

Med-QUEST Healthcare Advisory Committee

December 10, 2025



Med-QUEST, DHS

Med-QUEST Healthcare Advisory Committee Agenda

- I. Welcome/Call to Order
- II. Introductions/Roll Call
- III. Review of meeting participation guidelines and process
- IV. Med-QUEST Updates - Presentation and discussion on current Med-QUEST program activities
 - a. Application and Enrollment Update
 - b. Federal Government Updates
 - c. Medicaid Advisory Committee & Beneficiary Advisory Council
 - d. Update on 1115 demonstration implementation
 - e. Med-QUEST Staffing Updates
 - f. Public Comment
 - g. MHAC Comment
- V. Health Plan Member Communications Presentations
 - a. Kaiser Permanente
 - b. 'Ohana Health Plan
 - c. Public Comment
 - d. MHAC Comment
- VI. State Plan Amendment Presentations and Discussions
 - a. State Plan Amendment: Updates - Presentation on the status of State Plan Amendments previously reviewed by the MHAC
 - b. State Plan Amendments: New - Presentation of State Plan Amendments currently being submitted for CMS approval
 - i. SPA 25-0016 Ticket to Work and Work Incentives Improvement Act (TWWIIA) Group-removal of income and resources standard
 - ii. SPA 25-0017 Behavioral Health in FQHC/RHC and PPS Payment Methodology
 - iii. SPA 25-0011 Provider Licensure
 - c. State Plan Amendments: Coming Soon – Presentation on upcoming State Plan Amendments
 - d. Public Comment
 - e. MHAC Comment
- VII. Next Meeting: MAC meeting schedule will be posted on the MQD website
- VIII. Adjourn



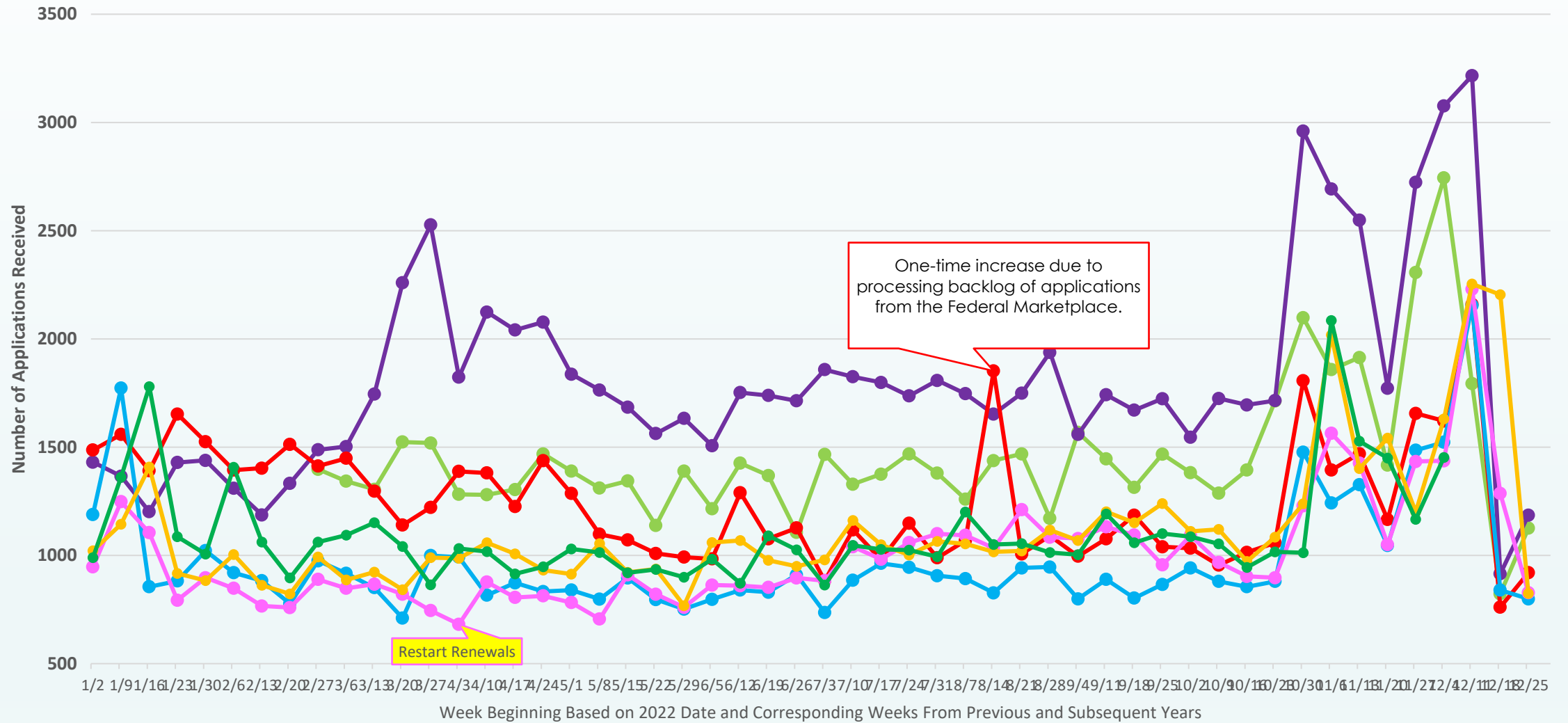
IV. MQD UPDATES:



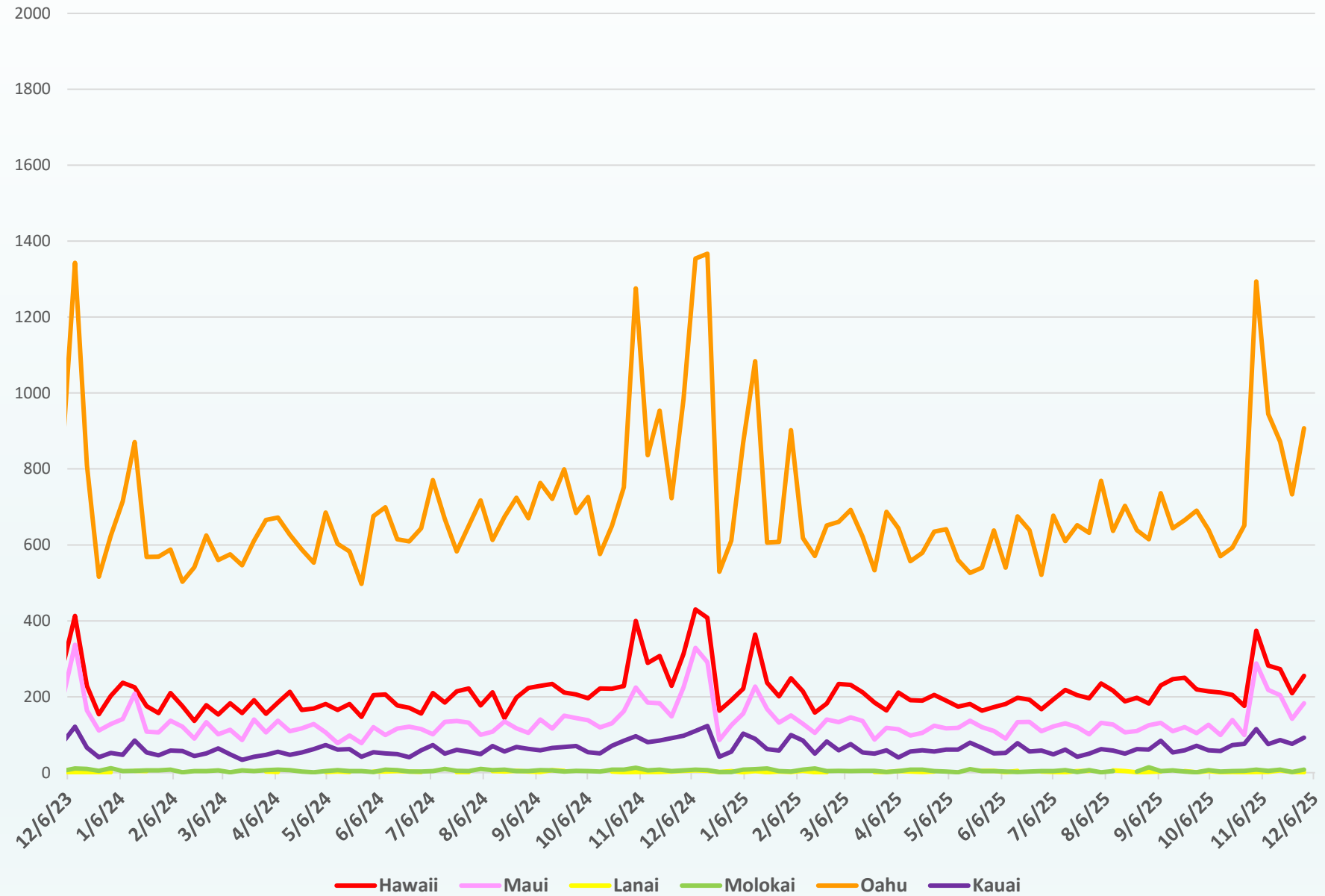
a. Application and Enrollment Update



Hawai'i Medicaid Applications Received:
March 2020 to March 2023 MQD Received 209,251 Applications
As of April 2023 - December 6, 2025 MQD has received 152,684 Applications



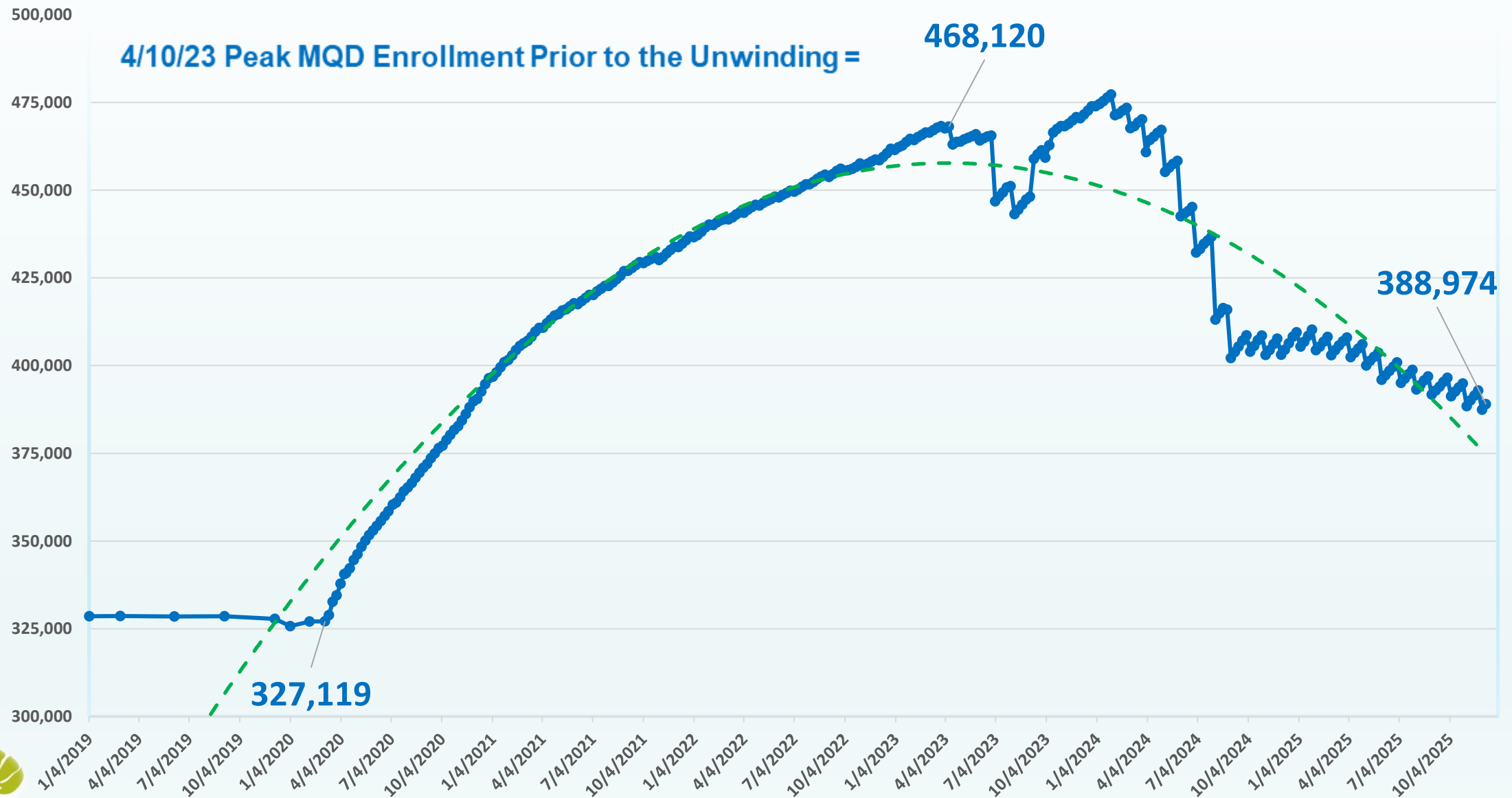
Applications by Island for past 2 years, 12/6/23- 12/6/25



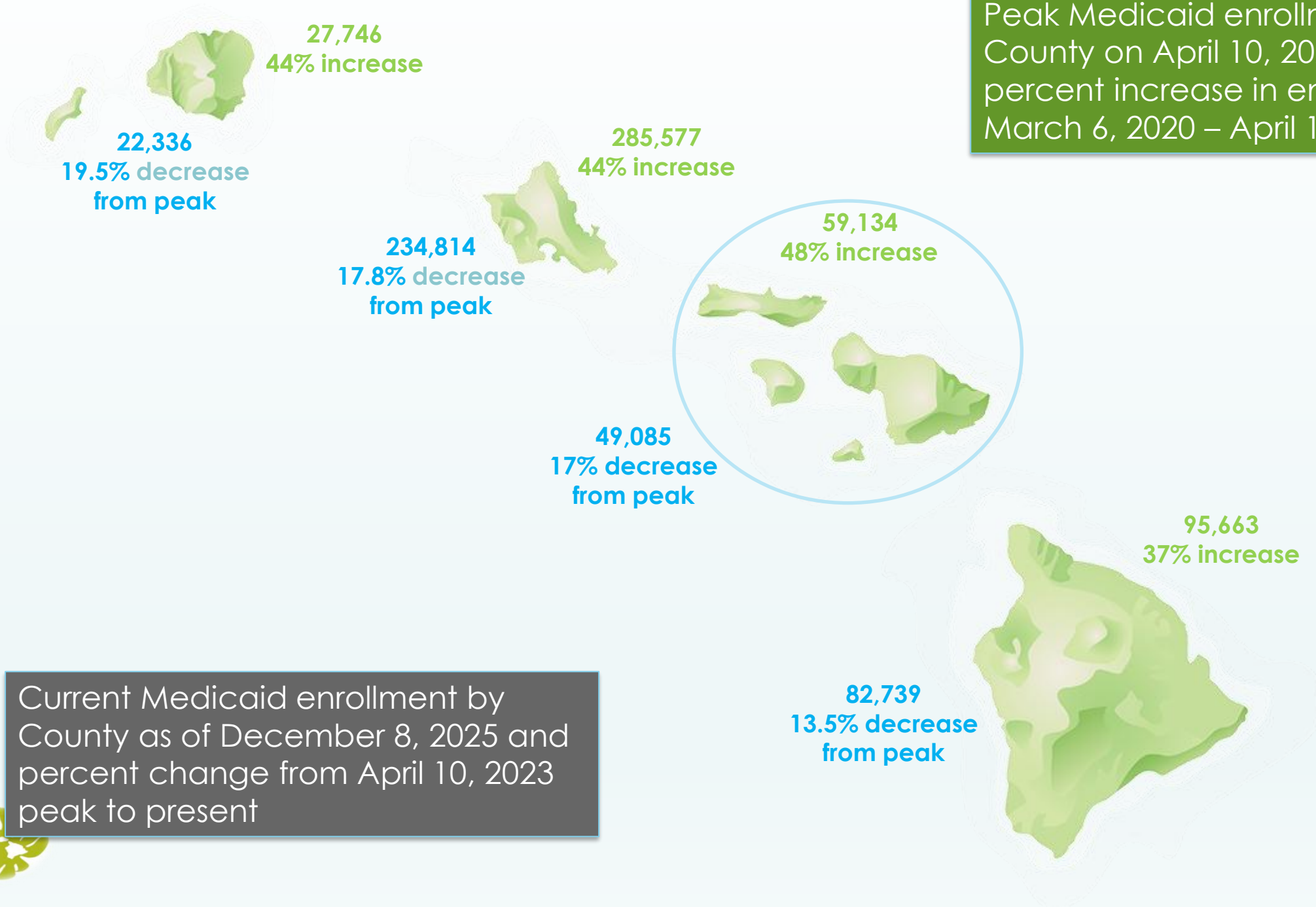
Hawai'i Medicaid Monthly Enrollment and Trend: January 2019 to December 8, 2025

141,001 New Enrollments from 3/6/2020 – 4/10/2023 (43% Increase)

79,146 fewer enrollments from 4/10/23 to 12/8/25 (16.9% decrease from peak enrollment prior to unwinding)



Peak Medicaid enrollment by County on April 10, 2023 and percent increase in enrollments from March 6, 2020 – April 10, 2023



Current Medicaid enrollment by County as of December 8, 2025 and percent change from April 10, 2023 peak to present

b. Federal Government Updates



b. Federal Government Updates



1115 Reentry Program Update

- Work continues both internally with MQD staff and with external stakeholders thru:
 - Weekly meetings – virtual (plus additional as needed)
 - In-person meetings- (more will be scheduled as needed)
 - 10/20 and 10/21 with DCR, HYCF, AMHD, Community Partners and Health plans
 - 11/7 with DCR, HYCF, HPO
 - Email communications
- Draft of Hawaii Medicaid Reentry Program Policy and Operational Guidance document completed for review by team.
 - This document outlines requirements, processes and expectations for implementing the Reentry program.
 - This Guidance document will be updated on an ongoing basis to reflect new phases of program implementation, updates in federal or state policy, and other operational changes to the program.
 - The latest version of this document will be available on MQD's website once finalized.



c. Medicaid Advisory Committee & Beneficiary Advisory Council



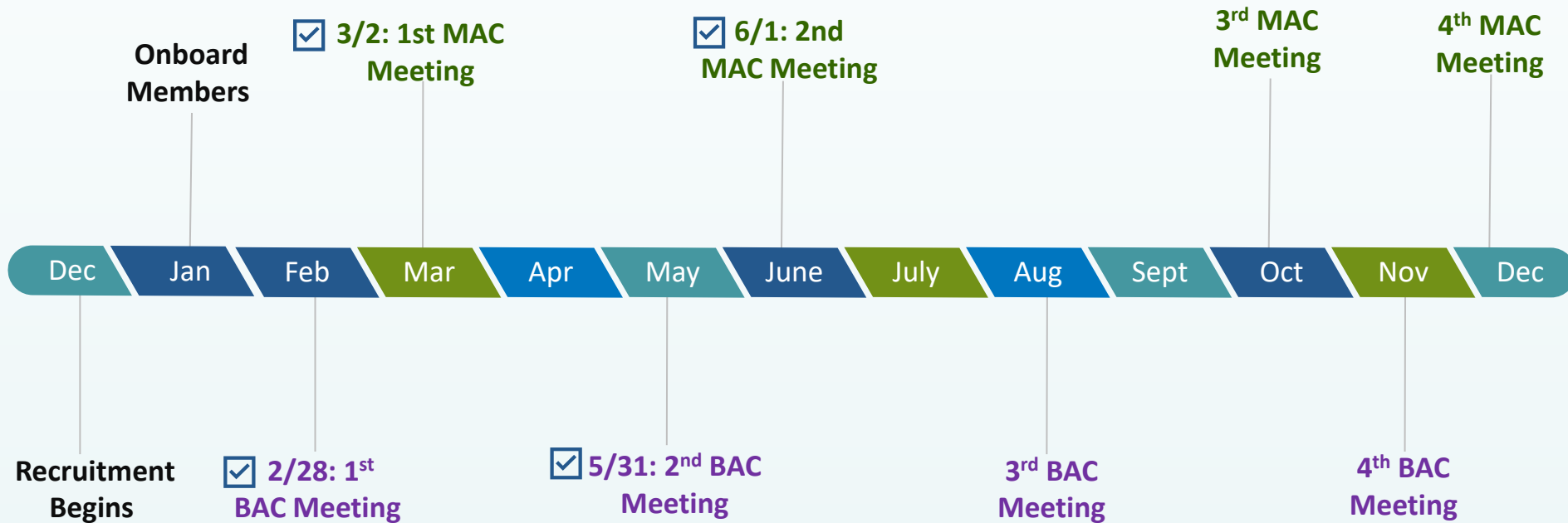
Transition to the MAC

- Starting in 2026, the Medicaid Healthcare Advisory Council (MHAC) will continue its work as the Medicaid Advisory Council (MAC).
- The MAC will continue to foster open communication, strengthen collaboration, and support transparency and accountability.
- A new feedback group, the Beneficiary Advisory Council (BAC) will focus on sharing member's lived experience.
 - The BAC will meet with Med-QUEST facilitators. Some BAC members will also be a part of the MAC and will share BAC feedback and ideas.
 - If you are a member, a caregiver of a member, or ohana to a member, either past or present, we welcome your participation in the BAC!



Timeline

☒ Confirmed Meeting Dates



Upcoming BAC Activities

- Recruitment
 - Goal to have 3-5 members by January 2026.
- Interest Forms
 - Online and paper forms will be available for individuals interested in joining. We will send out the link to the form once its available.
- Items for Initial Member Review
 - Members will select a new name for the advisory council and review the bylaws.
- Referrals Welcome
 - Email us at MQDfeedbackgroup@dhs.hawaii.gov



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Upcoming MAC Activities

- Recruitment
 - Goal is to appoint members and transition current interested members by January 2026.
 - Edie Mayeshiro and Jon Fuji will reach out to current members to confirm continuing participation in the MAC.
- Interest Forms
 - Online forms will be available for those who are not currently members but are interested in becoming representatives. We will send out the link to the form once its available.
- Items for Initial Member Review
 - Members will review the bylaws.
- Referrals Welcome
 - Email us at MQDMAC@dhs.hawaii.gov



Mahalo!

- MHAC has played a key role in strengthening Med-QUEST to better serve our community.
- We are truly grateful for your participation, the expertise and guidance you have shared over the years and look forward to continuing our partnership with you all as we start the MAC and BAC!
- If you are unable to continue your participation for whatever reason, please reach out.



d. Update on 1115 demonstration implementation



Medical Respite Benefits

Medical respite services provide eligible members short-term room and board with clinical services and other supports. The benefit improves health outcomes, reduces avoidable hospital costs, and bridges health and housing.

Three Medical Respite Benefits	Description <i>Additional Detail in Guidance</i>	Benefit Limit
1. Short-term Pre-procedure Housing	Short-term housing supports for individuals undergoing planned treatment that necessitates care before or after the procedure.	• As clinically and socially appropriate • Pre/post procedure or pre/post-treatment services (3-7 days)
2. Short-term Recuperative Care	Short-term housing along with clinically oriented recuperative or rehabilitative services and monitoring for individuals with ongoing medical or psychiatric need.	• As clinically and socially appropriate, up to 90 days at a time
3. Short-term Post-Hospitalization Housing	Short-term housing and limited supports to members in continued recovery from a physical, psychiatric, and/or substance use condition following discharge from an institution.	• As clinically and socially appropriate

*All subject to a combined/ aggregate **6-month limit** in a 12-month rolling period*

Nutrition Support Benefits Authorized in Hawaii's Section 1115 Demonstration



Potential Toolkit Resources	Description
 <i>Fruit and Vegetable Prescription or Protein Boxes</i>	<i>Fruits, vegetables, supplies to grow fruits and vegetables, and proteins through any combination of vouchers, spendable cards, and direct provision (e.g., subsidized food boxes, garden-based deliveries, etc.).</i>
 Nutrition Instruction	Instructional and educational strategies to motivate and facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being. Topics that might be addressed include, but are not limited to food preparation, reading food labels, budgeting, navigating stores, and gardening.
 Medically Tailored Meals	Provision and delivery of tailored meals to support individuals with health condition(s) for which nutrition supports would improve health outcomes. Assessments for Medically Tailored Meals are conducted through nutrition counseling services (covered by the State Plan) and result in the development of a medically appropriate nutrition plan.
 Meals or Pantry Stocking	Healthy meals, groceries, or supplies to grow fruits and vegetables to provide adequate food through any combination of vouchers, spendable cards, and direct provision (e.g., premade meal delivery).
 Cooking Supplies	Cooking supplies (e.g., pots and pans, utensils or a refrigerator) necessary for meal preparation and nutritional welfare of a beneficiary when not available through other programs.



Kau 'Ai Pono: Season Of Eating Well Pilot– Overview And Goals

Overview: Hawaii's Section 1115 Demonstration provides new tools for MQD to help address health related social needs (HRSN). Under this authority, MQD can offer nutritious food boxes to eligible individuals to supplement their diets with fresh, frozen, or canned fruits, vegetables, and proteins. As such, MQD launched Kau 'Ai Pono: Season Of Eating Well—a short-term pilot designed to help Medicaid members access healthy, culturally familiar foods. The pilot is time-limited, low-risk, and designed to deliver high community value through collaborative implementation with Federally Qualified Health Centers (FQHCs), QI Health Plans, and community food partners.

Timeline: November 17, 2025 – January 19, 2026

Eligibility: Medicaid members who meet both clinical and social eligibility criteria

Benefits: Fruit and Vegetable Prescriptions/Protein Boxes (\$50 value), referred to as Kau 'Ai Pono Food Boxes

Pilot Goals:

- Improve the wellbeing of members by increasing access to healthy, culturally appropriate foods.
- Test operational and delivery methods for nutrition supports.
- Gather data to inform future program design for broader nutrition supports program implementation.



Kau 'Ai Pono: Season Of Eating Well Pilot – Eligibility

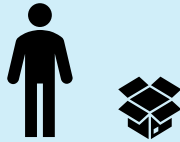
Members must meet BOTH social and clinical eligibility criteria	
Social Eligibility	USDA definition of low or very low food security. For example, individuals are considered to have qualifying social needs if they have worried about food running out before they could afford to buy more, or if they have been unable to afford balanced and healthy meals.
 Members are asked if they have any physical or mental health conditions, like diabetes, high blood pressure, cancer, depression, a disability, pregnancy (or gave birth in the past two months), or any other condition that requires regular care? Members can refer to the physical and mental health conditions on the list below but do not need to say or mark which condition.	
 Clinical Eligibility	• COPD • Chronic Kidney Disease • Hypertension • Pre-diabetes • Diabetes • Cardiovascular disorders • Stroke • Eating disorders • Severe food allergies • Gastrointestinal disorders • Complex non-healing wounds • Malnourishment disorders • Seizure disorders • High-risk perinatal conditions • Cancer • HIV • Morbid obesity (BMI ≥ 40) • Metabolic syndrome • Persistent, disabling, progressive, or life-threatening mental health condition • A mental health condition stemming from childhood abuse, domestic violence, neglect, or other types of trauma • Substance use disorder • Intellectual disability • Developmental disability • Pregnancy • Less than two (2) months postpartum without complicating factors or less than twelve (12) months postpartum following a complicated pregnancy • At risk of institutional care • Frequent ED or hospital utilization



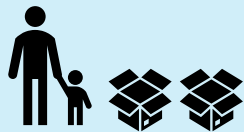
Kau 'Ai Pono: Season Of Eating Well Pilot – Benefit

Food Box Benefit

Members age 18+ can receive their box(es) once per week



1 box for a member



2 boxes total for a member with any number of dependents

Food Box Contents

Food boxes contain nutritious food, including fruits, vegetables, and proteins.

Food benefit providers will have the flexibility to fill the food boxes with nutritious foods from community food partners.



Kau 'Ai Pono: Season Of Eating Well Pilot



Re-Entry implementation



e. Med-QUEST Staffing Updates



f. PUBLIC COMMENT



g. MHAC COMMENT



V. Health Plan Member Communications Presentations

a. Kaiser Permanente



Member Communications Strategy Updates

Kaiser Permanente QUEST Integration Health Plan – Care for all that is you
Med-QUEST Healthcare Advisory Committee
December 10, 2025

Agenda

- The QUEST Member Experience
- Communications Strategy
- Community Health Updates





Patient Journey

SP is a 61-year-old Male with KP Medicaid insurance and has been diagnosed with PTSD, Adjustment disorder with Depressed Mood, Emotionally Unstable Personality Disorder, Major Depressive Disorder, and Severe Alcohol Use Disorder



SP was identified by our KP outside Medical Team via outside **Medical High Utilizer report**.
From Jan – Aug 2025, the member had **83 ED visits** across multiple ED's throughout O'ahu due to his underlying alcohol use.



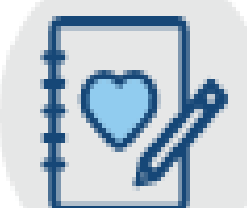
Amber Tenn (RN Outside Utilization) pulled together **multiple IDTs over a period of three months** that included the KP QUEST Team, MOA ED Physicians, KP IBH, Outside Utilization Team, and many others to discuss this case and develop a member centric plan.



KP QUEST assigned this case to Pamela Neary, LCSW and Juan Paulo Adriano, CHW.
Pam and JP teamed up to meet SP in the community (e.g. at Starbucks since the member was houseless and used the Wi-Fi) to establish a trusting relationship with him.



Pam and JP connected the member with IHS, and they are helping the member obtain his ID, Social Security Card, and getting him a ticket back to his home state of New York.



From 8/27 – 9/20/2025 member had 18 ED Visit and in the month of October 2025 he has had **zero ED Visits**.
Most importantly, SP was **admitted into a detox program** and **discharged to sober living housing** less than a week later.



They connected him with housing resources, utilized Motivational Interviewing techniques to support the member throughout the stages of change, made sure he arrived at his office visits with his PCP, IBH, and CD providers, and much more.

This case exemplifies the power of KP, everyone working together to care for Hawaii's most vulnerable population like family.

Goal: Helping Members Navigate to Care



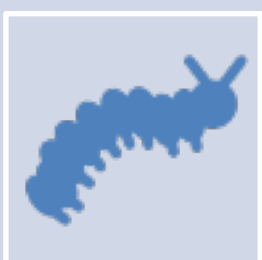
Members go to the ED for non-urgent issues that can be addressed in the outpatient setting.



Accessing care can be confusing for members.



Outreach to KP QUEST members revealed that a high percentage of parents were concerned for their child's health, so they went to the ED.



Opportunity: Educate members on how to access care through targeted, educational messaging, by educating on care modalities, promoting 24/7 virtual care, we can influence smarter care decisions to reduce non-emergent ED use.

Key Communication Strategies



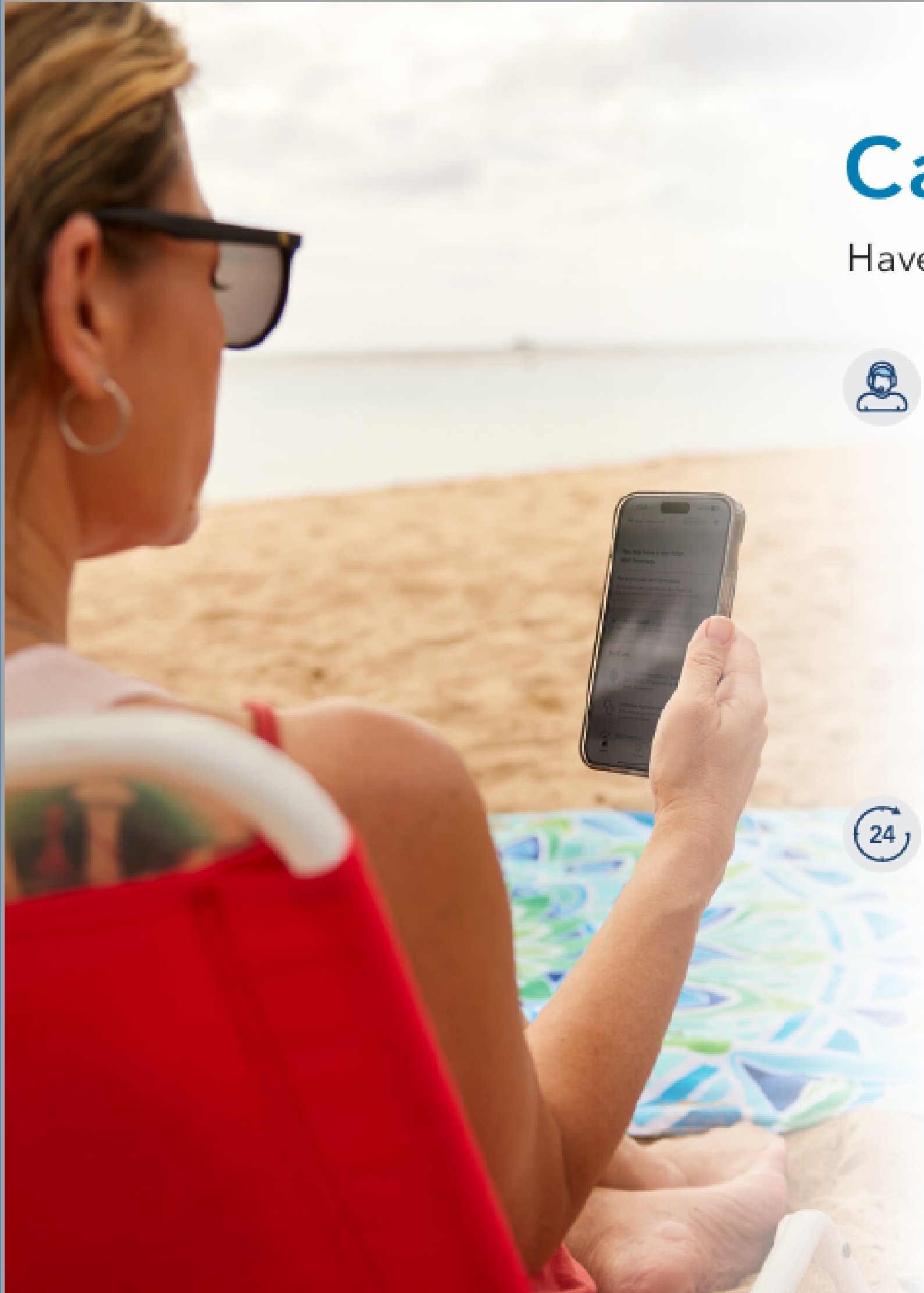
Focus: Encourage members to register on kp.org, establish a primary care provider early, and receive personalized, relevant messaging.



Communications approach: Targeted emails, direct mail, in-facility materials, and digital campaigns promoting 24/7 virtual care and the kp.org/knowbeforeyougohawaii resource. Special messaging will address parents' concerns with child-specific care information.



Ongoing and future initiatives: Continue with quarterly newsletters, Medicaid Handbook updates, website education, and integration into new member welcome materials to sustain behavior change and improve care navigation.



Care around the clock

Have a health need that can't wait? You have options to get care, day or night.



24/7 phone advice

Talk to a registered nurse anytime.
No appointment needed.

Call toll-free **1-833-833-3333**
(TTY **711**) for things like:

- Medical and mental health questions
- Help choosing the right care
- Self-care advice



E-visit

Fill out an online questionnaire.
Get advice or treatment within
24 hours.

Good for things like:

- Urinary tract infections and diarrhea
- Cold symptoms
- Insomnia and anxiety



Get Care Now

24/7 virtual care by video or
phone with a doctor.¹
No appointment needed.

Good for things like:

- Coughs, cold, or flu
- Urinary tract infections
- Pink eye



Urgent care²

See a clinician in person. Urgent
care is available at our Honolulu
and West Oahu Medical Office.
Please call toll-free **1-833-833-3333**
(TTY **711**) before you go.

Visit for things like:

- Minor sprains, cuts, and wounds
- Fever and vomiting
- Earaches



Care around the clock

If you or your child have health needs that can't wait, you have convenient options to get care – day or night. Choose virtual visits or urgent care for mild problems like a sprain, sore throat, or if your child is crying more than usual.



24/7 phone advice

Talk to a registered nurse anytime.
No appointment needed.

Call toll-free **1-833-833-3333**

(TTY **711**) for things like:

- Medical and mental health questions
- Help choosing the right care
- Cough, cold, or flu



E-visit

Fill out an online questionnaire.
Get advice or treatment within 24 hours.

Good for things like:

- COVID-19 vaccine appointments and testing
- Cold symptoms²
- Urinary tract infections and diarrhea²



Get Care Now

24/7 virtual care by video or phone with a doctor.¹

No appointment needed.

Good for things like:

- Coughs, cold, or flu
- Urinary tract infections
- Pink eye
- Seasonal allergies



Urgent care³

See a clinician in person. Urgent care is available at our Honolulu and West Oahu Medical Office. Please call toll-free **1-833-833-3333** (TTY **711**) before you go.

Visit for things like:

- Minor sprains, cuts, and wounds
- Fever and vomiting
- Earaches

Care is a call or click away

- Get care in person, by phone, or online. Visit kp.org/getcare or use our app.³
- You can also call toll-free **1-833-833-3333** (TTY **711**), 24 hours a day, 7 days a week.



Learn more:

Don't know where to go for care? Learn more about virtual, urgent, and after-hours care at kp.org/knowbeforeyougohawaii.



Kaiser Foundation Health Plan, Inc.
711 Kapiolani Blvd.
Honolulu, HI 86813

If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage or other coverage documents.

¹When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.

²An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating.

³To access all your online care options, you'll need to sign-in or create a kp.org account.

1788124075 QUEST-25 | December 2025 | © Kaiser Foundation Health Plan, Inc.



Community Health Updates

The following health needs and the strategies to address these needs were prioritized using community-level data from the 2025 Community Health Needs Assessment.

Community Health needs	Characteristics of the needs	Example strategies to address the needs
 Access to Care	Access to health care can be challenging, despite high insurance coverage rates. Barriers include a shortage of health care providers, particularly in rural areas, where transportation issues and lack of health insurance further limit access. Shortages of primary care physicians and specialists impacted by the high cost of living can contribute to delayed or fragmented care, particularly for kupuna with increasing needs for caregiving support. Disasters are a “risk amplifier” that impact the affordability of health care. The need for mental health care has increased since the COVID-19 pandemic, raising the demand for providers, particularly on Maui for wildfire survivors. Many residents cite challenges finding providers that speak their language or understand their culture.	• Charitable Health Coverage Program • Medical Financial Assistance • Deploy mobile health vehicle to rural areas • Support community and school-based mental health services, including credentialing • Mental Health Workforce Accelerator program • Develop health equity strategies for Pacific Islanders, including workforce development
 Housing	Housing availability and affordability is out of reach for many Hawaii residents experiencing high rental costs, overcrowding, and homelessness. Rising cost is compounded by a limited supply of affordable housing, at all income levels. The end of temporary financial support and housing assistance from the pandemic has left many vulnerable to housing instability and especially impacted those who have a job but cannot afford the necessities. Key informants said that in parts of Oahu, people who lost their homes from the 2023 fires on Maui added to the demand for housing, driving up rental prices, and increased the number of people experiencing homelessness.	• Advocacy and policy work • NIMRC cohort and Hawaii Learning Network to support organizations that provide medical respite care • Built for Zero/Landlord Engagement Program • Strategies for affordable housing development including impact investments
 Income and Employment	Following the economic impact of the COVID-19 pandemic, when unemployment peaked at nearly 20%, the job market has now primarily recovered. However, the economy’s reliance on low wage jobs that are not enough to cover residents’ expenses, particularly for housing and food, have led to sizable gaps between actual wages and a living wage. Job scarcity, especially in more remote communities, and the loss of temporary pandemic-era benefits, are key issues. Income disparities are evident in rural regions, where poverty rates are higher and up to a quarter of children live in poverty. Vulnerable groups that face financial strain include agricultural workers, seniors, service industry employees, disabled individuals, and immigrants.	• Workforce development opportunities • Promote financial education and wealth-building opportunities through grant partners • Evaluate impact investments through local CDFIs
 Food Insecurity	Food and nutrition security is a pressing issue, with many residents struggling to access healthy, affordable food due to high living costs, low wages, and rising food prices. Nearly one-third of Hawaii households, and nearly half of households with children are food insecure. Pandemic-era funding supporting farm-to-food bank programs has ended, leaving families without as much affordable access to nutritious foods, and while inexpensive, unhealthy processed foods are abundant; access to fresh, but perishable, and culturally appropriate foods remains limited.	• Support Food Banks, invest in Food Hubs • Pilot "Food Is Medicine" initiatives • Focus on access to local and culturally relevant foods • Navigation and referrals to food assistance programs, including SNAP and WIC

Community Health – Areas of Focus

 By the numbers

\$38,252,000 invested into Hawai'i's communities in 2024



\$24,280,000
Charity care and coverage*



\$2,415,000
Research



\$6,124,000
Grants and donations



\$1,269,000
Other



\$4,165,000
Health professional training & consumer health education

*Includes uncompensated care

Community Health – Maui Wildfire Updates

Maui Lahaina Wildfire August 2023

Location: Maui Lahaina HI

Acres Impacted: 17,000+
Individuals Evacuated: 12,000+
Structures Impacted/Destroyed: 2207
Homes Destroyed: 1,466 (51 Employee Homes)
Businesses Impacted: 800+
Individuals Impacted: The fires killed at least 102 people

- Deadliest wildland fire in modern U.S. history and the worst natural disaster in Hawaii’s history, caused over \$5.5 billion in damages.

Immediate Response

Kaiser Permanente Grants/Donations
\$585K

Employees
\$890K

Awarded within 30 days (\$220K):

\$100K American Red Cross
\$100K Maui Food Bank
\$100k Salvation Army
\$20K Papa Ola Lokahi

Awarded 30-90 days (\$265K):

\$20K Pacific Gateway Center
\$20K Filipino Community Center Inc
\$95K Feed the Hunger Fund
\$100K Match - Food Bank, ARC, Salvation Army

\$286K Maui Food Bank
\$347K American Red Cross
\$64K The Salvation Army
\$74K Maui Health Foundation
\$99K Hawaii Community Foundation
\$19k Maui United Way

- KP care teams deployed to congregate shelters in the first hours following the fire
- Two KP mobile health vehicles were deployed to West Maui and aid stations set up to provide care to impacted residents.
- KP provided MFA assistance to all residents of West Maui as well as patients identifying as fire victims while emergency proclamation orders are in effect.
- Established the Hawaii Health Access Program charitable health plan in 2024, supporting over 150 members and expanding to 400 eligible people in 2025

KP’s support for Maui wildfire response and recovery includes:

- Over \$18M invested in Maui's recovery, including \$9M in Medical Financial Assistance for West Maui residents, \$5M in Charitable Health Coverage, and \$4.2M in response and recovery grants.
- \$10M to Maui Health Foundation to develop affordable workforce housing
- Co-founded the Maui Recovery Funders Collaborative to align grantmaking for housing, food security, behavioral health, and health and social research.

Funding Strategies	Outcome	Areas of Focus
Healthcare-Adjacent Housing	Investing in affordable housing solutions for respite, transitional, and healthcare workforce housing to stabilize care delivery and retain providers.	•Fund transitional and respite housing for wildfire survivors and unhoused individuals. •Support land trusts and deed-restricted housing to ensure long-term affordability for local residents and healthcare workers.
Health/Social Impact Research & Access	Use data to inform future disaster response and improve access to care.	•Maui Wildfire Exposure Study to assess long-term health and social impacts. •Nonprofit capacity building to strengthen nonprofit infrastructure and service delivery.
Behavioral Health	Expand culturally competent, trauma-informed behavioral health services.	•Trauma-informed, culturally competent services, prioritizing vulnerable populations •Support workforce development and resiliency centers
Food Security	Strengthen local food systems and integrate food access into healthcare.	•Fund organizations to provide produce boxes and home-delivered meals. •Support integration of Food is Medicine (FIM) into care delivery settings.

Community Health – Food Is Medicine

KP is building community capacity to serve medically tailored meals and/or Produce Rx under the Food Is Medicine 1115 waiver and new pilot Kau 'Ai Pono program.

\$863,000 in Food Security grants distributed/administered in 2025:

- Waimanalo Health Center
- Elepaio Social Services
- Hawaii Primary Care Association
- Hawaii Good Food Alliance
- Ho'ola Farms
- Kahumana Farms
- Hawaii Foodbank
- Maui Food Bank
- Hawaii Foodbasket
- Aloha Harvest



Community Health – Medical Respite

- KP support to build capacity for implementation and expansion of medical respite care in Hawaii
- NIMRC cohort and Hawaii Learning Network
 - Participants: Institute for Human Services (IHS), Chaplain Ministries of Maui, Project Vision Hawaii, Hope Services Hawaii, Ka Hale a Ke Ola
 - Evaluation and improvements to services and facilities statewide



Effective January 1, 2026, Medical Respite will be a covered benefit for QUEST Members.



Mahalo

Questions & Public Comment

Follow us   

 KAISER PERMANENTE.

V. Health Plan Member Communications Presentations

b. 'Ohana Health Plan





Med-QUEST Healthcare Advisory Committee (MHAC)

Member Communication Strategy
December 10, 2025

For more than 15 years, 'Ohana Health Plan has been committed to serving Hawaii's families—from keiki to kupuna—and individuals with complex medical needs through Medicaid and Medicare programs across the islands.

2008

Began Serving the Most Vulnerable

Supported Hawaii's most vulnerable populations—aged, blind, and disabled—through the QUEST Expanded Access (QExA) program.



2015

Expanded Service to Full QI Population

Expanded reach through the QUEST Integration program, serving both ABD and non-ABD Medicaid members.



2013

Selected to Lead the CCS Program

Selected to lead the Community Care Services (CCS) program, providing specialized behavioral health care for adults with serious mental illness



2020

Acquired by Centene

Became a wholly owned subsidiary of Centene Corporation, a global healthcare leader focused on helping people live healthier lives.



What We Offer



Product Overview

QUEST (Medicaid)

Medicaid managed care program:

- TANF
- ABD
- Expansion
- LTSS
- CHIP

Behavioral Health Community Care Services (CCS)

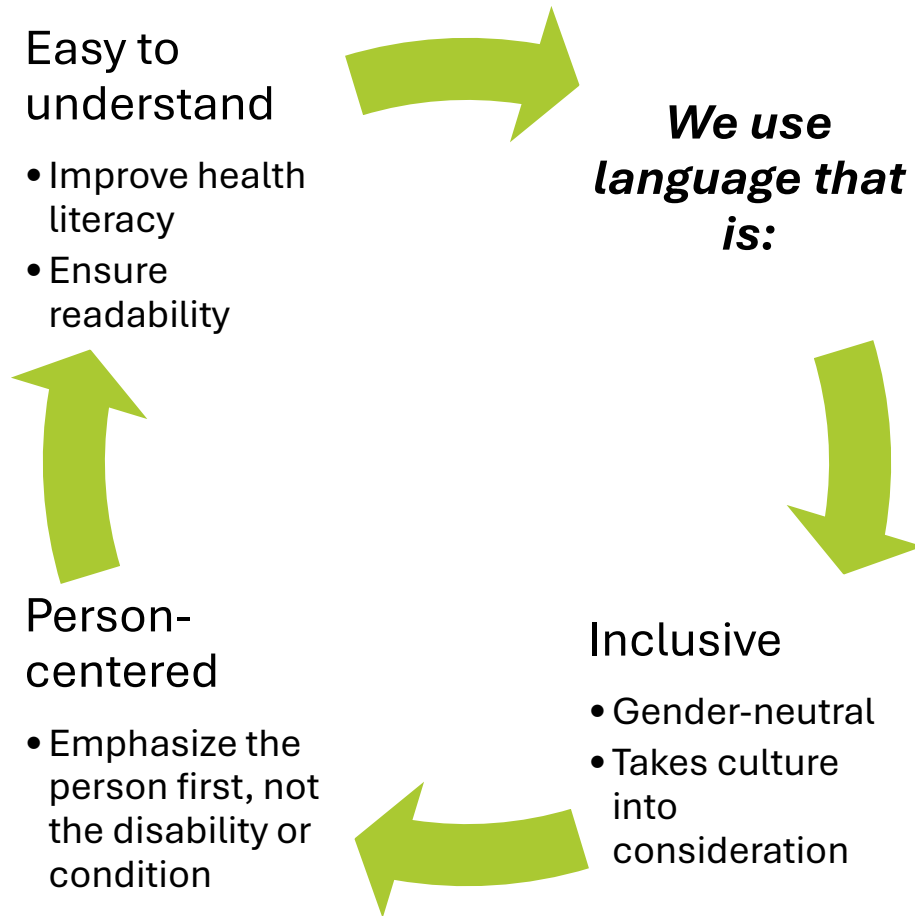
Statewide carve-out program for QUEST (Medicaid) members with serious mental illness/serious and persistent mental illness (SMI/SPMI)

Medicare Dual Special Needs Plan (D-SNP)

Medicare Advantage plan for those eligible for both Medicare and Medicaid.



How We Communicate



Member Outreach



Mail



Telephonic



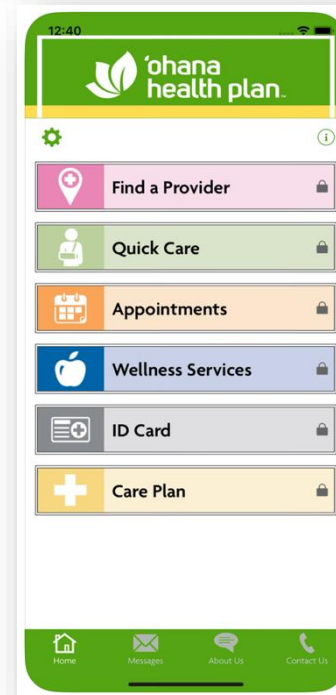
SMS Text
Messages



Emails



Mobile App



Community Care Services (CCS)

Member: [Member Name]¹⁵
 Member ID: [1234567890]⁴ Medicaid #: [1234567890]⁹⁶
 Member Date of Birth: [XX/XX/XXXX]¹⁴
 Effective Date: [XX/XX/XXXX]⁴³
 Eligibility Recert Date: [XX/XX/XXXX]¹¹⁸
 Case Manager / Agency: [Case Manager or Agency Name]¹⁶
 [Phy Add1]²⁶
 <Phy Add2>²⁷
 [Phy City, State, Zip]²⁸⁻³⁰
 Phone: [1-555-555-1234]³¹

Third Party Liability: [Y/N]¹¹⁷
 RxBIN: [XXXXXX]⁵⁶
 RxPCN: [XXXXXX]⁵⁸
 RxGRP: [XXXXXX]⁵⁷

OHP: QUEST (Medicaid)
 eligibility renewal is now.
 Visit
<https://h.care/a6Q3vdYo>
 to learn more. Reply STOP to
 cancel. Msg & data rates
 apply.

Hallmark Member Engagement Project



WE'RE SO HAPPY
TO PARTNER
WITH SOMEONE
as wonderful as you.

Aloha <Susan>,
Just want to thank you for choosing us to be part of
your health journey. We hope you take advantage of the
helpful health and wellness reminders we've included.
We're always here if you need anything!

All the best,
Your friends at 'Ohana

Relationships matter, particularly when it comes to making decisions about something as personal as your healthcare.

- Since 2021 'Ohana Health Plan has partnered with Hallmark to deliver customized greeting cards to targeted sets of members. These cards are designed to **foster a more personal connection with members and deliver relevant healthy messages.**



Go Ask Aunty



Powered by
Findhelp



Free community
resource directory



Platform connects the
people we serve to the
help they need, quickly
and easily



Programs listed in the
network are verified
and information is
updated regularly



Address the social
determinants of
health



Increase closed-
loop outcomes



Available to
anyone



Need a little help?
Ask Aunty!

With 'Ohana Health Plan's Go Ask Aunty community resource directory, you can find information on assistance with:



Food



Financial assistance



Housing



Non-medical
transportation and more



Scan this QR code
to get started

Visit: GoAskAunty.OhanaHealthPlan.com

- ✓ Enter your zip code
- ✓ Search and get connected with the right social services

'Ohana Health Plan - CCS Assertive Outreach Program

- When CCS members are lost to contact, they are disenrolled from the program, losing valuable case management services that connect them to needed care
- 'Ohana Health Plan contracts with homeless outreach agencies for an Assertive Outreach program on Oahu, Maui and the Big Island
- **Street outreach workers find and engage our lost to contact CCS members, sometimes combing beach parks, homeless shelters, and prison facilities**
- Leveraging their outreach expertise means **finding our CCS members and re-connecting them with needed support services, critical behavioral treatment and medications to improve health and quality of life.**



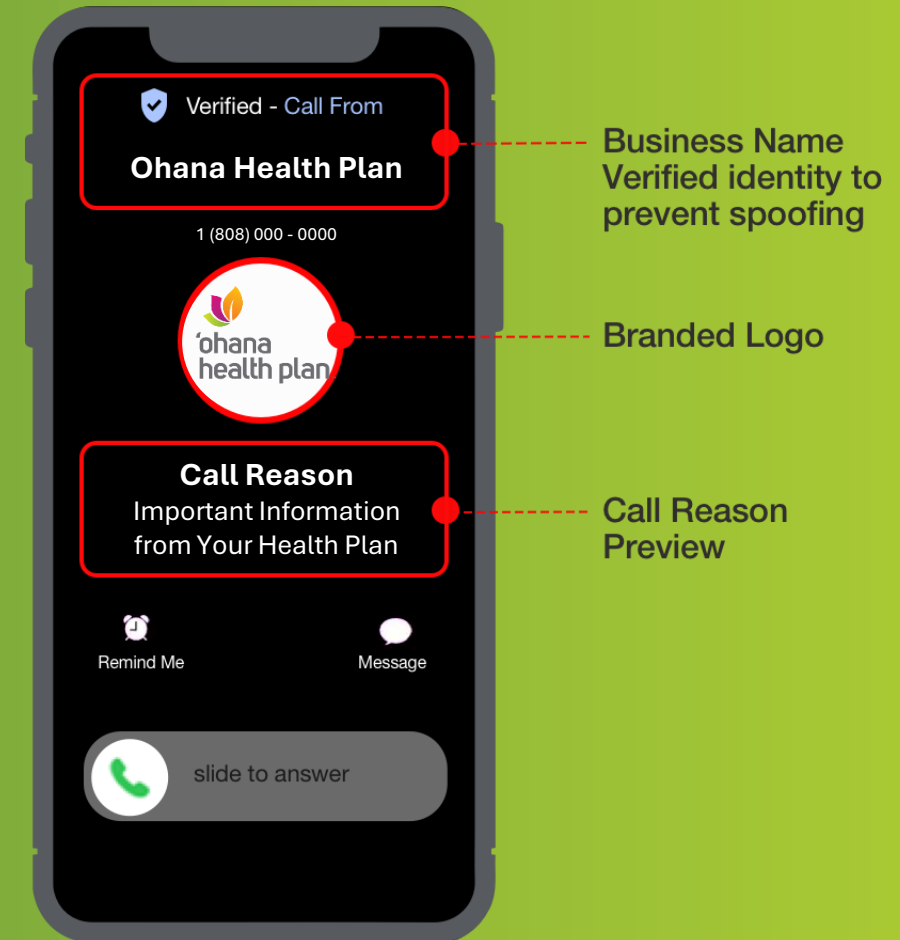
Improving Connection Rates with Our Members Through **neustar**

90%

Of consumers report that they ignore calls from numbers they don't recognize.

44%

Year-To-Date improvement in 'Ohana's Unable to Contact rate after implementing branded caller ID on outbound calls in May 2025



Branded

Listening To Our Members

Profile:

76-year-old male with epilepsy, depression, anxiety, PTSD, chronic pain, and osteoarthritis. Recently discharged from Life Care Center of Hilo into the community via GHP program; no family support.

Challenges:

- Required to vacate rental within 45 days
- Communication difficulties, anxiety, tech limitations
- Barriers to securing housing and documents
- Hospitalized after hip fracture during housing search

Key Actions:

- Enrolled in GHP; provided reference binder
- Coordinated PA1, PA2, medication management
- Submitted CIS & CCS referrals; collaborated with providers
- Assisted with housing search, ID replacement, packing, and storage

Impact:

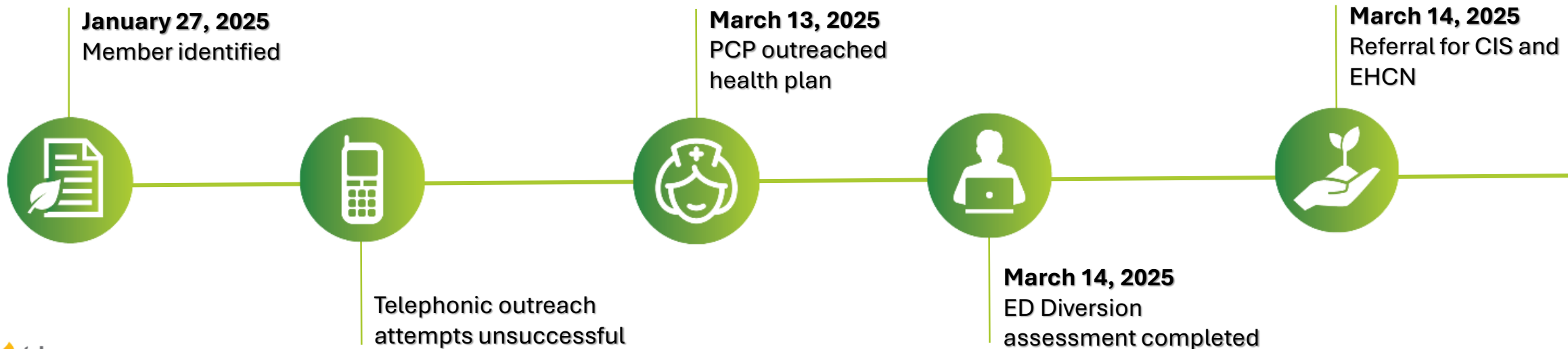
- Successfully vacated on time; received landlord incentive
- Belongings stored and returned
- Transitioned to new rental unit post-recovery
- Outcome achieved through strong teamwork and person-centered care

Listening To Our Members

“I can’t believe you did all of this for me. I truly don’t know what I would have done without all of your help, Thank you!”

About “Jane” Case Background

- **Member Background:** “Jane” is a 52-year-old female with a history of Cerebral Palsy residing in West Hawaii and found to require more needs than initially identified.
- **Referral Source:** Internal Reporting – identified with high ED utilization
- **Case Open Date:** 01/27/2025
- **Initial Needs Identified:** Housing



Health Functional Assessment and Health Action Planning

- **Initial Findings:** Homeless, limited natural support, mental health concerns, functional status
- **Care Plan Development:** Access to medical transportation; establish care with BH provider; access to cell phone/communication; assistance with IADL/ADLs
- **Risk Factors & Barriers:** Delusions and paranoia, minimalizing, frequent redirection required; multiple medical conditions, homelessness, minimal natural support

March 19, 2025
Outreach for initial
assessment



March 26, 2025
Initial EHCN HFA
completed

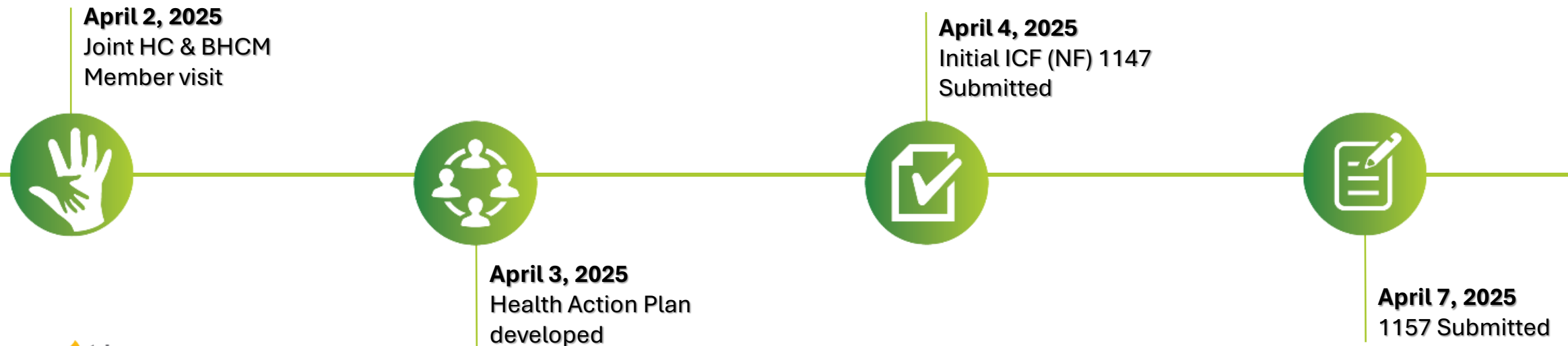


March 26, 2025
Referrals for Behavioral
Health, ADRC & At-Risk



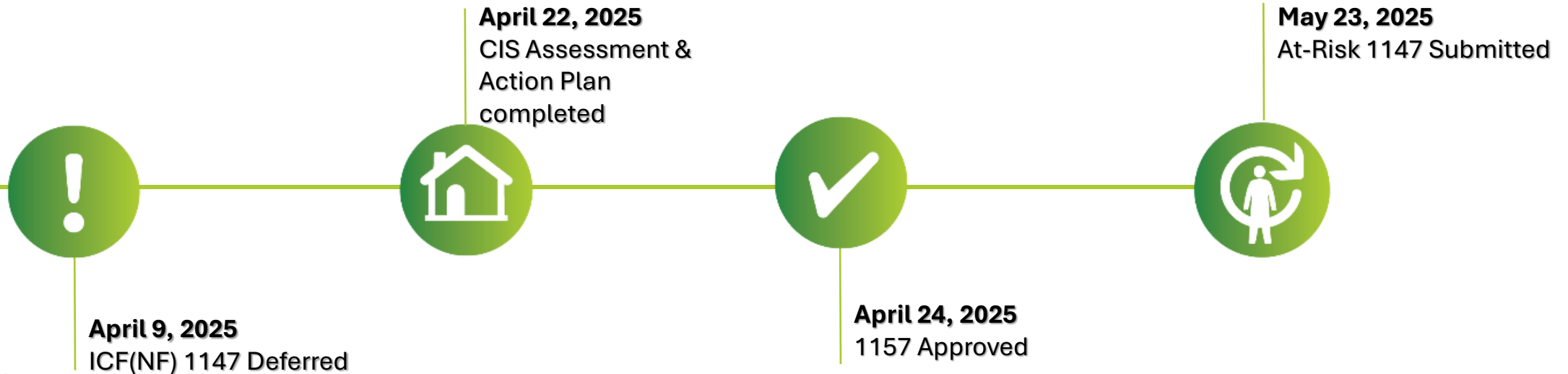
Member Progress and Case Updates

- **Key Milestones Achieved:** CIS/Housing Coordination initiated and actively looking for housing; ADRC initiated; CCS approved
- **Adjustments to Care Plan:** Modifications made over time
- **Ongoing Challenges & Mitigation Strategies:** Housing, assistance with ADLs/IADLs, cell phone access



Interventions and Services Provided

- **Medical Coordination:** Hawaii Island Community Health Center (Cassandra Travers, FNP); CCS approved - Care Hawaii Kona (CBCM)
- **Social Support:** Hope Services Shelter; Friend
- **Other Interventions:** CIS with Hope Services HI; medical transportation



Case Outcome

- **Challenges & Successes:** Additional screening/chart review for mental health dx; include community agencies input if present and/or if mental health exists; educate/identify specific dx to help identify specific areas of need. No emergency room utilization since CHW contact; connected with resources to meet identified goals
- **Current Status of Member:** Jane continues to be enrolled in health coordination who assists her with navigating her care needs, medical transportation and provider appointments. **She has not needed to seek emergency care or had hospitalizations since enrolling with health coordination.**
- **Long-Term Outlook:** She is working with her Community Integration Services case manager to secure permanent housing while being sheltered at HOPE Services.

Our Mission

Transforming the health of the communities we serve, one person at a time.



“Thank you for your help and understanding me. I will wait for my call from the others”

-Jane

Mission Culture Community

Our ability to make a lasting impact depends on strong partnerships—with providers, community organizations, and local leaders—who share our commitment to health equity and whole-person care.

Together, we are transforming the health of the communities we serve—one person at a time.





**'ohana
health plan™**

www.ohanahealthplan.com

Questions?

Comments?

Mahalo!

c. Public Comment



d. MHAC Comment



VI. STATE PLAN AMENDMENT (SPA) PRESENTATIONS AND DISCUSSIONS: UPDATES 12/10/25



**a. STATE PLAN AMENDMENT: UPDATES -
PRESENTATION ON THE STATUS OF STATE PLAN
AMENDMENTS PREVIOUSLY REVIEWED BY THE
MHAC**



State Plan Updates

- SPA 25-0013 Increase in State Supplemental Payment- -Approved 11/21/25, Effective 10/01/25.
- SPA 25-0012 Clinic Services –Submitted to CMS 11/25/25
- SPA 23-0007 Medicaid Application-In RAI, received comments from CMS
- SPA 25-0007 Medical Care Advisory Committees (MCAC) Requirements –no updates at this time
- SPA 25-0004 Targeted Case Management- adding Juvenile Justice Individuals (adult children, DDID) – CMS provided updated guidance.



**b. STATE PLAN AMENDMENT PRESENTATIONS AND
DISCUSSIONS: NEW - PRESENTATION OF STATE
PLAN AMENDMENTS CURRENTLY BEING SUBMITTED
FOR CMS APPROVAL**



SPA 25-0016 Ticket to Work and Work Incentives Improvement Act (TWWIIA) Group-removal of income and resources standard

Background:

On June 26, 2019, Governor David Y. Ige signed Act 155, Session Laws of Hawaii (SLH) 2019, also known as “Kal’s Law”, into law. In response to Act 155, SPA 21-0004, “Implement Ticket to Work and Work Incentives Improvement Act (TWWIIA) Basic Eligibility Group” was developed, to address the goal of Kal’s Law to encourage certain individuals with disabilities to be able to work without fear of losing their Medicaid coverage.

SPA 21-0004 Ticket to Work, was submitted by the Med-QUEST Division (MQD) to Centers for Medicare and Medicaid Services (CMS) on December 31, 2020, and approved on May 10, 2021, with an effective date of January 1, 2021. The SPA adds a MAGI-Excepted eligibility group to the State plan under the authority of Section 201 of the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA: P.L. 106-170).



SPA 25-0016 Ticket to Work and Work Incentives Improvement Act (TWWIIA) Group-removal of income and resources standards

Ticket to Work Basic Reviewable Unit the following has been selected:

In Section C: Income Standard Used-The income standard for this group is- “No income standard”

In Section D: Resource Standard Used- The resource standard for this group is- “No resource standard”

Submission to CMS: Prior to 12/31/2025

Effective Date: 01/01/2025



SPA 25-0017 Behavioral Health in FQHC/RHC and PPS Payment Methodology

Background:

Hawaii is proposing to make an exception for behavioral health services where the provider is not located at the FQHC/RHC. Our state statute HRS 346-59.1(b) requires parity for behavioral health services provided via telehealth.

State Plan Pages:

Attachment 4.19-B pg. 1.1 and 14.6 have been updated to include the exception that “Medicaid Behavioral Health Care providers may be located at a hub or distant site which is not a FQHC/RHC”.

Submission to CMS: Prior to 12/31/2025

Effective Date: Prior to 12/08/2025



SPA 25-0011 Provider Licensure

Background:

Update to the Provider Screening and Enrollment section to be in compliant with current federal regulations 42 CFR 455.

State Plan Pages: Section 4.46 pg. 79z2-79z3:

Removal of descriptive language under:

§42 CFR 455-Subpart E “Provider Screening”

§42 CFR 455.412 “Verification of Provider Licenses”

§42 CFR 455.414 “Revalidation of Enrollment”

Submission to CMS: Prior to 12/31/2025 Effective Date: 01/01/2026



C. STATE PLAN AMENDMENT: Coming Soon

- SPA 26-0001 Optional State Supplemental Payment



d. PUBLIC COMMENT



e. MHAC COMMENT



VII. Next Meeting: MAC meeting schedule will be posted on the MQD website

VIII. ADJOURN



A photograph of a lush field of taro plants. The plants feature large, vibrant green, heart-shaped leaves with prominent veins. The leaves are densely packed, creating a thick canopy. In the background, some dark, vertical stalks and a small patch of water are visible. The word "Mahalo!" is written in a large, white, sans-serif font across the middle of the image.

Mahalo!