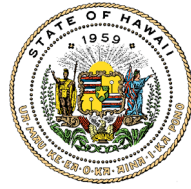


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December 8, 2025

MEMORANDUM

MEMO NO.
QI-2525A [Update to QI-2525]

TO: QUEST Integration (QI) Health Plans and Food Benefit Providers ~~Federally Qualified Health Centers (FQHC)~~

FROM: Judy Mohr Peterson, PhD *JMP*
Med-QUEST Division Administrator

SUBJECT: KAU 'AI PONO: SEASON OF EATING WELL PILOT GUIDELINES – DECEMBER 2025

UPDATED GUIDANCE December 2025

This memo modifies QI-2525 - KAU 'AI PONO: Season of Eating Well Pilot Guidelines – November 2025, released November 14, 2025. The text of memo QI-2525 is incorporated into this revision, identified as QI-2525. Updated guidance is inserted as shaded text. Voided text from QI-2525 is stricken. Unless specified in this memo, the implementation guidelines as stated in QI-2525 are unchanged.

The purpose of this memorandum is to provide guidance to QI Health Plans and food benefit providers ~~FQHCs~~ regarding the Kau 'Ai Pono: Season of Eating Well Pilot, which will be operational from November 17, 2025, through January 18, 2026.

Under the Section 1115 Demonstration, the MQD has authority to implement a range of benefits to address members' health-related social needs (HRSN), including nutritional needs. This pilot serves as an opportunity for MQD to test the implementation of one such benefit, the fruit and vegetable prescription or protein box, for a limited duration.

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Kau 'Ai Pono: Season of Eating Well Pilot Details

Summary and Context

The Kau 'Ai Pono: Season of Eating Well Pilot is a short-term food distribution initiative launched by the Med-QUEST Division (MQD). The pilot is designed to support eligible Medicaid members' access to healthy, culturally familiar foods during the holiday and harvest season, from November 17, 2025, through January 18, 2026.

MQD has authority under the Section 1115 Demonstration to deliver several nutrition supports benefits. For the pilot, only one benefit will be implemented: fruit and vegetable prescription boxes or protein boxes, referenced throughout as the "food benefit."

The Kau 'Ai Pono: Season of Eating Well Pilot seeks to:

- Improve the well-being of members with food insecurity by increasing access to healthy foods, with a focus on culturally appropriate foods when available;
- Test operational and delivery methods for nutrition supports;
- Strengthen partnerships between Medicaid members, food benefit providers ~~Federally Qualified Health Centers (FQHCs)~~, QUEST Integration (QI) Health Plans, and community food partners; and
- Gather data and insights to inform future program design for broader implementation of nutrition supports.

The pilot parameters described in this guidance align with approved Special Terms and Conditions (STCs) as established by the Centers for Medicare & Medicaid Services (CMS) in the Section 1115 Demonstration approval, as well as other federal guidance and requirements for the provision of nutrition supports under Medicaid, such as eligibility, service planning, and reporting.

Food Benefit Providers

For the Kau 'Ai Pono: Season of Eating Well Pilot, food benefit providers must be enrolled as a provider type C2, ~~FQHC~~, (FQHC) or provider type 29 (Community/Rural Health Center), with MQD. Under the STCs for Hawaii's Section 1115 Demonstration, CMS outlines specific requirements for providers of nutrition supports. For this pilot, MQD is responsible for verifying that food benefit providers ~~FQHCs~~ meet these Section 1115 Demonstration provider standards. Food benefits provider ~~FQHCs~~ wishing to participate in the pilot must submit the Kau 'Ai Pono Pilot Food Benefit Provider ~~FQHC~~ Provider Requirements Form, which documents compliance with STC requirements, to MQD.

Food Benefit Description

The food benefit provides authorized members with either a food box or food voucher for fruits, vegetables, and proteins, as permitted under Hawaii's Section 1115 Demonstration.¹ Individual members may receive a maximum of one food benefit (food box, voucher, or gift card) per week, and a maximum of two benefits per week if they have at least one dependent in the household. The pilot determines eligibility for the food benefit on an individual basis, not by household. QI Health Plans should authorize this maximum amount for all members participating in the pilot.

The food benefit is not intended to meet members' full nutritional needs; instead, it is intended to supplement members' diets with nutritious foods. The benefit may be provided in one of the following forms:

- **Food box:** A box of food valued at approximately \$50, containing fresh, frozen, or canned vegetables, fruits, and proteins. The \$50 may include the cost of preparing or assembling the food box. The box may be sourced and packed in collaboration with community food partners, with preference for locally sourced items, then distributed to members by the food benefit provider FQHC.
 - Food benefit providers FQHCs are responsible for ensuring that food boxes include the intended food items—fresh, frozen, or canned vegetables, fruits, and proteins.
 - Food benefit providers FQHCs may choose to provide pilot participants with additional food items at their discretion; however, these items cannot count toward the \$50 value of the food box and are therefore not reimbursable under this program.
- **Food voucher or gift card:** A food voucher or gift card worth \$50 may be provided by a food benefit providers FQHCs -approved community food partner organization for use at a designated location, such as a farmer's market. Food vouchers or gift cards may be digital or physical cards. Members may redeem the food voucher or gift card in exchange for healthy food items.
 - The food benefit providers FQHC shall have a process and safeguards in place to ensure that members cannot use vouchers or cards for any prohibited items, such as alcohol and tobacco products.
 - The food benefit providers FQHC shall have a process and safeguards in place to ensure that members use vouchers or cards for fresh, frozen, or canned

¹ This benefit is referred to as "Fruit and Vegetable Prescriptions" and "Protein Boxes" in Hawaii's Section 1115 Demonstration Approval.

- vegetables, fruits, and proteins.
- The food benefit providers FQHC shall have a process and safeguards in place to ensure that gift cards or vouchers cannot be redeemed at grocery stores or other retailers that cannot limit purchases to the approved items.
 - The food benefit providers FQHC is not responsible for ensuring that a member redeems their food voucher or gift card in the pilot week the food voucher or gift card is provided, but the food benefit providers FQHC is responsible for ensuring that the vendor accepting the food voucher can provide food items in exchange for the voucher that week.

Prohibited Items

To align with MQD's goals of promoting health and nutrition, the food benefit is limited to fruits, vegetables, and protein. All other items are prohibited from inclusion in the Medicaid-covered benefit. Food benefit providers FQHC should ensure that the food benefit does not include alcohol or tobacco.

Eligibility Criteria

Eligibility for the Kau 'Ai Pono: Season of Eating Well Pilot is assessed through member self-attestation using the Kau 'Ai Pono Food Benefit Request Form.

To be eligible for the food benefit, members must be eighteen (18) years of age or older or legally emancipated youth² and meet both the following social risk factor and clinical risk factor eligibility criteria:

- **Social Risk Factor Eligibility:** Members who experience low or very low food security, as defined by the United States Department of Agriculture (USDA). For example, this includes members who have worried about running out of food without the ability to purchase more, or who have been unable to afford balanced and healthy meals.
- **Clinical Risk Factor Eligibility:** Members who have at least one qualifying physical or behavioral health condition. For example, members with diabetes, high blood pressure, cancer, depression, a disability, pregnancy (or gave birth in the past two months), or another condition that requires regular care would have a qualifying clinical risk factor.

See Appendix A for detailed clinical eligibility criteria.

NOTE: Members with legal guardians or authorized representatives who can make health care

² Emancipated youth under age eighteen (18) who are legally recognized as independent are able to participate in the pilot. QI Health Plans may accept self-attestation of emancipated youth status.

decisions on their behalf are eligible to participate if they meet the pilot's eligibility criteria. In such cases, the guardian or authorized representative may provide consent and obtain the benefit on the member's behalf.

Timeline

The pilot will operate for approximately nine (9) calendar weeks, as defined in Table 1. The maximum benefits authorization is one or two food benefits per week, depending on whether the member has a dependent in the household.

Table 1: Kau 'Ai Pono Pilot Timeline

Week	Dates
1	November 17, 2025 – November 23, 2025
2	November 24, 2025 – November 30, 2025
3	December 1, 2025 – December 7, 2025
4	December 8, 2025 – December 14, 2025
5	December 15, 2025 – December 21, 2025
6	December 22, 2025 – December 28, 2025
7	December 29, 2025 – January 4, 2026
8	January 5, 2026 – January 11, 2026
9	January 12, 2026 – January 18, 2026

Operations

Operational Workflow

Figure 1 below provides a high-level operational workflow of the Kau 'Ai Pono: Season of Eating Well Pilot food distribution process. This workflow shows how Medicaid members are identified, screened, and authorized to receive a food benefit through two pathways: Proactive Authorization and Live Authorization.

Both pathways follow the same program parameters—for example, all pathways follow the same eligibility criteria, use the Kau 'Ai Pono Food Benefit Request Form, and otherwise follow the same food distribution processes. The primary difference between the two pathways is the timing of eligibility screenings and benefit authorizations. Specifically, Proactive Authorization occurs before the member arrives at the food benefit provider site **FQHC** seeking the benefit, while Live Authorization occurs at the food benefit provider site **FQHC** when a member seeks the benefit. Together, these two approaches are designed to make the pilot eligibility and authorization process efficient, person-centered, and flexible, while also adhering to program requirements.

Pathway 1: Proactive Authorization

The food benefit provider FQHC proactively identifies Medicaid members who have active Medicaid coverage via the Department of Human Services' (DHS) Medicaid Online (DMO) and would likely be eligible for and benefit from the pilot—effectively “referring” members to the program. The food benefit provider FQHC creates a list of those Medicaid members it is referring to the program and shares the list with the respective QI Health Plans using the Kau ‘Ai Pono Proactive Authorization Referral Form. The QI Health Plan staff outreach to members to complete the eligibility screening, obtain member consent to participate in the program, and authorize the maximum program benefit using the Kau ‘Ai Pono Food Benefit Request Form. The QI Health Plan shall make three outreach attempts. The first outreach must be conducted within the first two (2) business days. If the member is authorized for the food benefit, the QI Health Plan verbally notifies the member of their approval and provides the following information to help the member access the food benefit. The QI Health Plan will provide a copy of the completed PCSP to the member by mail or email.

- Location of the food benefit provider FQHC distribution site(s);
- Day(s) and time(s) distribution is available;
- Instruction to bring their QI Health Plan card; and
- Other relevant information provided by the food benefit provider FQHC through the food benefit provider FQHC Offering Tracker.

If the member is not eligible for the pilot, the QI Health Plan verbally notifies the member that they are not eligible for the benefit and shares the appropriate notice, grievance, and appeals information with the member through its normal processes.

QI Health Plans must communicate their benefit authorization decisions to the food benefit provider FQHCs using the Kau ‘Ai Pono Proactive Authorization Referral Form. The food benefit provider FQHC then updates the Kau ‘Ai Pono Food Benefit Provider FQHC Distribution Tracker with the authorization decision, date, and number of food benefits authorized. MQD recommends communicating authorization decisions with food benefit providers FQHCs daily, but requires communicating them no more than two (2) business days after benefit authorization decisions are made.

Pathway 2: Live Authorization

Members are screened in real time when they visit a participating food benefit provider FQHC site and seek the benefit. Food benefit provider FQHC staff will verify Medicaid coverage via DMO and, if verified, will connect the member to a QI Health Plan representative either in person or over the phone. The food benefit provider FQHC can provide a phone, or the members can use their personal device. If the member elects to use their personal device, the

food benefit provider FQHC should provide the correct phone number for the member to call their attributed QI Health Plan.

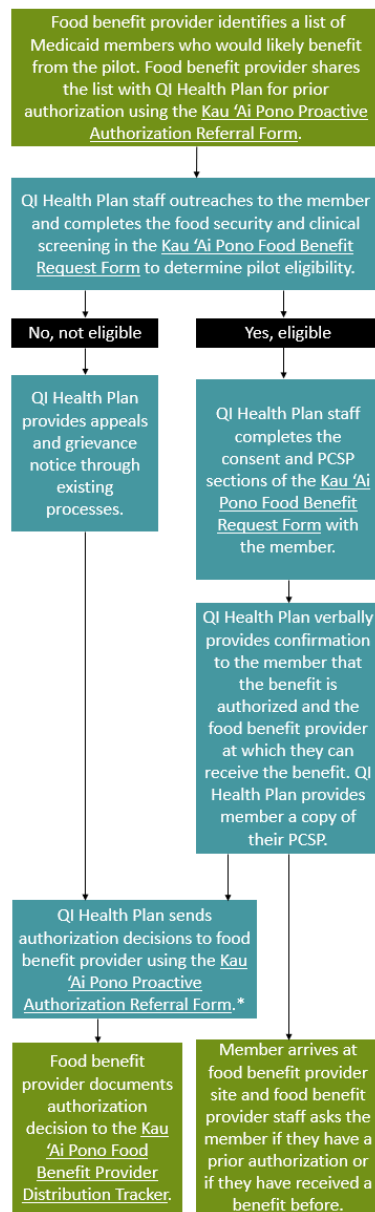
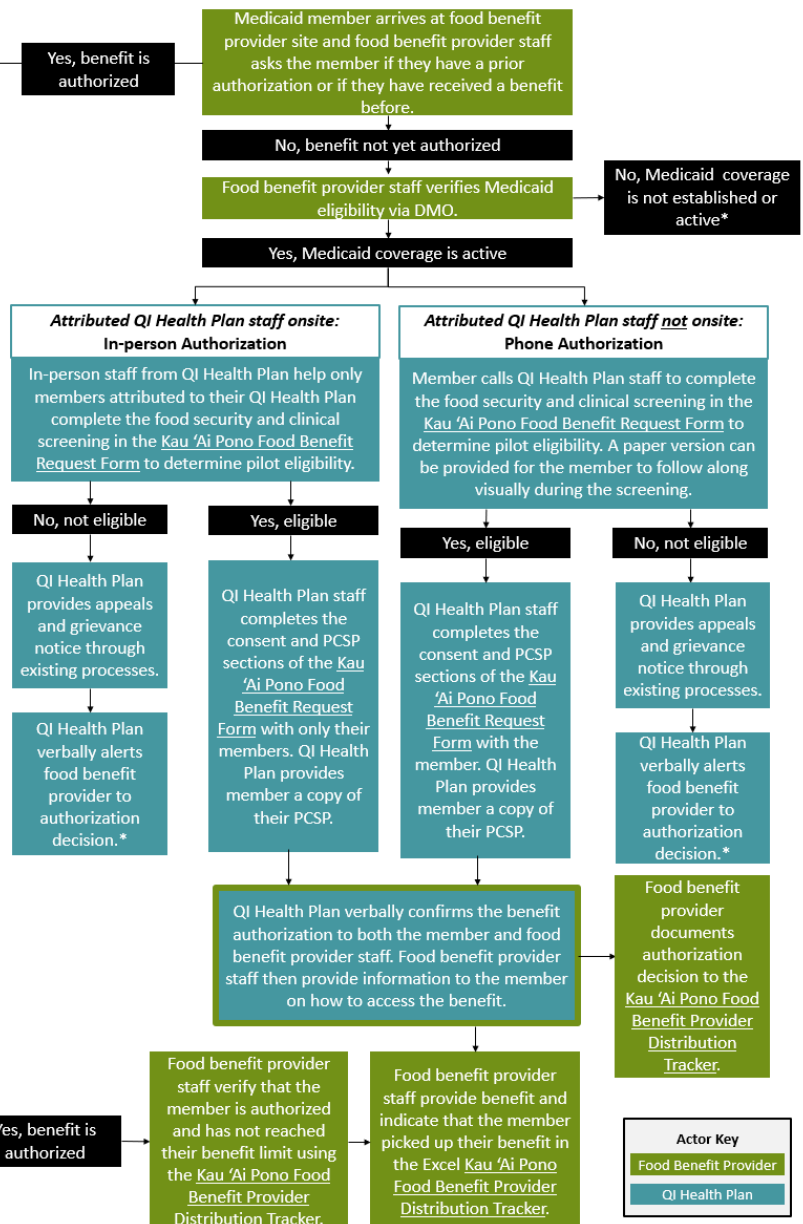
The QI Health Plan representative works with the member to complete the eligibility screening, obtain member consent to participate in the pilot, and authorize the maximum program benefit using the Kau 'Ai Pono Food Benefit Request Form. If the Member is authorized for the food benefit, the QI Health Plan representative verbally confirms eligibility with both the member and the food benefit provider FQHC staff. The FQHC then updates the Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker with the authorization decision, date, and number of food benefits authorized. The member then receives instructions from the food benefit provider FQHC on how to access the food benefit.

If the member is not eligible for the pilot, the QI Health Plan notifies the member verbally that they are not eligible for the program and shares the appropriate notice, grievance, and appeals information with the member. The QI Health Plan should verbally alert the food benefit provider FQHC to the food benefit denial so that the food benefit provider FQHC can share information on other nutrition support options that may be available in the community.

Food Benefit Distribution

Authorized members may obtain their food benefit provider FQHC -designated sites. To prevent members from obtaining more food benefits than authorized, MQD requires food benefit providers FQHCs to track and monitor food benefit distribution using the Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker.

Figure 1: Pilot Member Authorization and Benefit Distribution Workflow

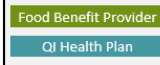
Pathway 1: Proactive Authorization**Pathway 2: Live Authorization**

*Opportunity for food benefit providers to provide information on how to access other nutrition support resources in the member's community.

BMO - Department of Human Services' (DHS) Medicaid Online (DMO)

FQHC - Federally Qualified Health Center

PCSP - Person Centered Service Plan

Actor Key

Roles and Responsibilities

The Kau ‘Ai Pono: Season of Eating Well Pilot relies on close coordination between QI Health Plans and food benefit providers FQHCs to help Medicaid members access nutritious food supports this holiday season. Each partner plays a distinct role in identifying eligible members, screening and confirming pilot eligibility, obtaining member consent to participate in the pilot, authorizing benefits, and distributing food benefits in a compliant and timely manner. Table 2 below outlines key tasks and corresponding responsibilities of each partner.

Table 2: Kau ‘Ai Pono Pilot Roles and Responsibilities

Task	QI Health Plan Role	Food Benefit Provider FQHC Role
<i>Member Outreach and Communication</i>	Contact members referred to the pilot by food benefit providers FQHCs to explain the program, conduct the screening, obtain consent, and authorize benefits. <i>See Pathway 1: Proactive Authorization narrative and workflow for more information.</i> Note, dedicated pilot phone lines fall outside the normal Call Center Report (CCR).	May (but is not required to) complete the following activities: - Proactively identify and refer Medicaid members who may benefit from the program based on social and clinical needs. The food benefit provider FQHC should: - Share information about the pilot with the member - Create and share a list of referred members with the QI Health Plans using the <u>Kau ‘Ai Pono Proactive Authorization Referral Form</u> - Promote the pilot through outbound calls, events, posters, flyers, and other marketing. Food benefit providers FQHCs must align with MQD-provided messaging for consistency across the program.
<i>Food Benefit Pilot Eligibility Determination</i>	Use the <u>Kau ‘Ai Pono Food Benefit Request Form</u> to complete the food security and clinical eligibility screening and determine pilot eligibility.	Not responsible for determination. May assist members in accessing QI Health Plan staff for screening and provide a space or event for screening authorization activities.

<i>Complete the PCSP</i>	Using the information captured in the <u>Kau 'Ai Pono Food Benefit Request Form</u> and in coordination with the Member, complete the PCSP and send the member a copy.	Not responsible.
<i>Authorization of Food Benefit</i>	Authorize the appropriate number of benefits, based on information provided in the <u>Kau 'Ai Pono Food Benefit Request Form</u> .	Not responsible for authorization. Food benefit provider FQHC will receive an authorization decision from QI Health Plan through the <u>Kau 'Ai Pono Proactive Authorization Referral Form</u> , then will document the decision in the <u>Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker</u> .
<i>Food Benefit Development</i>	Not responsible.	The food benefit provider FQHC is responsible for sourcing the food benefit and ensuring that the benefit includes a value of approximately \$50 of fruit, vegetables, and proteins, whether delivered through a box or a voucher for the nutritious food.
<i>Distribution of Food Benefit</i>	Not responsible.	Food benefit providers FQHCs may distribute the food benefit in a variety of ways, such as by hosting distribution events. When distributing the food benefit, food benefit providers FQHCs must verify member identity, ensure that members are authorized and have not already received the maximum benefit, and track each distributed benefit in the <u>Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker</u> .
<i>Billing and Reimbursement</i>	Review and adjudicate food benefit provider FQHC invoices in accordance with pilot guidance, ensure payment aligns with verified benefit distribution data, and submit encounter data to MQD within required timelines.	Submit accurate invoices to the QI Health Plans using the <u>Kau 'Ai Pono Invoice Cover Letter</u> . Food benefit providers FQHCs must work with QI Health Plans to correct any discrepancies as requested and retain all billing records according to existing Medicaid program timelines.

Member Notices, Grievances, and Appeals	QI Health Plans should follow all existing processes related to member notices, grievances, and appeals. Pilot grievance and appeals will fall outside of the regular grievance and appeals reporting requirements.	Not responsible.
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Kau ‘Ai Pono Food Benefit Request Form

The Kau ‘Ai Pono Food Benefit Request Form is used to confirm a Medicaid member’s eligibility for the Kau ‘Ai Pono: Season of Eating Well Pilot and to document their consent and participation. The form collects basic information about a Medicaid member’s food security and health needs, documents member consent to participate in the program, and creates their PCSP. This form also helps the QI Health Plan to establish an authorization, process claims, and track services.

Benefit authorization is only required once for the entire duration of the pilot program. The screening, consent, and authorization process using the Kau ‘Ai Pono Food Benefit Request Form should be completed prior to the member receiving their first food benefit. Before completing the form with the member, the QI Health Plan should ensure that the member is not already authorized for the benefit at another food benefit provider FQHC site.

In collaboration with the member, the QI Health Plans may complete this process either in person (e.g., at FQHC events) or by phone. QI Health Plans are responsible for retaining all documentation of these forms and reporting on them to MQD upon request, regardless of whether the member was authorized to participate in the pilot. Information from this form will be used to support reimbursement, encounter data reporting, and pilot evaluation.

Importantly, the form is structured to meet several federal requirements under Hawaii’s Section 1115 Demonstration. Therefore, MQD has provided QI Health Plans with detailed instructions on using the form—including a script to guide members through the form, logic on how to determine clinical and social eligibility, and logic on how to move through form sections. To comply with federal requirements, these instructions must be followed and QI Health Plans must verify that each required question is completed.

The Kau ‘Ai Pono Food Benefit Request Form contains three sections: 1) eligibility screening, 2) consent and attestations, and 3) PCSP.

1) Eligibility Screening

This section documents attestations from the Medicaid member that are used to determine whether the member qualifies for the food benefit. QI Health Plans should complete this section first with the member to determine eligibility before continuing.

- Food Security Screening: Questions informed by the USDA food security survey about access to enough food and the ability to afford balanced meals.
- Clinical Screening: Questions confirming the presence of certain health or behavioral health conditions listed in the pilot eligibility criteria.

If the member is eligible, the QI Health Plan can continue to the next section: Consent and Attestations. If the member is not eligible, the QI Health Plan verbally notifies the member that they are not eligible for the program and shares the appropriate notice, grievance, and appeals information with the member through its normal processes. See the Operations section for more details.

2) Consent and Attestations

This section documents a member's consent to participate in the pilot. It documents that the member:

- Voluntarily agrees to participate in the program;
- Understands that they may only receive food benefits from one food benefit provider (i.e., FQHC or Community/Rural Health Center);
- Is informed about other available supports (like housing or nutrition programs); and
- Provides consent either via verbal confirmation (if completed over the phone) or signature (if completed in person).

If the member consents and indicates yes to every question, the QI Health Plan can continue to the next section, the PCSP.

3) Person-Centered Service Plan (PCSP)

This final section captures the following information:

The benefit authorization details

- The designated food benefit provider FQHC
- The member's nutrition goals and barriers

Kau 'Ai Pono Proactive Authorization Referral Form

The Proactive Authorization Referral Form is used by food benefit providers FQHCs to refer Medicaid members who may qualify for the Kau 'Ai Pono food benefit to their respective QI Health Plan. It facilitates the Proactive Authorization process described in the Pilot Guidance Memorandum. This form ensures that referrals are securely shared and that QI Health Plans have the information needed to complete eligibility screenings and authorizations.

Food benefit providers FQHCs will identify and refer potentially eligible Medicaid members to QI Health Plans for authorization by entering the following information into the Form for the members' respective QI Health Plan:

- Medicaid ID
- Member first and last name
- Preferred contact information
- Best time to contact (if known)
- Guardian or authorized representative (if applicable)

The food benefit provider FQHC submits the Proactive Authorization Referral Form via secure email to the appropriate QI Health Plan contact. The QI Health Plan outreaches to the referred members. Using the Proactive Authorization Referral Form, the QI Health Plan documents if the member was authorized for the food benefit and the maximum number of benefits they were authorized for weekly distribution. The Proactive Authorization Referral Form is then returned to the referring food benefit provider FQHC within two (2) business days via secure email to the designated food benefit provider FQHC contact.

Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker

The Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker is a standardized tool designed to help food benefit providers FQHCs manage, monitor, and report the distribution of food benefits authorized under the pilot. It should be used throughout the entire pilot period, beginning with the first week of food benefit distribution and continuing through the last week of the authorized benefit period. The Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker serves as both an operational recordkeeping tool for FQHCs and an official reporting document for QI Health Plans and MQD. Specifically, it supports:

- Documentation of which Medicaid members received food benefits;
- Verification that each member receives no more than the authorized number of food benefits per week;
- Invoicing and reimbursement; and
- Pilot evaluation by capturing consistent, comparable operational data across sites.

How to Use the Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker

The tracker must be completed and maintained by each participating food benefit provider FQHC as follows:

1. Before Distribution

Food benefit providers FQHCs will populate the tracker with the name and Medicaid ID of each Medicaid member authorized to receive the food benefit during the pilot period.

- For each individual member, include:
 - Name;
 - Medicaid ID;
 - QI Health Plan;
 - Date health plan completed the benefit authorization; and
 - Maximum number of food benefits authorized for weekly distribution ("1" or "2").

For members who QI Health Plans authorize via the Proactive Authorization Referral Form, food benefit providers FQHCs will be able to pre-populate the tracker with their authorization information.

2. During Distribution

Food benefit provider FQHC staff should verify each member's identity and confirm authorization using the member's information. When the member's food benefit is distributed, the food benefit provider FQHC should record the following:

- Date the food benefit is distributed by marking the appropriate week column; and
- Number of food benefits distributed to the member.
- If a member does not pick up the food benefit(s) in a given week, leave the corresponding cells blank.

3. After Distribution

Food benefit provider FQHC should review the tracker for completeness and accuracy, confirming that each member is listed only once in the tracker and on the appropriate QI Health Plan tab. The total number of distributed benefits should match on-site records and inventory.

4. Submission Requirements

A final version of the Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker should be shared with MQD at the conclusion of the pilot period, following MQD instructions to come.

As outlined in the Billing and Reimbursement section below, the tracker also serves as the data source for invoicing. Information from the food benefit provider FQHC Distribution Tracker will be used to complete the Kau 'Ai Pono Invoice.

Food Benefit Provider FQHC Offering Tracker

The Food Benefit Provider FQHC Offering Tracker is a tool designed to support coordination among participating food benefit providers FQHCs, QI Health Plans, and MQD to ensure that all parties have current information about how participating food benefit providers FQHCs are implementing and distributing the food benefit. Each food benefit provider FQHC is responsible for providing relevant information, including:

- Food benefit provider FQHC contact details;
- A brief description of how the food benefit provider FQHC is implementing and distributing the food benefit for QI Health Plans to provide to members who are authorized over the phone;
- If hosting events, the times and locations of events; and
- Whether QI Health Plan staff attendance is requested during an on-site distribution event.

MQD will collect this information and compile it into a shared calendar and reference sheet that QI Health Plans can use to identify when they may be needed on-site to support live authorization for the food benefit and communicate with members about the benefit offerings at participating food benefit providers FQHCs.

Each participating food benefit provider FQHC is expected to share a completed food benefit provider FQHC Offering Tracker with MQD. The initial Food Benefit Providers FQHCs Offering Tracker will be provided in advance of the pilot start date. Recognizing that events may change or be added, MQD has established a weekly update cadence.

- Mondays by 5:00 PM Hawaii Standard Time (HST), participating food benefit providers FQHCs will share any updates to events by sharing an updated copy of the Food Benefit Providers FQHCs Offering Tracker to nutrition-mqd@dhs.hawaii.gov.

- Wednesdays, MQD will share an updated calendar of food benefit provider FQHC events with QI Health Plans (beginning Wednesday, November 26).
- If an event is cancelled, rescheduled, or otherwise modified after submission of the tracker on Monday, the food benefit provider FQHC must notify both MQD and the designated QI Health Plan contacts as soon as possible.

Billing and Reimbursement

Rates

The Kau 'Ai Pono: Season of Eating Well Pilot reimburses food benefit providers FQHCs for the costs associated with procuring and distributing authorized food benefits to eligible Medicaid members. MQD has established a single rate for each benefit unit. This rate is standardized across all participating food benefit providers FQHCs and does not vary by island, QI Health Plan, or any other factor. MQD will monitor reimbursement levels and review supporting documentation to ensure accuracy and prevent duplication of payments.

The rate per food benefit unit is \$53. This rate is inclusive of both food benefit and administrative cost components. Each food benefit must contain \$50 in market-value nutritious food; as such, this may include the cost of preparing or assembling the food benefit (e.g., food box). For voucher-based benefits, the member-facing voucher itself must be valued at \$50. The remaining \$3 represents the administrative overhead reimbursement provided to the food benefit provider FQHC.

Invoicing Process

Food benefit providers FQHCs must use the standardized Kau 'Ai Pono Invoice (organized by Pilot Week and QI Health Plan) to invoice QI Health Plans and seek reimbursement for food benefit distribution.

- **Frequency:** Food benefit provider can submit weekly invoices FQHC must submit a weekly invoice for food benefits distributed during each Pilot Week (detailed in Table 1). Invoices will be generated in a weekly format, but food benefit providers may submit batches of weekly invoices at any time. All invoices should be submitted to the corresponding QI Health Plan within 30 days of pilot conclusion. ~~within five (5) business days of the completion of each Pilot Week.~~
- **Required documentation:** Each invoice submission should follow the instructions in the "Read Me" tab of the Kau 'Ai Pono Invoice.

- **NOTE:** The invoice documentation includes data quality checks to ensure the correct information has been captured. If these quality checks present issues, please contact MQD for technical assistance by emailing the document to nutrition-mqd@dhs.hawaii.gov.
- **Submission Method:** Invoices must be transmitted securely to each QI Health Plan's designated pilot billing contact. Food benefit providers **FQHCs** must retain all invoices, trackers, and supporting documentation according to existing retention policies included in contracts with QI Health Plans.
- **Payment:** QI Health Plans will review and process each completed invoice package upon receipt. Payment will be made directly to the food benefit provider **FQHC** and should align, where possible, with the existing cadence for claim payment frequency. MQD will monitor timeliness and reconciliation across all plans to ensure consistency and compliance.
- **Invoice Review:** QI Health Plans should verify that members did not receive more than the authorized number of food benefits in the week.

Invoice Corrections and Re-Submissions

Invoices shall only be paid in full and not on a partial basis. If an invoice or supporting documentation is incomplete, inaccurate, or otherwise requires revision, the following steps apply:

1. **Notification:** The QI Health Plan will notify the food benefit provider **FQHC** of any discrepancies or missing information within five (5) business days of invoice receipt.
2. **Correction and re-submission:** The food benefit provider **FQHC** must correct and re-submit the invoice within ten (10) business days of receiving the notification. All corrections should clearly identify the revision date and include updated supporting documentation, such as an amended Kau 'Ai Pono Invoice.
3. **Payment processing:** Upon receipt of the corrected invoice, the QI Health Plan will resume review and payment. Payment timelines will restart from the date of the corrected submission.
4. **Record retention:** Food benefit providers **FQHCs** must maintain both the original and corrected versions of all invoices as part of their official financial records.

Encounter Process

QI Health Plans are responsible for generating and submitting encounter data to MQD for all food benefit distributions reimbursed under the pilot.

- **Source Data:** Encounter data must be derived directly from verified food benefit provider **FQHC** invoices and submitted Distribution Trackers.

- **Timeliness:** QI Health Plans must submit encounter data within 60 calendar days of the pilot's conclusion.
- **Content Requirements:** Each encounter record must include:
 - Member Medicaid ID Number
 - Member First Name
 - Member Last Name
 - Service date (date of food benefit distribution)
 - Units of food benefits distributed – one (1) or two (2)
 - NPI for the distributing food benefit provider FQHC site
 - HCPCS code (S9977, Meals, per diem, not otherwise specified)
 - Service charge
 - Diagnosis codes: food insecurity Z-code (Z59.41), and screening for unspecified disorders (Z13.89)
 - Place of Service code 15, mobile unit
 - If the member is younger than the age of 18 and a legally emancipated minor, use the modifier SC, Medically Necessary Service/Supply.
- **Purpose:** MQD will use encounter data for program integrity, cross-validation with invoice records, and overall evaluation of pilot outcomes.
-

Reporting and Evaluation

Required Reporting and Program Integrity

Both food benefit providers FQHCs and QI Health Plans are responsible for collecting and sharing data with MQD. Table 3 outlines the required reporting forms, responsible parties, submission timelines, and how each deliverable will be used by MQD for oversight, program integrity, and evaluation purposes.

Table 3: Pilot Reporting Requirements

Form	Responsibility		Timing	Use
<u>Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker</u>	FQHC		Submit the <u>Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker</u> to MQD following the completion of the pilot, according to upcoming instructions from MQD. The <u>Kau 'Ai Pono Food Benefit Provider FQHC Distribution Tracker</u> will also be used to develop the invoice and must align with the invoices submitted to the QI Health Plans. See the Billing and Reimbursement Section for more details.	The data will be used for evaluation and validation of QI Health Plan encounter data.
<u>Kau 'Ai Pono Food Benefit Request Form</u>	QI Health Plan		Within thirty (30) days of the end of the pilot, QI Health plans must submit a copy of all <u>Kau 'Ai Pono Food Benefit Request Forms</u> to MQD for each member served. Include all denied and authorized forms. QI Health Plans should upload documents to the secure Health Plan Reporting SharePoint,	MQD will use this data for program integrity and evaluation.

			in the Kau ‘Ai Pono Pilot folder.	
Encounter Data	QI Health Plan		QI Health Plans must submit encounter data within sixty (60) days of the end of the pilot.	MQD will use this data for non-risk reimbursement as well as program integrity and evaluation.

Pilot Evaluation Data and Strategies

In addition to the reporting requirements above, MQD and the Section 1115 Demonstration evaluator will implement the following strategies to assess pilot implementation and outcomes. Community responsibilities include:

- **Participation in evaluation activities:** QI Health Plans and food benefit providers FQHCs shall participate in interviews with the evaluation team, if requested.
- **Member feedback collection:** Food benefit providers FQHCs shall support member survey efforts, if requested (e.g., by displaying a flyer with a QR code at distribution sites).
- **Survey distribution:** QI Health Plans shall distribute a member survey at the end of the pilot, if requested.
- **Other:** Collaborate with the evaluation team, if requested.

These evaluation activities will help MQD and its partners assess pilot effectiveness, identify opportunities for improvement, and inform future implementation of nutrition support services.

Member Rights

Members receiving the Kau ‘Ai Pono food benefit maintain all member rights established under 42 CFR §438 and other federal statutes, regulations, and the Medicaid state plan. For members receiving the benefit, the following member rights must be maintained:

- Kau ‘Ai Pono food benefits must not be used to reduce, discourage, or jeopardize members’ access to another covered services;
- Members always retain their right to receive covered services on the same terms as would apply if the Kau ‘Ai Pono food benefit were not an option;
- Members cannot be denied a covered service on the basis that the beneficiary is

currently receiving Kau 'Ai Pono food benefits, has requested the benefit, has previously qualified for the benefit, or currently qualifies or may qualify in the future for the benefit; and

- Members cannot be required to receive the Kau 'Ai Pono food benefit.

Appendices

Kau 'Ai Pono Pilot Tools and Forms

Appendix	Document Name	Description	Who Uses It
Appendix A	Clinical Eligibility Criteria	Lists the physical and mental health conditions that qualify members for the pilot's clinical eligibility criteria.	QI Health Plans
Appendix B	Kau 'Ai Pono Food Benefit Request Form – Member Facing	This form should be provided to members during the in-person authorization process for completion with an in-person QI Health Plan representative, or to follow along with during a live phone call with a QI Health Plan representative.	QI Health Plans
Appendix C	Kau 'Ai Pono Food Benefit Request Form – Scripted	This guide supports QI Health Plan representatives in assisting members as they complete the Kau 'Ai Pono Food Benefit Request Form.	QI Health Plans
Appendix D	Kau 'Ai Pono Proactive Authorization Referral Form	Food benefit providers ~~FQHCs~~ can optionally share this form with QI Health Plans, with a list of members that QI Health Plans may reach out to. QI Health Plans can then use the form to communicate authorization decisions back to the food benefit provider ~~FQHC~~ .	QI Health Plans and food benefit providers ~~FQHCs~~ , <i>optional — used only if QI Health Plans are doing proactive authorization)</i>
Appendix E	Kau 'Ai Pono Food Benefit Provider ~~FQHC~~ Distribution Tracker	These two resources are two different tabs of the same Excel file.	Food benefit providers ~~FQHCs~~ QI Health Plans will use the document sent

	Kau 'Ai Pono Invoice	The food benefit providers FQHCs will use the food benefit provider FQHC Distribution Tracker to record member ID, service date, and number of food benefits authorized. The food benefit provider FQHC will also use the tracker to ensure that members do not exceed their authorized weekly benefit. The Invoice tab will be used for food benefit providers FQHCs to invoice QI Health Plans, and for QI Health Plan to generate encounters.	by food benefit providers FQHCs to submit encounters.
Appendix F	Food Benefit Provider FQHC Offering Tracker	This tool supports coordination among participating food benefit providers FQHCs, QI Health Plans, and MQD to ensure that all parties have current information about how and when participating food benefit providers FQHCs are implementing and distributing the food benefit. Food benefit providers FQHCs are responsible for updating this tracker weekly. QI Health Plans will use this tracker to provide information to members when authorizing members over the phone.	Food benefit providers FQHCs and QI Health Plans

Appendix A

Clinical Eligibility Criteria

A member meets the clinical eligibility criteria for the benefit if they have one of the following clinical risk factors:

- 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/AIDS
- Morbid obesity: BMI $\geq$ forty (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
- Currently receiving home and community base services (at risk or nursing facility level of care) and do not reside in an institutional setting
- In the past twelve (12) months, have been to the Emergency Department five (5) or more times
- In the past six (6) months, have been to the Emergency Department two (2) or more times
- In the past twelve (12) months, have been admitted to the hospital five (5) or more times
- In the past six (6) months, have been admitted to the hospital two (2) or more times



Kau 'Ai Pono Food Benefit Request Form – *Health Plan Version & Script*

This form assesses eligibility for the Kau 'Ai Pono: Season of Eating Well Pilot, which provides nutritious food boxes, vouchers, or gift cards to eligible members to supplement their diets with healthy fruits, vegetables, and proteins during the holiday season. If eligible, you may fill out the consent form and person-centered service plan, which are at the end of this document.

Part I: Member Information

A. Contact Information

1. Name (as shown on Medicaid or QI Health Plan Card):	
2. Medicaid or Health Plan ID # (If known):	3. DOB (MM/DD/YYYY):
4. If applicable, name of Guardian or Legal Authorized Representative:	
5. Contact Phone Number (indicate cell or house):	6. Contact Email:

B. Dependents

8. Do you have anyone 18 years or younger living in your home?
- ☐ Yes ☐ No

Part II: Eligibility

This section assesses eligibility. Medicaid members 18 years of age and older are eligible to participate in the pilot if they meet both food (in)security and clinical eligibility criteria.

A. Age

1. Are you 18 years old or older?
- ☐ Yes ☐ No
- 1.a. *If no, are you a legally emancipated minor?
- ☐ Yes ☐ No

B. Food Security Assessment

The next 5 questions assess food security. For these statements, please check whether the statement was often true, sometimes true, or never true for you in the last 12 months.

1. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." In the last 12 months, this was:
☐ Often true ☐ Sometimes true ☐ Never true
2. "(I/we) couldn't afford to eat balanced meals." In the last 12 months, this was:
☐ Often true ☐ Sometimes true ☐ Never true
3. In the last 12 months, did you and/or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
☐ Yes ☐ No

3.a. *If yes, how often did this happen?
☐ Almost every month ☐ Some months, but not every month
☐ Only 1 or 2 months
4. In the 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
☐ Yes ☐ No
5. In the last 12 months, were you ever hungry, but didn't eat, because there wasn't enough money for food?
☐ Yes ☐ No

C. Clinical Eligibility Screening

Do you 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?

You can refer to the physical and mental health conditions on the list below. You do not need to say or mark which condition.

- COPD
- Chronic Kidney Disease
- Hypertension or high blood pressure
- 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/AIDS
- Morbid obesity (BMI $\geq$ 40)
- Metabolic syndrome
- Persistent, disabling, progressive, or life-threatening mental health condition
- A 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

☐ Yes ☐ No ☐ Don't Know/Not Sure

Additional Clinical Screening Questions

1. Are you currently receiving home and community base services such as chore services, personal assistance, or adult day care and do not reside in an institutional setting (ex: nursing home)?
☐ Yes ☐ No ☐ Don't Know/Not Sure
2. In the past 12 months, have you been to the Emergency Department five or more times?
☐ Yes ☐ No ☐ Don't Know/Not Sure
3. In the past 6 months, have you been to the Emergency Department two or more times?
☐ Yes ☐ No ☐ Don't Know/Not Sure
4. In the past 12 months, have you been admitted to the hospital five or more times?
☐ Yes ☐ No ☐ Don't Know/Not Sure
5. In the past 6 months, have you been admitted to the hospital two or more times?
☐ Yes ☐ No ☐ Don't Know/Not Sure

Part III. Consent and Attestations

Member Name: _____ Member Medicaid ID: _____
Member Health Plan: _____ Member Date of Birth: _____

1. Do you consent to receive a food benefit as part of the Kau 'Ai Pono: Season of Eating Well Pilot? Joining is your choice.

☐ Yes ☐ No

2. I will only pick up my Kau 'Ai Pono food benefit from

_____ [insert site name].

3. I understand that getting the Kau 'Ai Pono food benefit from more than one place will be considered Medicaid fraud.

☐ Yes ☐ No

Please sign below to show that the information you gave is true.

Member Signature: _____ Date: _____
If not signing for self, guardian or legal authorized representative name:

If verbal consent is provided:

Health Plan: _____

Staff Name (print): _____

Staff Signature: _____ Date: _____

Part IV. Kau 'Ai Pono: Person Centered Service Plan

Member Name: _____ Member Medicaid ID: _____
Member Health Plan: _____ Member Date of Birth: _____

1. What are your nutritional goals and needs?

- ☐ Secure enough food for me/my family to eat three meals a day
- ☐ Add more fruits and vegetables into my/my family's diet
- ☐ Add more protein into my/my family's diet
- ☐ Tailored meals to support your health condition
- ☐ Other: _____

2. [optional] What are some barriers to reaching your nutritional goals and needs?

- ☐ Lack of ability to pay
- ☐ Lack of transportation
- ☐ Difficulty transporting food
- ☐ Lack of stable housing
- ☐ Lack of cooking supplies (examples: pots, pans, utensils, refrigerator, stove)
- ☐ Other: _____
- ☐ None

3. Maximum Number of Benefits Per Distribution (based on if the member has a dependent):

- ☐ Individual - 1 benefit (e.g. food box/voucher)
- ☐ Family - 2 benefits (e.g. food boxes/vouchers)

4. Duration: Start Date: _____ End Date: January 18th, 2026

Sign below if you agree to this person-centered service plan.

Member Signature: _____ Date: _____

If not signing for self, guardian or legal authorized representative name:

If verbal consent is provided:

Health Plan: _____

Staff Name (print): _____

Staff Signature: _____ Date: _____



Kau 'Ai Pono Food Benefit Request Form – *Health Plan Version & Script*

[Instructions for QI Health Plan Staff: Please read all non-bracketed text to the member. You may rephrase questions if the member has difficulty understanding. The content in italics is intended to be scripting to help with conversation flow. Additionally, for all FQHC information, please consult the FQHC offering tracker]

This form assesses eligibility for the Kau 'Ai Pono: Season of Eating Well Pilot, which provides nutritious food boxes, vouchers, or gift cards to eligible members to supplement their diets with healthy fruits, vegetables, and proteins during the holiday season. If eligible, you may fill out the consent form and person-centered service plan, which are at the end of this document.

(For Proactive Authorization Phone Call) Greeting and Purpose

Aloha, this is <<your name>> calling from <<name of QI Health Plan>>. How are you doing today?

[If not the member, ask if they are the legal guardian or a legally authorized representative of the member.]

You may have heard from your provider that <<name of QI Health Plan>> would be reaching out to you. I'm calling because we have a special program right now called Kau 'Ai Pono: Season of Eating Well. It's a way for some of our members to get free healthy food for the holiday season. This program provides you with <<language appropriate for your FQHC – food boxes or vouchers, based off the information in the FQHC Offering Tracker (location and frequency of food benefit pick up)>> for healthy foods like fruits, vegetables, and proteins.

(For Proactive Authorization Phone Call) Encourage Screening

This may be a good program for you. It only takes a few minutes to find out if you qualify. If you do, we'll let you know where you can pick up your <<food box or voucher.>> Are you interested in seeing if you qualify?

[If they respond, no, thank them for their time and end the call. Then document refusal in health plan member profile.]

[If they are interested, continue] *It'll take just a few minutes, and your answers will help us confirm if you can receive the benefit. You don't have to share private details about your health, just yes or no answers."*

Part I: Member Information

[Read each field, then confirm information matches what's on file and fill in Sections A-B based on their responses.]

Let's start with some quick details to make sure I have your information correct.

- *Can I please confirm your full name as it appears on your Medicaid or QI Health Plan card?*
- *What is your Medicaid or Health Plan ID?*
- *What's your date of birth?*
- *Do you have an authorized representative who you rely on to make health care decisions for you? If so, what is the name of that authorized representative?*
- *Do you have a cell or house phone number or email where we can reach you or your contact?*
- *Do you have any dependents under age 18 living in your home?*

A. Contact Information

1. Name (as shown on Medicaid or QI Health Plan Card):	
2. Medicaid or Health Plan ID # (If known):	3. DOB (MM/DD/YYYY):
4. If applicable, name of Guardian or Legal Authorized Representative:	
5. Contact Phone Number (indicate cell or house):	6. Contact Email:

B. Dependents

8. Do you have anyone 18 years or younger living in your home?

☐ Yes

☐ No

Part II: Eligibility

This section assesses eligibility. Medicaid members 18 years of age and older are eligible to participate in the pilot if they meet both food (in)security and clinical eligibility criteria.

Now I'll ask a few questions about your household and your health. These questions help us see if this benefit can support you.

A. Age

1. Are you 18 years old or older?

☐ Yes

☐ No

1.a. *If no, are you a legally emancipated minor?

☐ Yes ☐ No [**STOP. INELIGIBLE.** Issue notice of adverse benefit determination]

[If the answer is 'Yes' proceed, if 'No' read the prompt below and end the call]

[For 'No' responses only] *I'm sorry, this program is only for adults 18 and older and you aren't eligible at this time. New programs may become available at a later time. You can check back later to see if new nutrition programs are being offered and you may also reach out to << consult the FQHC offering tracker for phone and contact information to share >> to discuss other programs that might be available to you.*

B. Food Security Assessment

[The following questions relate to the food consumed in the member's household over the past 12 months. Each response has a designated point value. If the total score is 1 point or lower, the member is not eligible. Stop screening and issue a Notice of Adverse Benefit Determination. If the total score is 2 points or higher, the member meets criteria. Proceed to clinical eligibility screening]

Now I am going to ask you questions about your food situation over the last year. This program was designed to help people access healthy and nutritious foods. Your honest answers will help us understand if the Kau 'Ai Pono benefit can help you.

The next 5 questions assess food security. For these statements, please check whether the statement was often true, sometimes true, or never true for you in the last 12 months.

1. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." In the last 12 months, this was:
☐ Often true [1pt] ☐ Sometimes true [1pt] ☐ Never true [0pt]
2. "(I/we) couldn't afford to eat balanced meals." In the last 12 months, this was:
☐ Often true [1pt] ☐ Sometimes true [1pt] ☐ Never true [0pt]
3. In the last 12 months, did you and/or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
☐ Yes [1pt]* ☐ No [0pt]
- 3.a. *If yes, how often did this happen?
☐ Almost every month [1pt] ☐ Some months, but not every month [1pt]
☐ Only 1 or 2 months [0pt]
4. In the 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
☐ Yes [1pt] ☐ No [0pt]
5. In the last 12 months, were you ever hungry, but didn't eat, because there wasn't enough money for food?
☐ Yes [1pt] ☐ No [0pt]

Sum of Points [0-6 total]: _____

- ☐ 2+ points [Meets Food Security Eligibility criteria. Continue to Clinical Eligibility Screening]
- ☐ 0-1 points [**STOP. INELIGIBLE.** Issue Notice of Adverse Benefit Determination.]

[If 2+ points] *Thank you for sharing that information. Based on your answers, it looks like this program could be helpful. I now need to ask you some questions about your health.*

[If, 0-1 points] *Thank you for sharing that information. I'm sorry, at this time you aren't eligible for the Kau 'Ai Pono: Season of Eating Well pilot. New programs may become available at a later time. You can check back later to see if new nutrition programs are being offered, and you may also reach out to << consult the FQHC offering tracker for phone and contact information to share >> to discuss other programs that might be available to you.*

C. Clinical Eligibility Screening

[The following questions relate to the member's health condition. A response of "Yes" to any of the questions indicates the member meets clinical risk criteria. If "No" or "Don't know/Not sure" are selected for all questions, stop screening and issue a Notice of Adverse Benefit Determination.]

The next question(s) are about your current health. Do you 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? You don't need to name the condition.

- ☐ Yes [**STOP. ELIGIBLE.** Go to consent.] ☐ No ☐ Don't know/Not sure

[If no, don't know/not sure proceed with the following prompt. If they answer 'Yes' to any of them, proceed to Part III to gather consent. If they do not answer 'yes,' proceed to the "additional clinical screening questions" below]

I am going to list some different health conditions, if you have any of them, please let me know.

If member is not sure, list below is available:

- COPD
- Chronic Kidney Disease
- Hypertension or high blood pressure
- 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/AIDS
- Morbid obesity (BMI $\geq$ 40)
- Metabolic syndrome
- Persistent, disabling, progressive, or life-threatening mental health condition
- A 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

Additional Clinical Screening Questions

[If they answer 'Yes' to any of the questions, proceed to Part III to gather consent]

1. Are you currently receiving home and community base services such as chore services, personal assistance, or adult day care and do not reside in an institutional setting (ex: nursing home)?
☐ Yes [**STOP. ELIGIBLE.** Go to consent] ☐ No ☐ Don't Know/Not Sure
2. In the past 12 months, have you been to the Emergency Department five or more times?
☐ Yes [**STOP. ELIGIBLE.** Go to consent] ☐ No ☐ Don't Know/Not Sure
3. In the past 6 months, have you been to the Emergency Department two or more times?
☐ Yes [**STOP. ELIGIBLE.** Go to consent] ☐ No ☐ Don't Know/Not Sure
4. In the past 12 months, have you been admitted to the hospital five or more times?
☐ Yes [**STOP. ELIGIBLE.** Go to consent] ☐ No ☐ Don't Know/Not Sure
5. In the past 6 months, have you been admitted to the hospital two or more times?
☐ Yes [**STOP. ELIGIBLE.** Go to consent] ☐ No ☐ Don't Know/Not Sure

[IF MEMBER SELECTS "NO" OR "DON'T KNOW/NOT SURE" TO ALL QUESTIONS, MEMBER IS INELIGIBLE. ISSUE NOTICE OF ADVERSE BENEFIT DETERMINATION.]

[If member selects 'no' or 'don't know/not sure' to all questions, they are ineligible. Read the prompt below and end the call.]

[For 'No' or 'Don't know/Not sure' responses only] *Thank you for sharing that information. I'm sorry, at this time you aren't eligible for the Kau 'Ai Pono food pilot. New programs may become available at a later time. You can check back later to see if new nutrition programs are being offered and you may also reach out to << consult the FQHC offering tracker for phone and contact information to share >> to discuss other programs that might be available to you.*

[Member is eligible for benefit if they:

- Answered "yes" to A.1 AND
- Scored 2 points or higher on Section B AND
- Answered "yes" to any question in Section C and D.]

Part III. Consent and Attestations

You qualify for the program! Now we will talk about your participation in Kau 'Ai Pono: Season of Eating Well pilot.

Member Name: _____ Member Medicaid ID: _____
Member Health Plan: _____ Member Date of Birth: _____

Participation in this program is voluntary and free.

1. Do you consent to receive a food benefit as part of the Kau 'Ai Pono: Season of Eating Well Pilot? Joining is your choice.

☐ Yes ☐ No

You'll receive your food benefit from <<insert name of FQHC>>. Do you agree to pick up your food benefit from only one location?

2. I will only pick up my Kau 'Ai Pono food benefit from

_____ [insert site name].

3. I understand that getting the Kau 'Ai Pono food benefit from more than one place will be considered Medicaid fraud.

☐ Yes ☐ No

[If Yes: record signature or document verbal consent.]

[If No: thank the member and document refusal.]

Please sign below to show that the information you gave is true.

Member Signature: _____ Date: _____
If not signing for self, guardian or legal authorized representative name:

If verbal consent is provided:

Health Plan: _____

Staff Name (print): _____

Staff Signature: _____ Date: _____

Part IV. Kau 'Ai Pono: Person Centered Service Plan

Member Name: _____ Member Medicaid ID: _____
Member Health Plan: _____ Member Date of Birth: _____

We'd like to understand what nutritional goals and needs you have so that we can help connect you to services.

1. What are your nutritional goals and needs? **(Select all that apply)** [Ask as an open-ended question; then, check applicable options below. If the member is unsure, share the list below. The member must have a goal included in their Person-Centered Service Plan]

- ☐ Secure enough food for me/my family to eat three meals a day
- ☐ Add more fruits and vegetables into my/my family's diet
- ☐ Add more protein into my/my family's diet
- ☐ Tailored meals to support your health condition
- ☐ Other: _____

2. [optional] What are some barriers to reaching your nutritional goals and needs? **(Select all that apply)** [Ask as an open-ended question; then, check applicable options below. This is an optional question]

- ☐ Lack of ability to pay
- ☐ Lack of transportation
- ☐ Difficulty transporting food
- ☐ Lack of stable housing
- ☐ Lack of cooking supplies (examples: pots, pans, utensils, refrigerator, stove)
- ☐ Other: _____
- ☐ None

3. Maximum Number of Benefits Per Distribution (based on if the member has a dependent):

- ☐ Individual - 1 benefit (e.g. food box/voucher)
- ☐ Family - 2 benefits (e.g. food boxes/vouchers)

You'll be able to receive [distinguish either: 1 box for an individual //OR// 2 boxes if the individual has children in the home] when <<insert FQHC name>> has them available. The pilot is available until January 18, 2026.

4. Duration: Start Date: _____ End Date: January 18th, 2026

[Confirm agreement] *Do you agree to this plan?*

Sign below if you agree to this person-centered service plan.

Member Signature: _____ Date: _____

If not signing for self, guardian or legal authorized representative name: _____

If verbal consent is provided:

Health Plan: _____

Staff Name (print): _____

Staff Signature: _____ Date: _____

(For Proactive Authorization Phone Call) Closing Script

Mahalo for taking the time to complete the screening today! You've been approved to receive your Kau 'Ai Pono Food Benefit at <<insert FQHC name>>. <<The next distribution date for them is <<consult the FQHC offering tracker information the FQHC would like for QI Health Plans to share with members>>. You can also check with them to get more information about additional pick-up dates and times.

If you have questions later, please call us at <<Insert QI Health Plan number>>. Mahalo for taking care of your health, and enjoy your healthy foods this season!

(For Proactive Authorization Phone Call) Voice Mail Script

Aloha, this is <<Your Name>> calling from <<QI Health Plan Name>>. I'm reaching out because you may be eligible for a special program called Kau 'Ai Pono: Season of Eating Well.

This free program helps Medicaid members get healthy, local foods like fruits, vegetables, and proteins during the holiday season.

It's quick and easy to see if you qualify, just give us a call back at <<phone number>>. We'll help you complete a short screening and connect you back with <<Member's FQHC>> to receive pickup information.

Mahalo for taking care of your health, and we hope to hear from you soon!