



Center for Medicaid and CHIP Services

March 7, 2013

Ms. Patricia McManaman
Director
Hawaii Department of Human Services
P.O. Box 339
Honolulu, Hawaii 96809-0339

Dear Ms. McManaman:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving your request to amend Hawaii's Medicaid section 1115 demonstration, the QUEST Expanded demonstration (project number 11-W-00001/9). Approval of the amendment to this demonstration is under the authority of section 1115(a) of the Social Security Act and is effective from the date of this letter through December 31, 2013.

This award approves the state's request to expand coverage to former foster children under age 26 with income up to 300 percent of the federal poverty level (FPL) through the demonstration. No asset test will be applied to this population when determining eligibility. In addition to the coverage expansion, CMS is also approving technical changes to the state's behavioral health protocol.

The CMS approval of the QUEST Expanded demonstration amendment is conditioned upon continued compliance with the enclosed set of Special Terms and Conditions (STCs) defining the nature, character, and extent of anticipated federal involvement in the project. The award is subject to our receiving your written acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter. A copy of the revised STCs and expenditure authorities are enclosed. The waivers for the demonstration are unchanged by this amendment, and remain in force.

Your project officer for this demonstration is Ms. Jessica Schubel. She is available to answer any questions concerning your section 1115 demonstration and this amendment. Ms. Schubel's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-3032
Facsimile: (410) 786-5882
E-mail: Jessica.Schubel@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Schubel and to Ms. Gloria Nagle, Associate Regional Administrator for the Division of Medicaid and Children's Health in our San Francisco Regional Office. Ms. Nagle's contact information is as follows:

Ms. Gloria Nagle
Associate Regional Administrator
Division of Medicaid and Children Health Operations
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103 -6706

If you have questions regarding this approval, please contact Ms. Jennifer Ryan, Acting Director, Children and Adults Health Programs Group, Center for Medicaid and CHIP and Services, at (410) 786-5647.

Sincerely,

/s/

Cindy Mann
Director

Enclosures

cc: Jennifer Ryan, CMCS
Gloria Nagle, Associate Regional Administrator, Region IX
Diane Gerrits, CMCS
Jessica Schubel, CMCS