



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Administration
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 28, 2015

Ms. Joelene K. Lono, Executive Director
Ke Ola Mamo
Native Hawaiian
Health Care System-Oahu
1505 Dillingham Boulevard, Room 205
Honolulu, Hawaii 96817

Dear Ms. Lono:

RE: HAWAII'S 1915(c) HOME AND COMMUNITY BASED SERVICES WAIVER

The State of Hawaii, Department of Human Services, Med-QUEST Division (MQD) is soliciting your consultation for the following changes described below related to the Section 1915(c) Home and Community Based Services (HCBS) waiver:

1. The current Section 1915(c) waiver is expected to expire on June 30, 2016 and the MQD intends to submit the five (5) year renewal waiver application. The proposed waiver application entitled, "Home and Community Based Services for People with Development Disabilities" will continue to enable a person with developmental disabilities or intellectual disabilities who meet institutional level of care, the choice to live in their homes and communities with appropriate quality supports designed to promote health, safety and independence. The Department of Health shall continue to implement the waiver under the supervision of the MQD.

Therefore, pursuant to the tribal consultation requirements in Section 1902(a)(73) of the Social Security Act, the MQD is soliciting your consultation for the five (5) year renewal of the Section 1915(c) HCBS waiver.

2. The MQD requested your consultation on December 12, 2014 for the proposed Section 1915(c) HCBS Waiver transition plan, entitled "Hawaii's My Choice My Way Transition Plan." The proposed Section 1915(c) HCBS Waiver transition

Ms. Joelene K. Lono
December 28, 2015
Page 2

plan for home and community-based services settings are required in accordance with 42 C.F.R. §441.301(c)(4).

The purpose of the Section 1915(c) HCBS Waiver transition plan was to ensure Medicaid beneficiaries were receiving HCBS in settings that met the quality requirements specified in the final rule and are appropriately based on the needs of the individual as indicated in their person-centered service plan.

However, the State has revised the proposed transition plan submitted to the Centers for Medicare and Medicaid Services to incorporate the heightened scrutiny process and as result of these changes, the State is soliciting your consultation on these revisions.

Please provide your written comments by **January 29, 2016** to the:

Department of Human Services
Med-QUEST Division
Attention: Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

Should you have any questions or desire a meeting, please call Ms. Aileen Manuel at 692-8109 or email her at amanuel@medicaid.dhs.state.hi.us.

Thank you for your efforts, support and advocacy for the American Indian and Alaska Native communities and your continuing support of our Medicaid programs.

Sincerely,

A handwritten signature in blue ink, appearing to read "Judy Mohr Peterson", with a long horizontal flourish extending to the right.

Judy Mohr Peterson, PhD
Med-QUEST Division Administrator