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September 1, 2026

MEMORANDUM

MEMO NO.
QI-2617

TO: QUEST Integration (QI) Health Plans
Nutrition Supports Providers

FROM: Meredith Nichols *me*
Med-QUEST Division Administrator

SUBJECT: SECTION 1115 DEMONSTRATION WAIVER – NUTRITION SUPPORTS
IMPLEMENTATION GUIDELINES

This memorandum provides QUEST Integration (QI) Health Plans and Nutrition Supports Providers with guidance on the Medicaid Nutrition Supports program. The Nutrition Supports benefits described in this document operate under authority granted by [Hawaii's QUEST Integration Section 1115 Demonstration](#), effective from January 8, 2025, through December 31, 2029.

This memorandum and the attachments to the memorandum describe:

- 1) Eligibility criteria, benefit parameters, and standards for Produce and Protein Prescription (PPRx) and Nutrition Instruction benefits.
- 2) Operational requirements for QI Health Plans and Nutrition Supports Providers.

Table of Contents

1.	Program Overview	4
2.	Member Eligibility Criteria	4
	Nutrition-Related Social Risk Factors	5
	Nutrition-Related Clinical Risk Factors	5
	Appropriateness of Nutrition Supports	5
	Duplication of Benefits – Eligibility Impacts.....	5
3.	Nutrition Supports Benefit Parameters	6
	Produce and Protein Prescription (PPRx).....	7
	Nutrition Instruction	9
4.	Program-Wide Benefit Delivery Standards	10
	Member Rights and Voluntary Participation	11
	Person-Centered Service Delivery.....	11
	Cultural and Personal Preferences.....	11
	Allergies and Dietary Restrictions	12
	Language Access and Accommodations	12
	Local Food Sources.....	12
	Food Safety Standards	13
5.	How Members Access Benefits.....	13
	Step 1: Member Identification	16
	Step 2: Eligibility Verification	16
	Step 3: Member Consent and Person-Centered Service Plan (PCSP)	17
	Step 4: Member Connections to Other Food Assistance	17
	Step 5: Service Authorization.....	18
	Step 6: Referral to Nutrition Supports Providers	19
	Step 7: Provision of Nutrition Supports Benefits	19
	Step 8: Benefit Reauthorization (If Applicable).....	19
	Step 9: Ongoing: Transitions of Care (If Applicable)	20
	Summary of Maximum Timeframes	20
6.	Nutrition Supports Providers	21
	Nutrition Supports Provider Structure.....	21
	Minimum Qualifications.....	22
	Provider Responsibilities.....	22

	Enrollment, Credentialing, and Contracting Requirements.....	23
7.	Billing and Payment.....	25
	Billing Requirements	25
	Billing Codes and Rates	25
	Duplication of Benefits – Billing Impacts	28
	Oversight of Service Delivery and Limits	28
8.	Reporting, Evaluation, and Program Integrity	28
	Reporting.....	29
	Program Evaluation and Continuous Improvement.....	29
	Program Integrity	30
9.	Summary of Roles and Responsibilities	31
10.	Appendices.....	33

1. Program Overview

This document provides QUEST Integration (QI) Health Plans and Nutrition Supports Providers with guidance on the Medicaid Nutrition Supports program. The Nutrition Supports benefits described in this document operate under authority granted by [Hawaii's QUEST Integration Section 1115 Demonstration](#), effective from January 8, 2025, through December 31, 2029.

The program parameters included in this guidance align with the demonstration's Special Terms and Conditions (STCs), as established by the Centers for Medicare & Medicaid Services (CMS), and other applicable federal requirements. MQD recognizes that local providers and communities are best positioned to understand and respond to the needs of the people they serve. The Nutrition Supports program is intentionally designed to provide flexibility in how the community meets those needs while maintaining compliance with federal CMS standards and program integrity.

Nutrition Supports benefits address members' health-related social needs (HRSN) related to food security, nutrition access, and health-supportive food behaviors. The Nutrition Supports HRSN program is separate from and does not impact the administration of other nutrition-related benefits within the Medicaid program, including nutrition counseling, medical nutrition therapy, Home and Community-Based Services (HCBS) home-delivered meals, and other related medical services, such as diabetes medication management.

MQD has authority under the demonstration to implement the following Nutrition Supports benefits:

- Produce and Protein Prescription (PPRx)
- Nutrition Instruction
- Medically Tailored Meals
- Meals and Pantry Stocking
- Cooking Supplies

MQD is launching Nutrition Supports benefits in phases. Phase 1 includes PPRx and Nutrition Instruction. MQD will publish updated guidance as additional benefits are implemented.

2. Member Eligibility Criteria

This section outlines eligibility criteria for authorizing Nutrition Supports benefits. A member who meets each of the three (3) eligibility criteria listed below is eligible for Nutrition Supports:

1. Nutrition-Related Social Risk Factor (see the Nutrition-Related Social Risk Factors section);
2. Nutrition-Related Clinical Risk Factor (see the Nutrition-Related Clinical Risk Factors section); and,
3. Eighteen (18) years of age or older or an emancipated minor.

MQD may expand eligibility criteria to include members with additional qualifying clinical risk factors and minors during a future phase of Nutrition Supports benefit implementation.

Nutrition-Related Social Risk Factors

To be eligible, a member must experience low or very low food security, as determined using a CMS-required United States Department of Agriculture (USDA) Food Security Screening Tool, which includes six (6) questions and a thirty (30)-day reference period.¹ The USDA Food Security Screening Tool is included in both Appendix A – Medicaid Nutrition Supports Request Form and Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP).

Nutrition-Related Clinical Risk Factors

To be eligible, a member must have at least one of the following qualifying conditions. Qualifying conditions include:

- Diabetes
- Pre-diabetes
- Chronic Kidney Disease (CKD)
- Cardiovascular Disorders (including Stage 1 or higher Hypertension²)
- Morbid Obesity (BMI ≥ 40)

Appropriateness of Nutrition Supports

Meeting the eligibility criteria above establishes that a member may receive Nutrition Supports. QI Health Plans must separately determine, through person-centered planning, whether a specific benefit fits the member's health needs and living situation at the time of authorization. For example, Nutrition Supports benefits may not be appropriate for individuals residing in certain temporary (i.e., Medical Respite) or permanent (i.e., Assisted Living Facility) supported living settings.

Duplication of Benefits – Eligibility Impacts

Nutrition Supports benefits shall not be used to fund, duplicate, or supplant benefits or services that a member already receives through another state or federal program, such as the Supplemental Nutrition Assistance Program (SNAP), the Women, Infants, and Children (WIC) program, and other nutrition-related Medicaid benefits.

Members may simultaneously participate in both Medicaid Nutrition Supports and other federal or state programs; however, services must not be duplicative, and Nutrition Supports funding cannot be used to pay for benefits already covered through those programs. QI Health Plans must verify that the specific Nutrition Supports benefit being authorized does not (1) duplicate an existing benefit the member is receiving through another state or federal program, and (2) collectively exceed a full-board nutritional regimen (three meals per day) for the member across all food benefit programs (including Medicaid, SNAP, WIC, etc.). Non-duplication impacts on eligibility vary by benefit, as described in Table 1 for Phase 1 benefits.

¹ USDA. Food Security in the U.S. - Survey Tools. March 2026. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools#six>

² American Heart Association. Understanding Blood Pressure Readings. August 2025. <https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings>

Table 1: Duplication of Benefits Impact on Nutrition Supports Eligibility

Benefit	Duplication Impact on Eligibility	Rationale
Produce and Protein Prescription (PPRx)	<u>No Impact.</u> Members are eligible if they meet social and clinical criteria.	Because the PPRx benefit is designed only to supplement the nutritional value of a member's diet, rather than fully meet their daily nutritional needs, a member's participation in other food assistance or nutrition programs, for example, SNAP, WIC, or Medicaid HCBS meals, does not impact eligibility for PPRx.
Nutrition Instruction	<u>No Impact.</u> Members are eligible if they meet social and clinical criteria.	Nutrition Instruction and other nutrition education programs complement and do not replace one another. While other programs may include educational components, they differ from Nutrition Instruction in duration, scope, frequency, and content. Nutrition Instruction is also distinct from other Medicaid services, such as nutrition counseling or medical nutrition therapy, authorized outside of this program.

3. Nutrition Supports Benefit Parameters

This section outlines key parameters and requirements for each Nutrition Supports benefit. In addition to the requirements described here, Nutrition Supports benefits are also subject to the program-wide delivery standards described in the Program-Wide Benefit Delivery Standards section. Table 2 summarizes the Nutrition Supports benefits active within Phase 1. Members can and are encouraged to access PPRx and Nutrition Instruction benefits at the same time.

Table 2: Nutrition Supports Benefit Descriptions and Limits

Benefit	Service Description	Service Limit	Authorization Limit
Produce and Protein Prescription (PPRx)	Provides fruits, vegetables, and proteins to supplement a member's diet with healthy foods.	Up to one (1) PPRx benefit unit (or two units for members with a minor dependent) based on a weekly, biweekly, or monthly schedule.	Up to six (6) months (renewable with continued eligibility).
Nutrition Instruction	Provides educational strategies to motivate healthy food choices and other nutrition-related behaviors conducive to health and well-being.	Up to twelve (12) instruction sessions which may last up to ninety (90) minutes.	Up to six (6) months (renewable with continued eligibility).

Produce and Protein Prescription (PPRx)

The PPRx benefit provides a member with fruits, vegetables, and proteins to supplement their diet and encourage intake of nutritious foods. This benefit is intended to supplement, not fully meet, a member's nutritional needs.

Duration, Amount, and Frequency

Duration: QI Health Plans may authorize the PPRx benefit for up to six (6) months, renewable if the member continues to meet eligibility criteria (see the Member Eligibility Criteria section).

Amount and Frequency: The PPRx benefit provides a member with an approximate retail value of food, determined by the Nutrition Supports Provider's benefit schedule. Members with at least one minor dependent are eligible to receive two PPRx benefit units (meaning, twice the benefit value amount); members do not receive additional value for multiple dependents. Nutrition Supports Providers may provide PPRx on a weekly, biweekly (every other week), or monthly schedule based on member needs, member preference, or provider operational capacity:

- **Weekly:** The member receives approximately \$50.00 (Oahu) or \$55.00 (Neighbor Islands) in retail food value per week; or, approximately \$100.00 (Oahu) or \$110.00 (Neighbor Islands) for a member with a minor dependent.
- **Biweekly (every other week):** The member receives approximately \$100.00 (Oahu) or \$110.00 (Neighbor Islands) in retail food value every other week; or, approximately \$200.00 (Oahu) or \$220.00 (Neighbor Islands) for a member with a minor dependent.
- **Monthly:**³ The member receives approximately \$215.00 (Oahu) or \$237.00 (Neighbor Islands) in retail food value per month; or, approximately \$430.00 (Oahu) or \$474.00 (Neighbor Islands) for a member with a minor dependent.

A member cannot receive, pick up, or use PPRx benefit units for more than their authorized amount for the applicable period, or hold unused benefit units to redeem later. For example, a member may not save two months' worth of vouchers and redeem both during a single month.

Benefit Formats

Nutrition Supports Providers may deliver the PPRx benefit through any of the following formats. Where appropriate, a member may designate an authorized representative to obtain the PPRx benefit on their behalf.

- **Food Pick-Up:** The member or their authorized representative personally collects the PPRx benefit at the Nutrition Supports Provider's distribution site(s).
- **Food Delivery:** Nutrition Supports Providers deliver pre-assembled food packages to the member.
 - Note: Nutrition Supports Providers may receive an add-on reimbursement of \$14.00 (Oahu) or \$16.50 (Neighbor Islands) per delivery (see the Billing Codes and Rates

³ Equivalent to approximately 4.3 of the weekly benefit value.

section). This add-on applies to the member's entire delivery, even if they receive multiple food packages in a single delivery.

- **Food Voucher**: The member is provided with a physical or digital voucher to redeem the PPRx benefit. The Nutrition Supports Provider must have processes and safeguards in place to ensure that vouchers can be redeemed only for allowable items (see the PPRx Contents section).

Nutrition Supports Providers have flexibility within these formats to develop benefit delivery structures that best meet member needs and promote effective and engaging service delivery. For example, a Nutrition Supports Provider could allow members to select their own food products up to the PPRx benefit value through a mākeke (market)-style shopping experience.

PPRx Supplemental Information

Nutrition Supports Providers are encouraged, but not required, to include supplemental information along with the PPRx benefit—such as recipe cards, pamphlets, or QR codes linking to online resources—to support members in using the PPRx benefit effectively. Supplemental information, if provided, is part of the PPRx benefit and not a separately billable Medicaid service. Supplemental materials may address topics such as, but not limited to, recipes, cooking tips, healthy eating information, food storage guidance, and food preparation instructions.

PPRx Contents

The PPRx benefit is limited to fruits, vegetables, seeds or seedlings to grow fruits and vegetables, and proteins, including vegetarian proteins.⁴ Foods or items that do not fall within these categories are not covered under PPRx. MQD encourages Nutrition Supports Providers to include a balanced mix of fruits, vegetables, and proteins that are whole or minimally processed. Highly processed items with minimal nutritional value, even if nominally derived from an allowable category (e.g., gummy fruit snacks, potato chips, candied fruits), do not meet this standard. Foods may be fresh, frozen, or shelf-stable (i.e., fermented, dried, or canned goods without added sugar, fat, or salt).

MQD encourages provision of foods that are culturally familiar, significant, and locally grown and relevant to local communities. Table 3 provides examples of foods within each category. Foods included in the PPRx benefit may include, but are not limited to, those listed below.

Table 3: Examples of Allowable Foods Included in PPRx

Category	Examples
Fruit	Banana, papaya, pineapple, mango, orange, berries, guava, 'ulu (breadfruit)
Vegetable	Leafy greens, bok choy, cabbage, taro (kalo, poi), 'uala (sweet potato), broccoli, moringa, limu (seaweed), carrots, watercress
Protein	Fish, chicken, venison, eggs, dairy (e.g., Greek yogurt, cottage cheese), beans, tofu, lentils, edamame

⁴ Alcohol and tobacco products are explicitly prohibited under the PPRx benefit and may not be included in PPRx benefits or redeemed using food vouchers.

Nutrition Instruction

Nutrition Instruction offers evidence-based educational strategies designed to motivate nutrition-related behaviors conducive to health and well-being. Example topics include building a balanced plate, food label reading, food preservation and storage, growing food for household use, and budgeting and shopping for nutritious meals, among others. Nutrition Instruction may include hands-on formats, such as cooking demonstrations and teaching-kitchen sessions.

Duration, Amount, and Frequency

Duration: QI Health Plans may authorize the Nutrition Instruction benefit for up to six (6) months, renewable if the member continues to meet eligibility criteria (see the Member Eligibility Criteria section).

Amount: During the benefit authorization period, a member may receive up to twelve (12) Nutrition Instruction sessions, each lasting up to 90 minutes.

Frequency: Members may receive Nutrition Instruction sessions on any cadence (e.g., ad hoc, biweekly, monthly, etc.) within the authorized amount and period, based on the member's goals and provider offerings.

Benefit Formats

Nutrition Supports Providers may deliver the Nutrition Instruction benefit in the following formats:

- Individual in-person
- Individual telehealth
- Group in-person
- Group telehealth

Nutrition Instruction sessions must be delivered live and synchronously, meaning the Nutrition Supports Provider and member (or group of members) are present and engaged at the same time, whether delivered in person or via telehealth. Pre-recorded, on-demand, or other asynchronous formats do not qualify as Nutrition Instruction for purposes of this benefit and are not reimbursable as a Medicaid Nutrition Supports benefit.

MQD encourages Nutrition Instruction to be provided in the manner most effective for the member. Use of telehealth Nutrition Instruction should be consistent with MQD's telehealth policies. As of the date of publication of this guidance, refer to the Memo QI-2527: Telehealth Implementation Guidance Memorandum.⁵

⁵ Hawaii Department of Human Services, Med-QUEST Division. Memorandum nos. QI-2527, FFS 25-12, CCS-2509. December 2025. <https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2025/QI-2527%20FFS%2025-12%20CCS-2509%20Telehealth%20Implementation%20-%20signed.pdf>

Curriculum and Instructor Standards

Nutrition Instruction must align with evidence-based nutrition guidelines and best practices for the specific clinical conditions that the member has. MQD encourages Nutrition Instruction to include practical skills, for example, buying affordable healthy foods, preparing meals, and learning how these practices improve health.

A Registered Dietitian Nutritionist (RDN) must approve all curricula and educational materials prior to initial use and following any material revisions. Curricula can include standardized or purchased curricula or educational materials (e.g., from the Centers for Disease Control and Prevention, American Heart Association, American Diabetes Association, United States Department of Agriculture, and the Academy of Nutrition and Dietetics), so long as they were developed with or approved by an RDN. Nutrition Instruction does not need to be delivered directly to members by an RDN. Nutrition Supports Providers may identify, train, and oversee instructors (e.g., community health workers, cultural practitioners, farmers, chefs, or peer educators), if all approved curriculum standards are met. All instructors must be approved by an RDN to ensure instruction is accurate, evidence-based, and of consistent quality. Nutrition Instruction should be individualized to the member's needs for one-on-one instruction.

Nutrition Supports Providers should periodically review curricula to ensure alignment with current evidence-based nutrition guidance, for example from the Centers for Disease Control and Prevention, American Heart Association, American Diabetes Association, United States Department of Agriculture, and the Academy of Nutrition and Dietetics.⁶ Curricula should also be culturally responsive to educational practices. Recognizing that health is holistic, Nutrition Instruction may be taught from a cultural perspective, for example, connecting to 'āina (place), mo'olelo (stories), 'ai pono principles, and cultural values that address whole person health.

4. Program-Wide Benefit Delivery Standards

This section identifies program-wide standards that apply to all Nutrition Supports benefits. QI Health Plans and Nutrition Supports Providers shall deliver benefits in accordance with these standards, in addition to any benefit-specific requirements described in the Nutrition Supports Benefit Parameters section. Program-wide standards described here include:

- Member Rights and Voluntary Participation
- Person-Centered Service Delivery
- Cultural and Personal Preferences
- Allergies and Dietary Restrictions
- Language Access and Accommodations
- Local Food Sources
- Food Safety Standards

⁶ United States Department of Agriculture. Dietary Guidelines for Americans, 2025-2030. January 2026.
<https://www.dietaryguidelines.gov/>

Member Rights and Voluntary Participation

Members receiving Nutrition Supports services retain all member rights established under 42 CFR §438 and other relevant federal statutes, regulations, and the Medicaid State Plan.

Participation in Nutrition Supports benefits is voluntary. Members may decline any benefit or discontinue participation at any time. The following rights must be maintained for all members receiving or being considered for Nutrition Supports services:

- Nutrition Supports services must not be used to reduce, discourage, or jeopardize members' access to other covered Medicaid services.
- Members always retain the right to receive other covered services on the same terms as would apply if Nutrition Supports services were not an option.
- Members cannot be denied a covered service on the basis that the member is currently receiving Nutrition Supports services, has requested those services, has previously qualified for or received those services, or currently qualifies for or may qualify in the future for those services.
- Members cannot be required to receive Nutrition Supports services.

While QI Health Plans, Nutrition Supports Providers, and other implementation partners may encourage member participation in Nutrition Supports benefits, no Nutrition Supports benefit may be conditioned on a member's participation or non-participation in another Medicaid or Nutrition Supports benefit.

Person-Centered Service Delivery

Nutrition Supports benefits shall be person-centered and responsive to the diverse cultural backgrounds and lived experiences of members. Nutrition Supports providers shall deliver services in a manner that recognizes, affirms, and respects the worth, dignity, and preferences of the individual member. For example, members shall be offered meaningful choices about how benefits are delivered, and providers shall honor member preferences as described throughout this section, to the extent feasible.

Cultural and Personal Preferences

Nutrition Supports Providers serve people of all cultures, races, ethnic backgrounds, and religions and should deliver benefits in a manner that reflects, respects, and reinforces the cultural backgrounds and personal preferences of members they serve. Nutrition Supports Providers must have the willingness and ability to draw on community values, traditions, and customs to devise strategies to better meet culturally diverse member needs. Nutrition Supports Providers are encouraged to work with knowledgeable persons of and from the community in developing service delivery approaches. When feasible, Nutrition Supports Providers should support member preferences, including but not limited to:

- Cultural and religious dietary preferences (e.g., indigenous, halal, or kosher food practices);
- Personal food preferences (e.g., vegan or vegetarian);

- Food preparation and storage requirements (e.g., recipes and food items accessible to members with limited cooking or refrigeration equipment);
- Accessibility of labels, packaging, and instructional materials (e.g., ensuring content is at an appropriate reading level); and/or
- Delivery method and setting, based on what is most feasible and effective for the member (e.g., in-person versus telehealth for Nutrition Instruction sessions).

Allergies and Dietary Restrictions

Nutrition Supports Providers must ask members about food allergies and dietary restrictions prior to delivering a Nutrition Supports benefit and must incorporate that information into benefit delivery. Nutrition Supports Providers shall collect, document, and honor member dietary restrictions. For members with highly complex or rare dietary needs, additional review by a qualified clinical or nutrition professional (e.g., RDN) may be needed before services are initiated.

For food-based Nutrition Supports benefits like PPRx, for example, this means substituting or excluding items that conflict with a member's identified allergies or restrictions. If the Nutrition Supports Provider cannot safely accommodate the member's needs, QI Health Plans are encouraged to connect members to PPRx Providers that allow the member to select their own food items. For Nutrition Instruction, this means ensuring that cooking demonstrations, recipes, and other instructional content are appropriate for the member's dietary needs or that alternatives are offered.

Language Access and Accommodations

Nutrition Supports Providers shall ensure meaningful language access to Nutrition Supports benefits for all members, including but not limited to those with limited English proficiency. Examples of language accessibility and accommodations include providing services in the member's preferred language, ensuring that written materials are written in plain language at an appropriate reading level, and making language accessibility accommodations for members with disabilities. When language or accessibility needs exceed a Nutrition Supports Provider's reasonable capacity, they shall coordinate with the member's QI Health Plan to identify appropriate accommodations.

Local Food Sources

Nutrition Supports Providers should prioritize use of locally sourced foods, meaning foods produced or harvested within Hawaii, when feasible. MQD recognizes that nutrition and health are connected to the strength of local food systems and that prioritizing local farmers, producers, and suppliers can support member access to fresh, high-quality foods while strengthening the communities in which they live. MQD also supports the State's goals for increasing procurement of locally produced food, which established the following statewide

benchmarks in Act 137⁷:

- 30% by 2030;
- 40% by 2040; and
- 50% by 2050.

As such, Nutrition Supports Providers should aim to use at least fifteen percent (15%) Hawaii products in their Nutrition Supports benefit delivery (e.g., at least 15% of the food used in PPRx benefits be locally sourced foods). While not a condition of Medicaid reimbursement, this benchmark is intended to align Nutrition Supports Provider food supply practices with the language and objectives of Hawaii's existing local food procurement policy, including the State's goal of ensuring that an increasing share of food purchased with public resources is locally produced in order to support Hawaii farmers and ranchers, strengthen local agricultural markets, and retain the economic benefits of food procurement within the state.

Food Safety Standards

Nutrition Supports Providers must handle, store, package, and deliver food items in accordance with the Hawaii Food Safety Code, as published in the Hawaii Department of Health (DOH) Administrative Rules (Chapter 11-50) and other applicable federal food safety standards.⁸ For example, Nutrition Supports Providers should maintain basic food safety standards, including ingredient transparency, allergen labeling, cross-contact prevention, safe packaging, temperature control, delivery tracking, and staff training. These requirements apply to any Nutrition Supports benefit involving the provision or preparation of food, including Nutrition Instruction sessions with cooking demonstrations. Nutrition Supports Providers remain responsible for ensuring all food safety standards are met regardless of whether food is prepared, packaged, transported, or delivered directly or through subcontracted entities.

5. How Members Access Benefits

This section describes how members are identified, authorized for, and connected to Nutrition Supports benefits. Accessing Nutrition Supports benefits involves nine (9) key steps:

1. Member identification;
2. Eligibility verification;
3. Member consent and person-centered service plan (PCSP);
4. Member connections to other food assistance;
5. Service authorization;
6. Referral to a Nutrition Supports Provider;
7. Provision of Nutrition Supports Benefits;
8. Benefit reauthorization (if applicable); and

⁷ Hawaii House Bill (HB) 110. Enacted as Act 137, Session Laws of Hawaii 2025.

https://data.capitol.hawaii.gov/sessions/session2025/bills/HB110_.HTM

⁸ Hawaii Department of Health. Amendment and Compilation of Chapter 11-50, Hawaii Administrative Rules.

<https://health.hawaii.gov/news/files/2025/08/Food-Safety-Code-HAR-11-50-Effective-August-2025.pdf>

9. Ongoing: Transitions of care (if applicable).

These steps are described in detail below and illustrated in Figure 1. Standardized forms to support these steps are included as appendices: Appendix A – Medicaid Nutrition Supports Request Form, Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP), Appendix C – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP) – QI Health Plan Script, and Appendix D – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP) – PCSP Referral Provider Script.

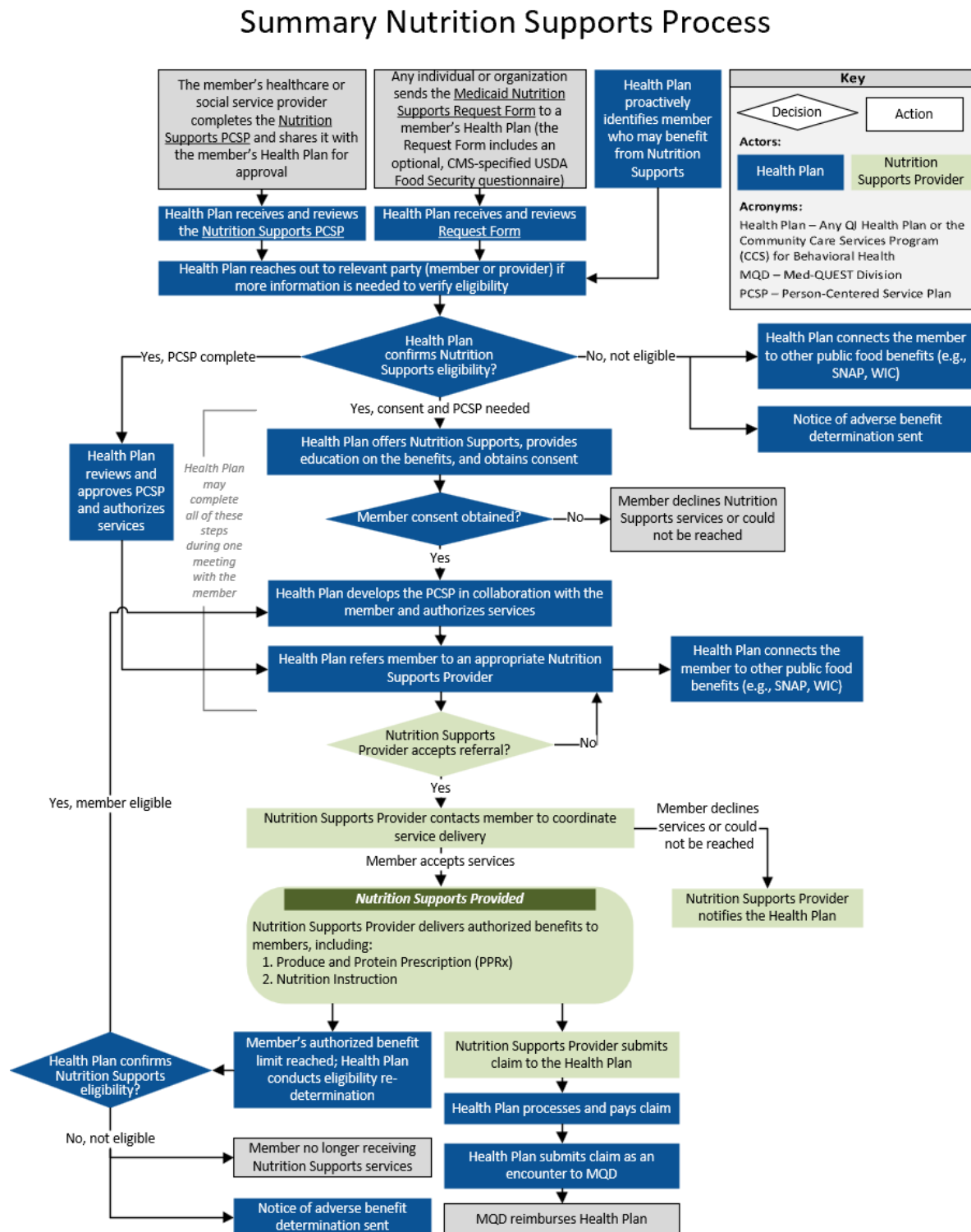
In some cases, a member's Medicaid healthcare or social service provider—such as a medical provider, case manager, or Community Integration Services Plus (CIS+) provider—may complete Steps 1 and 3 directly with the member, rather than the QI Health Plan. This can streamline the member experience and allow providers who already have established relationships with members to support benefit access. The QI Health Plan retains responsibility for reviewing the PCSP, confirming eligibility, and authorizing services. To facilitate member consent and the PCSP, the healthcare or social service provider must:

- Have watched MQD's Nutrition Supports PCSP Referral Provider Training Video (available on MQD website) prior to completing the Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP);
- Be providing Medicaid services outside of Nutrition Supports to the member; and
- Not be engaged with the member solely to facilitate access to Nutrition Supports benefits.

A provider who meets the qualifications above and takes on this role is referred to in this guidance as a “PCSP Referral Provider.” Where applicable, this provider role is noted within each step in the sections below.

Providers who serve only as Nutrition Supports Providers within the Medicaid program and do not serve in any other Medicaid provider role are prohibited from serving as a PCSP Referral Provider, consistent with federal conflict of interest requirements.

Figure 1: Summary Nutrition Supports Process



Step 1: Member Identification

Members may be identified as potentially eligible for Nutrition Supports benefits through a variety of sources, including, but not limited to:

- A **member** self-identifies and contacts their QI Health Plan directly to request Nutrition Supports benefits.
- A **QI Health Plan** proactively identifies a potentially eligible member through claims and encounter data (e.g., ICD-10 codes Z59.41 or Z59.48), health risk assessments, member surveys, care management programs, or other similar activities.
- **Any individual or organization**—such as a social service agency, provider, or other entity that engages with Medicaid members—submits Appendix A – Medicaid Nutrition Supports Request Form to the member's QI Health Plan or MQD, or otherwise contacts the QI Health Plan directly.
- A **PCSP Referral Provider** identifies a potentially eligible member and completes Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP) directly with the member, then faxes or emails the completed packet to the member's QI Health Plan with the attention line: *QI Nutrition Supports Program*.
 - NOTE: Because the PCSP Referral Provider completes member consent and PCSP documentation as part of this process, Step 3 is completed concurrently with Step 1 (see the Step 3: Member Consent and Person-Centered Service Plan (PCSP) section for additional detail).

Step 2: Eligibility Verification

Upon receiving a member request for Nutrition Supports, the QI Health Plan must act within 5 business days to independently verify member eligibility against the criteria described in the Member Eligibility Criteria section and, if the member is eligible, advance to Steps 3 through 6. If the QI Health Plan determines a member is not eligible, it must issue a Notice of Adverse Benefit Determination (NOA).

If the request was submitted by a PCSP Referral Provider who has already completed Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP) with the member, the QI Health Plan reviews the submitted packet to make its eligibility determination and can consider Step 3 complete.

In some cases, the information available to the QI Health Plan may not be sufficient to confirm eligibility. QI Health Plans are expected to take reasonable steps to fill information gaps before making an eligibility determination. This may include reviewing the member's available data to confirm clinical diagnoses or contacting the member or their provider directly to obtain missing information. When member outreach is required, the QI Health Plan must make at least three (3) documented contact attempts using available contact methods before closing the referral or determining the member cannot be reached.

Step 3: Member Consent and Person-Centered Service Plan (PCSP)

A member must consent to receive Nutrition Supports benefits and have a completed PCSP before the QI Health Plan authorizes services, consistent with federal requirements. Both member consent and the PCSP are documented using the Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP), which is completed in partnership with the member and, as applicable, their chosen support network. This process involves the member learning about the program and services, providing the member with an opportunity to ask any questions, and offering adequate information to support the member in making an informed choice. Member consent may be collected electronically, verbally, or in writing.

Consistent with federal conflict of interest requirements, only the QI Health Plan or a PCSP Referral Provider⁹ may complete the PCSP with the member. To support person-centered planning with the member, QI Health Plan staff or representatives developing the PCSP should use Appendix C – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP) – QI Health Plan Script, while PCSP Referral Providers should use Appendix D – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP) – PCSP Referral Provider Script. Regardless of whether QI Health Plan staff or a PCSP Referral Provider completes the PCSP, the **QI Health Plan is ultimately responsible for reviewing and approving the PCSP prior to authorizing benefits.**

The QI Health Plan completes the PCSP, including member consent, with the member within five (5) business days after verifying member eligibility. If a request was submitted by a PCSP Referral Provider, this may already be complete. The PCSP must also be reviewed and, as needed, revised at least every six (6) months or more frequently when indicated (e.g., at the end of the member's authorization period, when the member's needs change, or at the member's request). The PCSP will generally be updated when or if Nutrition Supports benefits are renewed (see Step 8: Benefit Reauthorization (If Applicable)).

Step 4: Member Connections to Other Food Assistance

A goal of the Nutrition Supports program is to connect members experiencing food insecurity to the full range of available food assistance resources, including SNAP and WIC. The PCSP includes standardized questions to assess a member's current participation in SNAP and WIC and whether the member has recently applied for or been found ineligible for those programs. The QI Health Plan must use this information to support the member in obtaining or maintaining SNAP and WIC benefits as follows:

- **Currently enrolled in SNAP or WIC:** No further action required. The QI Health Plan is encouraged, however, to connect members who have concerns about maintaining their SNAP or WIC coverage to application assistance resources.
- **Pending SNAP or WIC application:** The QI Health Plan should follow up to confirm the outcome of the application and, if denied, connect the member to other possible nutrition assistance programs.

⁹ REMINDER: Providers who serve only as Nutrition Supports Providers within the Medicaid program—and do not serve in any other Medicaid provider role—are **prohibited** from serving as a PCSP Referral Provider and cannot complete Appendix B.

- **Has not applied for SNAP or WIC:** The QI Health Plan must assist the member in applying or connect the member to application assistance resources. The QI Health Plan shall document whether it:
 - Provided information and the member declined support accessing SNAP/WIC;
 - Referred the member to applicable support services;
 - Completed a warm handoff to application support services; or
 - Assisted with an application for SNAP/WIC.

For members who are referred for Nutrition Supports benefits but are found ineligible, for example, because they do not meet clinical eligibility criteria, QI Health Plans must still take the above steps to connect members who screen positive for food insecurity to SNAP, WIC, and other available food assistance resources. These activities may occur at the same time as other member engagement activities, such as during PCSP development. To strengthen connections, MQD encourages QI Health Plans to build referral relationships with well-positioned community organizations to support these activities, such as foodbanks, FQHCs, and other entities that may already administer WIC or provide SNAP application assistance. MQD also encourages connections to other relevant programs, for example, Health Coordination.

Step 5: Service Authorization

The QI Health Plan is responsible for authorizing or denying Nutrition Supports benefits within five (5) business days of completing or receiving a completed PCSP. If the QI Health Plan receives a completed PCSP from a PCSP Referral Provider, but additional information is required to determine eligibility, the QI Health Plan shall document outreach efforts and authorize services as soon as reasonably practicable once eligibility is confirmed. Authorizations must document the Nutrition Supports benefit(s) authorized, the authorization period, and the amount of each benefit authorized.

Option for Eligible Providers: Retroactive Authorization

A Nutrition Supports Provider who is also a PCSP Referral Provider may deliver Nutrition Supports benefits to a member immediately after completion of Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP) without waiting for QI Health Plan prior authorization. This option is only available to Nutrition Supports Providers who meet qualifications of a PCSP Referral Provider; other providers cannot deliver Nutrition Supports prior to receiving QI Health Plan authorization.

To use this option, the eligible provider must submit the completed PCSP to the member's QI Health Plan following service delivery. In line with the service authorization timeline noted above, the QI Health Plan must review the submission and notify the provider of its determination within five (5) business days of receipt. If approved, the QI Health Plan may authorize Nutrition Supports benefits retroactively for up to 31 days from the date of service delivery.

Providers who choose this option assume financial risk if the QI Health Plan denies authorization. Providers should therefore use this option only when they have reasonable confidence that the member meets eligibility criteria based on their clinical and social knowledge of the member.

NOTE: This option is not reflected in Figure 1 and represents an alternative to the standard prior authorization pathway.

Step 6: Referral to Nutrition Supports Providers

Once the QI Health Plan approves the PCSP and authorizes Nutrition Supports benefits, the QI Health Plan shall refer the member to an appropriate in-network Nutrition Supports Provider. Where the member has expressed a preference for a specific Nutrition Supports Provider, the QI Health Plan should honor that preference if the Nutrition Supports Provider is appropriate, in-network, and has capacity to serve the member. If the preferred Nutrition Supports Provider is not available or appropriate, the QI Health Plan shall refer the member to an alternative in-network Nutrition Supports Provider. The QI Health Plan is responsible for referring the member to a Nutrition Supports Provider within five (5) business days of completing or receiving a completed PCSP (likely completed at the same time as Step 5: Service Authorization). In turn, the Nutrition Supports Provider shall accept or decline referrals from QI Health Plans within three (3) business days after receiving the referral.

Referral communication should be closed loop. If a Nutrition Supports Provider is unable to contact a member to initiate Nutrition Supports services, the provider must notify the QI Health Plan. Upon receiving this notification, the QI Health Plan should make reasonable efforts to re-engage the member and connect them with a different Nutrition Supports Provider.

Step 7: Provision of Nutrition Supports Benefits

Nutrition Supports Providers shall make reasonable efforts to contact the member and initiate services within five (5) business days of receiving and accepting the referral from the QI Health Plan. Nutrition Supports Providers must deliver services consistent with the member's authorized benefit package, the Nutrition Supports Benefit Parameters section, and Program-Wide Benefit Delivery Standards section, and any other standards established in this guidance.

Throughout the service period, Nutrition Supports Providers should communicate with the QI Health Plan regarding issues that may affect the member's ability to receive or benefit from services. Examples include, but are not limited to:

- The member cannot be contacted or declines services.
- The member's needs change significantly and may require reassessment or modification of the PCSP.
- The member relocates, becomes incapacitated, or experiences other circumstances that affect service delivery.

If a Nutrition Supports Provider identifies a need for additional services, changes to the authorized benefit, or benefit reauthorization, the provider should notify the QI Health Plan so that the QI Health Plan can assess whether updates to the PCSP, eligibility verification, or a new service authorization are needed.

Step 8: Benefit Reauthorization (If Applicable)

Nutrition Supports benefits are limited to a six-month service authorization period. Nutrition Supports benefits may be reauthorized if the member continues to meet eligibility criteria. As the authorization period nears its end, QI Health Plans should proactively work with the

member and their providers (including the member's Nutrition Supports Provider and, as applicable, PCSP Referral Provider) to repeat Steps 2 through 7 to determine if the member remains eligible and wants to reauthorize Nutrition Supports benefits.

Step 9: Ongoing: Transitions of Care (If Applicable)

Transition of care requirements apply on an ongoing basis, whenever a change in circumstances affects a member's access to Nutrition Supports benefits. This includes, but is not limited to:

- If a member receiving Nutrition Supports services moves from one QI Health Plan to another, QI Health Plans shall follow existing transition of care protocols as outlined in the QI Health Plan contract.
- If a Nutrition Supports Provider discontinues Nutrition Supports services for a member, the Nutrition Supports Provider shall notify the member's QI Health Plan promptly and, where feasible, continue delivering authorized services until the member is transitioned to another provider. The QI Health Plan shall take prompt action to identify and connect the member to an alternative in-network Nutrition Supports Provider to avoid an interruption in services.
- If the member moves and is no longer within the geographic area of their Nutrition Supports Provider, the QI Health Plan shall offer an alternative in-network Nutrition Supports Provider that operates within an appropriate distance from the member's new location.

Summary of Maximum Timeframes

Table 4 summarizes the maximum allowable timeframes for steps needed to access Nutrition Supports.

Table 4: Summary of Maximum Timeframes

Step	Maximum Timeframe
1. Member Identification	No required timeframe.
2. Eligibility Verification	The QI Health Plan completes the eligibility verification within 5 business days after receiving a referral or identifying a member who may be eligible for services.
3. Member Consent and PCSP	The QI Health Plan completes the PCSP, including member consent, with the member within 5 business days after verifying member eligibility. <i>Note: If a request was submitted by a PCSP Referral Provider, this may already be complete.</i>
4. Member Connections to Other Food Assistance	No required timeframe. However, these activities may occur at the same time as other member engagement activities, such as PCSP development.
5. Service Authorization	The QI Health Plan authorizes Nutrition Supports benefits within 5 business days after completing or receiving a completed PCSP for the member.

6. Referral to a Nutrition Supports Provider	<p>The QI Health Plan refers the member to a Nutrition Supports Provider within five (5) business days of completing or receiving a completed PCSP (likely completed at the same time as Step 5: Service Authorization).</p> <p>The Nutrition Supports Provider then accepts or declines a referral within three (3) business days after receiving the referral from the QI Health Plan.</p>
7. Provision of Nutrition Supports Benefits	The Nutrition Supports Provider conducts outreach to the referred member within five (5) business days of accepting the referral.
8. Benefit Reauthorization (if applicable)	No required timeframe. However, where appropriate, QI Health Plans, Nutrition Supports Providers, and (if applicable) PCSP Referral Providers should proactively begin the reauthorization process to prevent a lapse in Nutrition Supports benefits.
9. Ongoing: Transitions of Care (if applicable)	No required timeframe. However, QI Health Plans and Nutrition Supports Providers shall take prompt action whenever a change in circumstances impacts a member's access to or eligibility for benefits.

6. Nutrition Supports Providers

This section describes Nutrition Supports Provider requirements as well as QI Health Plan requirements related to Nutrition Supports network adequacy.

Nutrition Supports Provider Structure

Many organizations play a role in the Nutrition Supports ecosystem; however, not every organization involved needs to be a Nutrition Supports Provider. **A Nutrition Supports Provider is the Medicaid-enrolled organization that is contractually responsible for delivering Nutrition Supports benefits to members.** Other organizations or individuals supporting them, such as farmers and food suppliers, delivery services, and other partners helping provide services to the member, do not need to independently enroll as a Medicaid Nutrition Supports Provider.

A Nutrition Supports Provider may source the food used for a benefit from multiple suppliers. For example, a Nutrition Supports Provider delivering the PPRx benefit may aggregate fruits, vegetables, and proteins from multiple local farms through a food hub, distributor, or similar intermediary. In these arrangements, the participating farms, food hubs, and distributors act as food suppliers and do not need to independently enroll as a Medicaid Nutrition Supports Provider. The Nutrition Supports Provider remains the single Medicaid-enrolled, contracted entity responsible for the benefit and submits a single claim to the member's QI Health Plan for the delivered benefit as the contracted provider (see the Billing and Payment section). As with any subcontracting or supplier arrangement, the Nutrition Supports Provider retains full accountability for service delivery, food safety, and compliance with this guidance across its network of suppliers and other supporting organizations.

Minimum Qualifications

Nutrition Supports Providers must meet and maintain the minimum qualification requirements listed below. If a Nutrition Supports Provider uses subcontractors, the qualifications described below may be met through a combination of the Nutrition Supports Provider's own capabilities and those of its subcontractors, provided the Nutrition Supports Provider can demonstrate and document that qualifications are fully met across its delivery model.

1. Have knowledge of principles, methods, and procedures of the specific Nutrition Supports benefits or comparable services being provided.
2. Maintain sufficient hours of operation and staffing to serve the needs of members receiving Nutrition Supports benefits.
3. Demonstrate their capabilities and/or experience with providing Nutrition Supports benefits, as described in this guidance. QI Health Plans must review provider capabilities and/or experience for each Nutrition Supports benefit. Nutrition Supports Providers may demonstrate these capabilities and/or experience through, for example:
 - a. One or more years of demonstrated experience providing the specified Nutrition Supports benefit(s).
 - b. Necessary licenses, registrations, and certifications as required by applicable federal and state laws and the QI Health Plans (e.g., RDN, Certified Nutrition and Wellness Educator, etc.).
 - c. Trainings from accredited nutrition organizations or relevant governing bodies that reinforce best practices for core aspects of Nutrition Supports benefit delivery such as food safety and handling, addressing allergy and dietary restrictions, and cultural and food practices.
 - d. Evidence of qualified service delivery and administrative staff, as determined at the discretion of the QI Health Plan.
 - e. Other methods deemed appropriate by the QI Health Plan.
4. The ability to comply with applicable federal and state laws.
5. The capacity to deliver services in accordance with the delivery standards described in this guidance, including those related to person-centeredness, cultural and personal preferences, and accessibility.
6. Conduct and document as completed, at least annual staff training on:
 - a. Trauma informed care.
 - b. Health Insurance Portability and Accountability Act (HIPAA).
 - c. Medicaid documentation and false claiming.
 - d. Reporting and addressing Major Unusual Incidents/Adverse Events.

Provider Responsibilities

Once enrolled with MQD, credentialed, and contracted with a QI Health Plan, Nutrition Supports Providers are responsible for delivering Nutrition Supports benefits in accordance with this guidance and all applicable federal and state Medicaid requirements.

Nutrition Supports Providers are responsible for:

- Delivering only authorized Nutrition Supports services within approved service limits;
- Confirming that services have been authorized by the QI Health Plan prior to delivering services (or, are provided while awaiting retroactive authorization if eligible, as described above in Option for Eligible Providers: Retroactive Authorization call out box);
- Accepting or declining referral from the QI Health Plan;
- Maintaining documentation sufficient to support each billed service and submitting clean claims to the QI Health Plan in accordance with this Guidance;
- Maintaining records in accordance with Medicaid record retention requirements;
- Complying with applicable food safety requirements;
- Protecting member privacy and confidentiality;
- Maintaining procedures to prevent fraud, waste, and abuse (FWA) and reporting potential FWA;
- Cooperating with MQD and QI Health Plan data or interview requests, monitoring, audits, site visits, record reviews, and corrective action activities;
- Ensuring any subcontractors, volunteers, or delivery partners operate in compliance with applicable requirements (the enrolled Nutrition Supports Provider remains responsible for all Medicaid requirements regardless of subcontracting arrangements);
- Promptly notifying the QI Health Plan when services cannot be delivered, when members cannot be contacted, or when significant issues affect service delivery; and
- Maintaining policies and procedures necessary to administer Nutrition Supports benefits consistent with this guidance.

Enrollment, Credentialing, and Contracting Requirements

Nutrition Supports Providers must complete two distinct administrative steps before delivering Nutrition Supports benefits: enrollment with MQD and contracting with QI Health Plans. These are separate requirements; enrollment is completed with MQD, while contracting must be completed with each QI Health Plan that the Nutrition Supports Provider intends to work with.

Enrollment with MQD

Provider enrollment is the process by which MQD verifies that an organization or individual meets baseline requirements to participate in Hawaii's Medicaid program and deliver Nutrition Supports benefits. Enrollment is completed through [Hawaii's Online Kahu Utility \(HOKU\)](#) system.

Nutrition Supports Providers are required to obtain a National Provider Identifier (NPI) as part of HOKU enrollment. When completing the application for an NPI, Nutrition Supports Providers should select the taxonomy code that most closely aligns with the work they perform and the services they provide. Nutrition Supports Providers should select a taxonomy code from the "non-individual" category, as providers will work with QI Health Plans at the organization-level. If Nutrition Supports Providers are uncertain about which taxonomy code is most appropriate, Nutrition Supports Providers should select the most general code that accurately reflects the Medicaid services they provide. Examples of taxonomy codes in this category include:

- 251K00000X — Public Health or Welfare

- 251V00000X — Voluntary or Charitable Agency
- 332U00000X — Home Delivered Meals

Within the HOKU system, MQD defines several provider types that are authorized to deliver Nutrition Supports benefits, summarized in Table 5. MQD has established a new Medicaid provider type specifically for Nutrition Supports benefits. Organizations already enrolled under an existing eligible provider type listed in Table 5 do not need to enroll under the new Nutrition Supports provider type, provided they meet all provider qualifications (see Minimum Qualifications).

Table 5: Nutrition Supports Provider Types by Service Category

Provider Type	PPRx	Nutrition Instruction
NS: Nutrition Supports	✓	✓
02: Hospital	✓	✓
29: Community/Rural Health Center	✓	✓
47: Registered Dietitian		✓
48: Nutritionist		✓
70: Home-Delivered Meals	✓	
C2: Federally Qualified Health Center (FQHC)	✓	✓

Credentialing and Contracting with QI Health Plans

Following provider enrollment with MQD, a Nutrition Supports Provider must complete credentialing and contracting processes with QI Health Plans. Credentialing is the process by which a QI Health Plan verifies that a Nutrition Supports Provider meets applicable provider qualifications. Contracting is the process by which the QI Health Plan and the Nutrition Supports Provider establish the terms of their relationship, including service expectations, billing and claims reimbursement processes, and compliance standards. While not required, Nutrition Supports Providers are encouraged to contract with multiple QI Health Plans to support broad community access to Nutrition Supports benefits. This step may be started while the provider awaits enrollment completion from MQD but may not be completed prior to enrollment completion.

QI Health Plan Network Adequacy

Nutrition Supports benefits must be provided to qualifying members in a timely manner. QI Health Plans shall develop and maintain policies for managing provider shortages or other barriers to timely service provision. At a minimum, these policies must address:

- Strategies for identifying and contracting with Nutrition Supports Providers, including outreach strategies to expand provider participation.
- A defined internal escalation pathway for urgent cases where service delays could jeopardize member health.
- Policies for communicating clearly with beneficiaries when alternative providers or arrangements are necessary.

7. Billing and Payment

This section describes billing requirements for Nutrition Supports benefits, payment processes, and QI Health Plan responsibilities for oversight and service limit monitoring. QI Health Plans reimburse Nutrition Supports Providers at MQD-established rates on a non-risk basis. MQD reimburses QI Health Plans for these expenditures based on encounter data submitted by QI Health Plans.

Billing Requirements

The following criteria apply to billing and payment of Nutrition Supports benefits:

- Nutrition Supports Providers must submit clean claims to the member's QI Health Plan. A clean claim contains no errors, omissions, or discrepancies and is submitted in the proper format with all necessary patient and service information, correct billing codes, and required supporting documentation, as applicable, to enable timely reimbursement.
 - Nutrition Supports services rendered via telehealth shall be billed as outlined in memorandum [QI-2527](#).
- Each Nutrition Supports service delivered to a member constitutes a separate encounter, and each encounter must have an associated claim submitted to the member's QI Health Plan.
- Payment for benefits that fall outside of those described in the Nutrition Supports Benefit Parameters section is not allowed as a Nutrition Supports benefit and therefore will not be reimbursed within this billing structure.
- Nutrition Supports Providers may only submit Medicaid claims for benefits that were furnished to or redeemed by the member. Benefits that are not furnished to or redeemed by the member are not reimbursable, and claims should not be submitted for them. This includes attempted or missed deliveries, periods of member absence, food loss due to spoilage or weather, and other operational interruptions that prevent the member from receiving the authorized food benefit.
- Nutrition Supports Providers must be contracted by the member's QI Health Plan to bill and receive payment for Nutrition Supports benefits (see Minimum Qualifications and Credentialing and Contracting with QI Health Plans for additional detail).
- Payment for benefits should not occur until member consent and [Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan \(PCSP\)](#) have been completed.

Billing Codes and Rates

Nutrition Supports benefits shall be billed to the member's QI Health Plan using the HCPCS codes listed in Table 6. All provider types shall use the same Nutrition Supports billing codes.

Table 6: Summary of Nutrition Supports Billing Codes and Rates

Service	Service Description	Location	HCPCS Code	Modifier	Rate
Produce and Protein Prescription (PPRx)	PPRx (Weekly) ¹⁰ Provision of fruits, vegetables, seeds/seedlings, and proteins	Oahu	S9977	U1	\$61.00 (\$50.00 retail food value; \$11.00 administrative fee)
		Neighbor Islands	S9977	U2	\$67.00 (\$55.00 retail food value; \$12.00 administrative fee)
	PPRx (Monthly) Provision of fruits, vegetables, seeds/seedlings, and proteins	Oahu	S9977	U3	\$263.50 (\$215.00 retail food value; \$48.50 administrative fee)
		Neighbor Islands	S9977	U4	\$292.00 (\$237.00 retail food value; \$55.00 administrative fee)
	[Add-on] Delivery for PPRx Benefit Delivery of PPRx benefit to the member's home	Oahu	S5170	U1	\$14.00 (Add-on fee)
		Neighbor Islands	S5170	U2	\$16.50 (Add-on fee)
Nutrition Instruction	Individual In-person or telehealth Nutrition Instruction (billed in 30-minute increments; up to 3 units/90 minutes per session)	Oahu	S9452	U1	\$49.61 per 30 minutes
		Neighbor Islands	S9452	U2	\$59.91 per 30 minutes
	Group In-person or telehealth group Nutrition Instruction (billed in 30-minute increments; up to 3 units/90 minutes per session)	Oahu	S9452	U3	\$9.45 per 30 minutes (Cost per participant)
		Neighbor Islands	S9452	U4	\$11.41 per 30 minutes (Cost per participant)

¹⁰ PPRx benefits may also be provided on a biweekly (every other week) basis. There is no separate biweekly code or rate; Nutrition Supports Providers leveraging a bi-weekly cadence should use the weekly billing code and bill for twice the units.

PPRx Reimbursement

PPRx Administrative Fee

PPRx rates are intended to cover both the retail food value to the member as well as Nutrition Supports Provider administrative costs; see Table 6 for more information on administrative fees for PPRx.

PPRx Delivery Add-On

The add-on for PPRx delivery is limited to one per member per week. The add-on can only be applied once per delivery for a member, regardless of the number of PPRx food packages that member receives (e.g., a Nutrition Supports Provider can only apply one delivery add-on for member receiving two food packages in a single delivery).

PPRx Voucher-Based Reimbursement

For Nutrition Supports Providers offering PPRx via food voucher (as opposed to member food pick-up or delivery), reimbursement must be tied to actual member utilization, acknowledging that a voucher may only be partially redeemed by the member. As such, the following billing guidelines apply specifically to Nutrition Supports Providers offering PPRx via a voucher:

- **Claim Amount:** Reimbursement for a voucher consists of two parts. The amount submitted for a claim should reflect the sum of these two figures:
 - The Nutrition Supports Provider's fixed administrative fee portion of the applicable rate (see Table 6); and
 - The actual dollar amount of the voucher redeemed by the member.
- **Claim Date:** The claim shall be associated with the start date of the applicable weekly, biweekly, or monthly billing period when the voucher benefit is issued, loaded, or otherwise provided to the member.
- **Permissible Billing Approaches:**
 - **Wait-and-bill:** The Nutrition Supports Provider waits until the end of the billing period (e.g., end of month) and submits one claim reflecting the final, actual amount used by the member; or
 - **Bill-and-adjust:** The Nutrition Supports Provider submits an initial claim upfront (e.g., at the full rate once the voucher has been provided) and submits an adjustment claim once actual member usage is confirmed, reconciling the claim to reflect only the amount the member used.

These billing requirements reflect a principle of Medicaid that providers cannot claim for services not rendered; meaning that for Nutrition Supports benefits, the Nutrition Supports Provider cannot bill for the full voucher amount unless the member uses the full voucher amount. This process reinforces MQD's commitment to preventing FWA and aligns with Nutrition Supports program integrity safeguards referenced in the Program Integrity section. Nutrition Supports Providers are responsible for tracking member utilization of the food voucher to comply with this requirement.

Federally Qualified Health Centers and Rural Health Clinics

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) may bill and claim QI Health Plans for provision of Nutrition Supports Program services, which are supplemental to the PPS and not subject to reconciliation. Costs associated with Nutrition Supports and billed through the QI Health Plans will be excluded from any future calculations of the PPS rate.

Duplication of Benefits – Billing Impacts

Consistent with the requirements described in the Duplication of Benefits – Eligibility Impacts section, Nutrition Supports benefits may not be used to pay for services covered through other federal or state programs, including other Medicaid nutrition-related benefits (such as nutrition counseling authorized under the State Plan), SNAP, WIC, and other programs. Nutrition Supports Providers are prohibited from duplicate billing across programs, meaning billing the QI Health Plan for any service for which they also receive payment through another federal or state program.

Oversight of Service Delivery and Limits

QI Health Plans are responsible for overseeing Nutrition Supports benefit delivery and ensuring that authorized benefits are provided in accordance with program requirements and limits. Specifically, QI Health Plans shall:

- Monitor claims and encounter data submitted by Nutrition Supports Providers to verify that billed services are consistent with the member's PCSP and the QI Health Plan's authorized benefit amounts (see Billing Codes and Rates).
- Track benefit utilization at the member-level to prevent benefits from exceeding service limits described within this guidance (see Nutrition Supports Benefit Parameters).
- Review Nutrition Supports authorizations and claims for potential duplication with other federal or state programs prior to reimbursement and deny claims where duplication with other federal or state programs is identified (see Duplication of Benefits – Billing Impacts).
- Identify and investigate potential billing errors, unusual utilization patterns, or other indicators of FWA (see Program Integrity).
- Provide oversight of contracted Nutrition Supports Providers to ensure that services are being delivered in compliance with the requirements of this guidance.

Nutrition Supports Providers are responsible for understanding and tracking service limits and utilization. Nutrition Supports Providers must maintain accurate records of services delivered and provide them to QI Health Plans upon request to enable claims oversight and verification.

8. Reporting, Evaluation, and Program Integrity

This section describes reporting requirements for QI Health Plans and Nutrition Supports Providers, MQD's approach to program evaluation and continuous program improvement, and program integrity expectations for the Nutrition Supports program.

Reporting

QI Health Plans must collect and report data to MQD to support program monitoring and CMS-required reports and evaluations for the QUEST Integration Section 1115 Demonstration. MQD plans to publish a Nutrition Supports Report to support the monitoring and evaluation of the program. Once published, QI Health Plans should refer to the Health Plan Manual – Part III Reporting Guide for the most recent version of the Nutrition Supports Report and other relevant reporting requirements.

Nutrition Supports Providers are responsible for collecting and reporting service- and member-level data to QI Health Plans. QI Health Plans may define the parameters of data requests, including reporting frequency, format, scope, and submission processes beyond MQD's minimum requirements. Nutrition Supports Providers must maintain records sufficient to support such requests and make records available to QI Health Plans upon request. QI Health Plans must retain relevant documents, for example, completed copies of Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP).

Program Evaluation and Continuous Improvement

MQD is committed to evaluation and monitoring of the Nutrition Supports program to assess its impact and effectiveness and identify opportunities for program improvement. QI Health Plans and Nutrition Supports Providers play an active role in these efforts.

Program Evaluation

Evaluation is the systematic collection and analysis of information to understand how a program or benefit is working, what outcomes it is producing, and identify opportunities to strengthen implementation and improve results. The University of Hawai'i Social Science Research Institute (UH SSRI) will conduct an independent evaluation of the Nutrition Supports program, in addition to other demonstration initiatives, as required under the QUEST Integration Section 1115 Demonstration. UH SSRI's evaluation activities will take place in accordance with CMS evaluation requirements and the Section 1115 Demonstration Evaluation Design (available on MQD website). Evaluation activities take place during the whole time the program is implemented and is intended to help improve the program as it develops. This evaluation work is meant to support the implementers while keeping track of improvements. QI Health Plans and Nutrition Supports Providers are expected to cooperate with evaluation activities, which may include data requests, surveys, or interviews, and shall ensure that data is submitted in accordance with requested reporting requirements. MQD will share evaluation findings with QI Health Plans and Nutrition Supports Providers as they become available and will use findings to inform future policy decisions related to the Nutrition Supports program.

Ongoing Program Monitoring

If indicated by MQD, QI Health Plans and Nutrition Supports Providers shall participate in MQD-led reviews of Nutrition Supports implementation progress and outcomes towards program goals. These reviews will assess performance against key indicators related to ongoing implementation, member access and community capacity, service utilization, and member

outcomes. The goal of ongoing program monitoring is to identify implementation challenges early, support QI Health Plans and Nutrition Supports Providers in refining processes and approaches, and advance shared accountability for member and program outcomes. MQD will communicate the frequency, format, and scope of these reviews as the program develops.

Learning Communities

If indicated by MQD, QI Health Plans and Nutrition Supports Providers shall participate in “learning communities,” which are designed to support sharing and adoption of best practices across the program. MQD anticipates convening learning communities on a quarterly basis, with potentially increased frequency during the initial rollout of new Nutrition Supports benefits or at other times when additional coordination is warranted.

Program Integrity

MQD maintains strong program integrity and complies with all applicable federal Medicaid statutes, regulations, and demonstration requirements. All Nutrition Supports program activities must align with Title XIX of the Social Security Act and implementing regulations, except where specific provisions have been expressly waived or identified as not applicable. This includes requirements related to the identification, investigation, and referral of FWA. Consistent with federal requirements, MQD will maintain effective systems and safeguards to prevent, detect, and address FWA in the administration of services paid for and covered as part of Nutrition Supports under the QUEST Integration Section 1115 Demonstration and will provide CMS with documentation of these systems upon request.

As described in detail in Section 12 of the State’s QI Health Plan contract¹¹, QI Health Plans are required to implement and operationalize robust compliance programs, including designated compliance officers, formal compliance plans, and governance structures that elevate compliance oversight. QI Health Plans must routinely monitor their operations and submit detailed reports to the State on addressing FWA, including actions taken in response to suspected or confirmed misconduct. These requirements are complemented by State-led provider screening and enrollment processes and established procedures to investigate and refer potential fraud or abuse, including coordination with law enforcement when appropriate. Importantly, these existing program integrity expectations apply fully to all services paid for and covered as part of the Nutrition Supports program.

Building on this strong foundation, MQD will implement enhanced monitoring and oversight for services paid for and covered as part of the Nutrition Supports program, consistent with CMS expectations for heightened internal controls. Additionally, MQD promotes a culture of accountability in which all partners share responsibility for safeguarding program resources. All entities participating in this initiative, including QI Health Plans and Nutrition Supports Providers, are expected to actively support program integrity efforts by maintaining effective

¹¹ State of Hawaii Department of Human Services. Request for Proposals (RFP) - QUEST Integration (QI) Managed Care to Cover Medicaid and Other Eligible Individuals.

<https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/solicitations-and-contract/2025/QI%20RFP-MQD-2021-008%20SC5.pdf>

internal controls, monitoring for potential FWA, and promptly reporting concerns through MQD's established channels.

9. Summary of Roles and Responsibilities

Table 7 summarizes the roles and responsibilities of QI Health Plans and Nutrition Supports Providers in the Nutrition Supports program. QI Health Plans and Providers may delegate program responsibilities to other entities. In any such arrangement:

- The delegation must be documented (e.g., through a contract or written agreement between the parties).
- The arrangement must not result in violations of this guidance or other applicable federal or state requirements, including conflict of interest protections governing PCSP development.
- The delegating organization retains full responsibility and accountability for all delegated functions, including oversight of the delegate's compliance.

Table 7: QI Health Plan and Nutrition Supports Provider Responsibilities

Task	QI Health Plan Role	Nutrition Supports Provider Role	Relevant Guidance Section(s)
Member Identification	May proactively identify potentially eligible members.	May provide member referrals to QI Health Plans.	Step 1: Member Identification
Eligibility Verification	<u>Responsible</u> ; must obtain any needed information and determine eligibility.	May assist in collecting member information to help QI Health Plans determine eligibility.	Step 2: Eligibility Verification
Member Consent and PCSP	<u>Responsible</u> ; must document member's consent and develop or approve the PCSP.	No role; cannot develop PCSP unless also serving as a PCSP Referral Provider.	Step 3: Member Consent and Person-Centered Service Plan (PCSP)
Member Connections to Other Food Assistance	<u>Responsible</u> ; must support connections to other food assistance programs.	May support connections to other food assistance programs.	Step 4: Member Connections to Other Food Assistance
Service Authorization	<u>Responsible</u> ; must authorize services for eligible members.	No role; cannot make service authorization decisions.	Step 5: Service Authorization
Referral to a Nutrition Supports Provider	<u>Responsible</u> ; must complete referrals to Nutrition Supports Providers.	<u>Responsible</u> ; must accept or decline referral and communicate outcome with the QI Health Plan.	Step 6: Referral to Nutrition Supports Providers

Provision of Nutrition Supports Benefits	<u>Responsible</u> ; must ensure that services are provided as documented in the member's PCSP and authorized.	<u>Responsible</u> ; must deliver services as documented in the member's PCSP and authorized by the QI Health Plan.	Step 7: Provision of Nutrition Supports Benefits
Benefit Reauthorization	<u>Responsible</u> ; must proactively initiate reauthorization if appropriate, including repeating Steps 2-7.	May notify QI Health Plan of reauthorization need. If a PCSP Referral Provider, may complete applicable tasks in Steps 2-7.	Step 8: Benefit Reauthorization (If Applicable)
Transitions of Care	<u>Responsible</u> ; must follow transition of care protocols when a member's QI Health Plan coverage or Nutrition Supports service provision changes.	<u>Responsible</u> ; must notify the QI Health Plan if discontinuing services for a member and, where feasible, continue delivering services until the member is transitioned.	Step 9: Ongoing: Transitions of Care (If Applicable)
Enrollment with MQD	No role.	<u>Responsible</u> ; must enroll with Medicaid.	Enrollment with MQD
Credentialing and Contracting with QI Health Plans	<u>Responsible</u> ; must contract with Nutrition Supports Providers and maintain an adequate Nutrition Supports Provider network.	<u>Responsible</u> ; must complete credentialing and contracting with QI Health Plans.	Credentialing and Contracting with QI Health Plans
Billing and Payment	<u>Responsible</u> ; the QI Health Plan must reimburse Nutrition Supports Providers for authorized services rendered.	<u>Responsible</u> ; must submit clean claims to the QI Health Plan. ¹²	Billing and Payment

¹² Nutrition Supports Providers offering PPRx via voucher must adhere to the billing and claims guidelines included in the [PPRx Voucher-Based Reimbursement](#) section.

Duplication of Benefits	<u>Responsible</u> ; must assess duplication of benefits as part of eligibility verification and claims reviews.	<u>Responsible</u> ; must not bill the QI Health Plan for any service for which payment has already been received through another program.	Duplication of Benefits – Eligibility Impacts Duplication of Benefits – Billing Impacts
Oversight of Service Delivery and Limits	<u>Responsible</u> ; must oversee service delivery and service limits.	<u>Responsible</u> ; must track services delivered at the member level and ensure they do not exceed service limits.	Nutrition Supports Benefit Parameters Oversight of Service Delivery and Limits
Reporting, Program Evaluation, and Continuous Improvement	<u>Responsible</u> ; must report requested data and cooperate with monitoring and evaluation activities.	<u>Responsible</u> ; must report requested data and cooperate with monitoring and evaluation activities.	Reporting, Evaluation, and Program Integrity
Program Integrity	<u>Responsible</u> ; must maintain compliance programs, monitor for FWA, and submit required reports.	<u>Responsible</u> ; must comply with program requirements and report potential FWA.	Program Integrity

10. Appendices

Table 8 describes the appendices associated with the Nutrition Supports Program.

Table 8: Appendices

Appendix	Description
Appendix A – Medicaid Nutrition Supports Request Form	Any individual or organization can send this request form to the member's QI Health Plan to refer a member for Nutrition Supports.
Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP)	QI Health Plan staff or a PCSP Referral Provider must complete the PCSP with the member.
Appendix C – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP) – QI Health Plan Script	QI Health Plan staff may use this script to navigate <u>Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP)</u> with the member.
Appendix D – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP) – PCSP Referral Provider Script	PCSP Referral Providers may use this script to navigate <u>Appendix B – Medicaid Nutrition Supports Person-Centered Service Plan (PCSP)</u> with the member.