



- 1.2  Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. **(42 CFR 457.40(d))**
- 1.3  Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. **(42CFR 457.130)**
- 1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA **(42 CFR 457.65)**. A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective date: January 1, 2026

Implementation date: January 1, 2026

**Effective Date of State Plan Amendment described in Section 1.1 of this document: No earlier than January 1, 2008.**

**SPA #26-XXXX**

Purpose of SPA: Allows the State of Hawaii to use administrative funds available under Section 2105(a)(1)(D)(ii) regulations and 42 CFR 457.10 requirements to offer oral health screenings, education and outreach using an opt-out consent process to maximize reach. As appropriate, referrals will be made for identified urgent oral health needs.

Proposed effective date: January 1, 2026

Proposed implementation date: January 1, 2026

**1.4 – TC Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

TN No:            Approval Date:            Effective Date:

Hawaii Med-QUEST Division/Policy & Program Development Office- Our Urban Indian Organization partner ended its contract with Indian Health Services on 04/01/2023. Attached email correspondence in “Document Demonstrating Good Faith Tribal Engagement”. Hawaii does not plan to send tribal consultation for future SPA submissions until contract is renewed.

## **Section 2. General Background and Description of Approach to Children’s Health Insurance Coverage and Coordination**

**Section 2.2. Health Services Initiatives – Describe if the State will use the health services initiative option as allowed at 42 CFR § 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii); 42 CFR § 457.10)**

Pursuant to Section 2105(a)(1)(D)(ii) of the Social Security Act, Hawaii will use administrative funds to offer a Health Services Initiative (HSI) under this Plan with the goal of improving the health of children, defined as “individual(s) under the age of 19,” per 42 CFR § 457.10. Hawaii assures that it will use no more than 10 percent of the total expenditure under this Plan, as specified in 42 CFR § 457.618, to fund the State’s HSI and other administrative costs. The HSI will not supplant or match CHIP Federal funds with other Federal funds, nor allow other Federal funds to supplant or match CHIP Federal funds.

Additionally, Hawaii assures that reporting metrics designed to evaluate and monitor the effectiveness and outcomes of this HSI initiative will be included in the CHIP Annual Report Template System (CARTS). At a minimum, these metrics will include the percentage of children who received an oral health screening, those identified as needing routine care or those needing urgent dental care and were referred to a community dental provider for urgent dental care.

Hawaii seeks to use the HSI option to deliver needed oral health screenings, prevention education, and referrals for low-income children through a targeted school-based initiative.

### I.     *Background*

Dental caries, or tooth decay, are the most common chronic disease among children, but it is largely preventable. Unfortunately, Hawaii ranks among the states with the highest rates of dental issues in children. According to the Hawaii State Department of Health, 70.6% of third graders in the state have experienced tooth decay. Historically, Hawaii has placed near the bottom compared to 47 other reporting states, significantly above the national average of 52% for similar cases (Hawaii Smiles, 2015).

Additionally, 9.7% of children aged 1 to 17 had cavities or decayed teeth in the past year, which is slightly lower than the U.S. average of 11.8%. Moreover, 10.7% of children reported oral health problems in the last year (Hawaii Oral Health Data Tracker, 2023). Overall, Hawaii faces high rates of oral disease among both children and adults.

Neighbor islands and rural communities have few dentists. They also have fewer dental visits. (Hawaii Oral Health Coalition, 2022). Only 8.8% of Hawaii's public water is fluoridated. The national target is 77.1%. (Hawaii Oral Health Data Tracker, 2023).

Poor oral health has several causes. These include environmental issues, policy limitations, limited access to dental care, lack of awareness and education, fear related to COVID-19 and unhealthy lifestyles.

Even with local dentists, families face challenges. Transportation, scheduling, and work conflicts make it hard to get kids to appointments. Economic hardship also plays a role. Preventive dental care may be less of a priority for families. Many adults are unemployed. They have limited funds for basic needs.

Untreated dental problems cause pain. They also lead to missed school days and long-term health issues. Poor oral health causes pain, eating difficulties, and low self-esteem. It can also cause severe infections. Academic performance and development are negatively impacted. The US Department of Health and Human Services reports that over 51 million school hours are missed each year due to dental problems.

Hawaii intends to contract with Qualified oral health service providers to offer these services onsite at Hawaii schools. To date, Hawaii Keiki (HK) and Project Vision Hawaii (PVH) have implemented Dental Programs in the Title I Schools as described below:

- The HK Oral Health Program started in 2019 and has continued to grow with services being provided to over 90 Title 1 Elementary schools per year. The HK Oral Health Program is the largest school-based oral health program providing statewide services in medically underserved communities by a team of licensed dentists, dental hygienists and health technicians.
- The HK Oral Health program enhanced the HK program by supporting the states' effort in documenting oral health status of children and providing a much-needed service for those that have limited access to dental care.
- The HK Oral Health Program began a pilot project providing Kindergarten oral assessments and education in the Fall 2025 with plans to expand to additional schools and islands in the coming years, similar to the expansion of the assessment/sealant school-based program. Since 2019 the HK Oral Health Program has identified over 220 keiki during oral health screenings with urgent dental needs. These keiki were successfully referred to community dental providers and received the necessary dental care.
- PVH is the state's largest mobile health provider, operating for over a decade and delivering school-based vision and hearing screenings to students across all islands. PVH manages Hawaii's largest mobile health fleet and operates the state's only HRSA-designated free clinic, ensuring access to care for medically underserved communities. Since 2013, PVH has provided preventive health services in schools, community centers, and rural areas, with a proven track record of effective outreach and care coordination for children and adolescents.

Effective Date: 01/01/2026

15b

Approval Date: \_\_\_\_\_

Hawaii's third graders have the highest rate of dental decay in the nation (70.6%) ([Hawaii Smiles, 2015](#)).

Native Hawaiian, Pacific Islander, and Filipino students have more than double the rate of untreated decay compared to White and Japanese peers ([Hawaii DOH, YRBS Middle School Oral Health Fact Sheet, 2017](#)).

Only 46.7% of Native Hawaiian children in high-density zip codes had a dental visit in the past year ([Hawaii Dental Service, Commission on Native Hawaiian Children, 2024](#)).

9.7% of children aged 1–17 had cavities in the past year; 10.7% reported oral health problems ([Hawaii Oral Health Data Tracker, 2023](#)).

Only 8.8% of Hawaii's public water supply is fluoridated ([Hawaii Oral Health Data Tracker, 2023](#))

2023: [https:// www.hawaiipublicschools.org/DOE%20Forms/Enrollment/HIDOEnrollment2022-23.pdf](https://www.hawaiipublicschools.org/DOE%20Forms/Enrollment/HIDOEnrollment2022-23.pdf)

- Pilot events in Title 1 populations identified nearly 80% of middle school students in need of follow up care. By expanding school-based oral health screenings and education to middle and high school students, PVH will fill a critical gap and ensure continuity of preventive care throughout adolescence.

Partnership with Med-QUEST under this HSI will increase resources to provide dental screenings, outreach and referrals to more Keiki across the State.

II. Operational Details

The oral health CHIP HSI will operate as follows.

**Process for Identifying and Providing Services to Children in Need of referral for Immediate & Urgent Oral Health Conditions.**

- The qualified school-based oral health program will work to serve Hawaii’s low-income children in Title I schools in which at least 51 percent of the student body receives free or reduced price meals (“target schools”) from families experiencing financial hardship with a focus on low-income families.
- In these schools:
  - The qualified school-based oral health program will provide children with parent/guardian consent forms that provide information about the services and allow a parent/guardian to opt-out of, or decline, the services. The parent or guardian will have two opportunities to opt out of the oral health screening service. The consent form will be sent at 2 weeks and at 1 month prior to screening
  - An opt-out consent process is consistent with Hawaii law with respect to these types of services and settings. The school will maintain a list of children whose parents consented to the services.
  - The qualified oral screening provider will conduct an oral screening ONLY for all participating children to identify which children require an urgent exam and potentially restorative treatment for caries.

Hawaii State Department of Health. The Oral Health of Hawaii's Low-Income Head Start Children. Published online Jun 1, 2022. <https://health.hawaii.gov/about/files/2022/04/The-Oral-Health-of-Hawaiis-Low-Income-Head-Start-Children.pdf>

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Hawaii Dental Service. Presentation to the Commission on Native Hawaiian Children, 2024. [https://nni.arizona.edu/sites/default/files/2024-04/PRESENTATION\\_Hawaii-Dental-Services\\_D.-Paloma\\_v2\\_PANEL-1.pdf](https://nni.arizona.edu/sites/default/files/2024-04/PRESENTATION_Hawaii-Dental-Services_D.-Paloma_v2_PANEL-1.pdf)

- If the screening results in identifying additional urgent dental needs the parent will be notified to ensure they have access to follow-up care.
- All students who do not opt out will receive:
  - Individual hands-off visual oral health screening by a qualified dental provider or supervised health technician.
  - Oral health education delivered in a group or classroom setting.
  - A toothbrush, toothpaste, and educational materials/resources to take home.
- Students identified with urgent or routine dental needs will be referred to community dental providers for care. Parents are contacted to confirm an appointment was made and provided with additional resources.

*Process for Billing and Reimbursement for Services Covered by the CHIP HSI*

**Oral Screenings**

Collecting insurance information, becoming credentialed as in-network providers, and billing insurers for oral health screenings provided to children in school-based settings poses a substantial administrative burden and diminishes access to oral screenings. As such, Hawaii plans to reimburse qualified providers such as Hawaii Keiki Oral Health Program (University Health Partner) and Project Vision Hawaii for screening exams (which include oral health education) provided to children in targeted and schools statewide.

- The qualified provider shall send a monthly invoice to Hawaii’s Medicaid agency, the Med-QUEST Division, that reflects all oral health screening services ONLY furnished by the qualified oral health dental providers for children under the age of 19.
- Med-QUEST will reimburse the provider using CHIP HSI funding.
- CHIP HSI funding will be used to reimburse qualified oral health screenings by the programs’ dental providers.

***HSI Reimbursement***

- The qualified oral health provider will then prepare an invoice describing services (all inclusive oral screenings) provided to children under age 19 enrolled in Medicaid, CHIP or private insurance and send the invoice to the appropriate Med-QUEST/MCO.
- Med-QUEST will reimburse the qualified oral health provider for the bill using CHIP HSI funding.

A budget is included in Section 9.10.

**9.10.** Provide a 1-year projected budget that satisfies requirements under Section 2107(d) of the Social Security Act and 42 CFR § 457.140.

STATE: Hawaii	FFY Budget
<b>Federal Fiscal Year</b>	<b>2026-2027<sup>vi</sup></b>
State's enhanced FMAP rate	<b>71.36%<sup>vii</sup></b>
<b>Benefit Costs</b>	
Insurance payments	
Managed care	61,000,000
per member/per month rate	141
Fee for Service	8,000,000
<b>Total Benefit Costs</b>	<b>69,000,000</b>
(Offsetting beneficiary cost sharing payments)	2,000,000
<b>Net Benefit Costs</b>	<b>67,000,000</b>
<b>Cost of Proposed SPA Changes – Benefit</b>	
<b>Administration Costs</b>	
Personnel	1,200,000
General administration	1,200,000
Contractors/Brokers	
Claims Processing	
Outreach/marketing costs	
Health Services Initiatives	
Hearing Services	690,000
Vision Services	462,000
Dental Services	778,883
Other	
<b>Total Administration Costs</b>	<b>4,330,883</b>
10% Administrative Cap	7,133,088
<b>Cost of Proposed SPA Changes</b>	
Federal Share	50,901,718
State Share	20,429,165
<b>Total Costs of Approved CHIP Plan</b>	<b>71,330,883</b>

NOTE: Include the costs associated with the current SPA.

The Source of State Share Funds: State General Funds

<sup>vi</sup> The Federal Fiscal Year (FFY) runs from October 1<sup>st</sup> through September 30<sup>th</sup>.

<sup>vii</sup> Kaiser Family Foundation. Enhanced FMAP for CHIP (FY 2023). <https://www.kff.org/other/state-indicator/enhancedfederal-matching-rate-chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>



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**SPA #26-XXXX**

Purpose of SPA: Allows the State of Hawaii to use administrative funds available under Section 2105(a)(1)(D)(ii) regulations and 42 CFR 457.10 requirements to offer oral health screenings, education and outreach using an opt-out consent process to maximize reach. As appropriate, referrals will be made for identified urgent oral health needs.

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TN No:            Approval Date:            Effective Date:

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### I. Background

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Effective Date: 01/01/2026

15b

Approval Date: \_\_\_\_\_

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2023: [https:// www.hawaiipublicschools.org/DOE%20Forms/Enrollment/HIDOEenrollment2022-23.pdf](https://www.hawaiipublicschools.org/DOE%20Forms/Enrollment/HIDOEenrollment2022-23.pdf)

- Pilot events in Title 1 populations identified nearly 80% of middle school students in need of follow up care. By expanding school-based oral health screenings and education to middle and high school students, PVH will fill a critical gap and ensure continuity of preventive care throughout adolescence.

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## II. Operational Details

The oral health CHIP HSI will operate as follows.

### **Process for Identifying and Providing Services to Children in Need of referral for Immediate & Urgent Oral Health Conditions.**

- The qualified school-based oral health program will work to serve Hawaii's low-income children in Title I schools in which at least 51 percent of the student body receives free or reduced price meals ("target schools") from families experiencing financial hardship with a focus on low-income families.
- In these schools:
  - The qualified school-based oral health program will provide children with parent/guardian consent forms that provide information about the services and allow a parent/guardian to opt-out of, or decline, the services. The parent or guardian will have two opportunities to opt out of the oral health screening service. The consent form will be sent at 2 weeks and at 1 month prior to screening
  - An opt-out consent process is consistent with Hawaii law with respect to these types of services and settings. The school will maintain a list of children whose parents consented to the services.
  - The qualified oral screening provider will conduct an oral screening ONLY for all participating children to identify which children require an urgent exam and potentially restorative treatment for caries.

- If the screening results in identifying additional urgent dental needs the parent will be notified to ensure they have access to follow-up care.
- All students who do not opt out will receive:
  - Individual hands-off visual oral health screening by a qualified dental provider or supervised health technician.
  - Oral health education delivered in a group or classroom setting.
  - A toothbrush, toothpaste, and educational materials/resources to take home.
- Students identified with urgent or routine dental needs will be referred to community dental providers for care. Parents are contacted to confirm an appointment was made and provided with additional resources.

Process for Billing and Reimbursement for Services Covered by the CHIP HSI

**Oral Screenings**

Collecting insurance information, becoming credentialed as in-network providers, and billing insurers for oral health screenings provided to children in school-based settings poses a substantial administrative burden and diminishes access to oral screenings. As such, Hawaii plans to reimburse qualified providers such as Hawaii Keiki Oral Health Program (University Health Partner) and Project Vision Hawaii for screening exams (which include oral health education) provided to children in targeted and schools statewide.

- The qualified provider shall send a monthly invoice to Hawaii’s Medicaid agency, the Med-QUEST Division, that reflects all oral health screening services ONLY furnished by the qualified oral health dental providers for children under the age of 19.
- Med-QUEST will reimburse the provider using CHIP HSI funding.
- CHIP HSI funding will be used to reimburse qualified oral health screenings by the programs’ dental providers.

**HSI Reimbursement**

- The qualified oral health provider will then prepare an invoice describing services (all inclusive oral screenings) provided to children under age 19 enrolled in Medicaid, CHIP or private insurance and send the invoice to the appropriate Med-QUEST/MCO.
- Med-QUEST will reimburse the qualified oral health provider for the bill using CHIP HSI funding.

A budget is included in Section 9.10.

**9.10. Provide a 1-year projected budget that satisfies requirements under Section 2107(d) of the Social Security Act and 42 CFR § 457.140.**

STATE: Hawaii	FFY Budget
<b>Federal Fiscal Year</b>	<b>2026-2027<sup>vi</sup></b>
State's enhanced FMAP rate	<b>71.36%<sup>vii</sup></b>
<b>Benefit Costs</b>	
Insurance payments	
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<u>per member/per month rate</u>	141
Fee for Service	8,000,000
<b>Total Benefit Costs</b>	69,000,000
(Offsetting beneficiary cost sharing payments)	2,000,000
<b>Net Benefit Costs</b>	67,000,000
<b>Cost of Proposed SPA Changes – Benefit</b>	
<b>Administration Costs</b>	
Personnel	1,200,000
General administration	1,200,000
Contractors/Brokers	
Claims Processing	
Outreach/marketing costs	
Health Services Initiatives	
Hearing Services	690,000
Vision Services	462,000
Dental Services	<b>778,883</b>
Other	
<b>Total Administration Costs</b>	<b>4,330,883</b>
10% Administrative Cap	<b>7,133,088</b>
<b>Cost of Proposed SPA Changes</b>	
Federal Share	50,901,718
State Share	20,429,165
<b>Total Costs of Approved CHIP Plan</b>	<b>71,330,883</b>

**NOTE: Include the costs associated with the current SPA.**

**The Source of State Share Funds: State General Funds**

<sup>vi</sup> The Federal Fiscal Year (FFY) runs from October 1<sup>st</sup> through September 30<sup>th</sup>.

<sup>vii</sup> Kaiser Family Foundation. Enhanced FMAP for CHIP (FY 2023). <https://www.kff.org/other/state-indicator/enhancedfederal-matching-rate-chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>