vehicle Modifications, and Waiver Emergency Service.

The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

Waiver Year	C Factor Estimates	D Factor Estimates	D' Factor Estimates	G Factor Estimates	G' Factor Estimates
Year 1	2998	$83,718	$7,307	$171,166	$7,329
Year 2	3056	$83,658	$7,490	$175,445	$7,512
Year 3	3115	$83,675	$7,677	$179,831	$7,700
Year 4	3175	$83,729	$7,869	$184,327	$7,892
Year 5	3237	$83,692	$8,066	$188,935	$8,090

This approval is subject to your agreement to serve no more individuals than those indicated in "C Factor Estimates" shown in the table above. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval. The state may renew the waiver at the end of the five-year period by providing evidence and documentation of satisfactory performance and oversight.

It is important to note that CMS' approval of this waiver solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Lisa Amaro-Rife at lisa.amaro-rife@cms.hhs.gov or (214) 767-2506.

Sincerely,

GEORGE P. FAILLA JR -S

Digitally signed by GEORGE P. FAILLA JR -S
Date: 2026.06.24 11:57:53 -04'00'

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

cc: Nikki Lemmon, CMCS
Tammi Hessen, CMCS
Cynthia Nanes, CMCS