Attachment I

The table below contains summarized comments, questions, and responses made in discussion-based settings, including the two public hearings on October 18, 2023 and October 24, 2023.

Commenter *Affiliation*	Summary of Comment
Lea Minton *Nurse Midwife at University Health Partners of Hawai'i*	The commenter encouraged the intentional use of language around Traditional Native Hawaiian birthing practices and recommended using the term "hapai hanau," which refers to the practice, rather than "pale keiki," which refers to the title of the practitioner. The commenter also recommended removing the term "midwifery" to avoid confusion between the traditional healing practice and the certified practice of midwifery as defined in law.
Noe Perreira *Primary Care Psychologist at Waimanalo Health Center*	The commenter thanked MQD and collaborators for their work to remove silos and integrating traditional healing and cultural practices into holistic care approaches. The commenter also recognized the community engagement completed with other governmental agencies, with the Kupuna Council, and other stakeholders to advance traditional healing and cultural practices. The commenter is a primary care practitioner and Native Hawaiian health scholar, who received training through Papa Ola Lokahi, and shared their belief that this will support health outcomes and equity for the Native Hawaiian community.
Leinaala Bright *Waimanalo Health Center Director of Cultural Health Program*	The commenter expressed excitement for the traditional healing and cultural practices and applauded the existing work in the community (with QI Health Plans offering this as a value-add service). The commenter also shared concerns that the Kupuna Council model, a community-based model for vetting traditional healers, may present challenges for identifying eligible providers. The commenter noted that Kupuna Councils are specific to federally qualified health centers and not all are set up yet.
Kia'I Lee *Traditional Healing Coordinator for Papa Ola Lokahi*	***Practitioner Vetting*** The commenter clarified that Papa Ola Lokahi does not train and certify Native Hawaiian traditional healers. The commenter noted that there is some controversy within the community regarding use of the words "certify" and "recognize" when it comes to vetting practitioners because each Kupuna Council has its own process. Today, under State law, there are only four Native Hawaiian Traditional Healing practices that Kupuna Councils recognize: the lomilomi, ho'oponopono, la'au lapa'au, and la'au kahea. ***Evaluation and Measurement*** The commenter asked how the outcomes of Native Hawaiian traditional healing and cultural practices will be measured and which tools will be used to demonstrate program effectiveness. The commenter described how these practices are deeply rooted in spirituality, which makes it challenging to be evaluated and assessed. They noted that, although the services will not be limited to only Native Hawaiians, MQD should collect and stratify data to understand the impact to Native Hawaiian and Pacific Islander communities. The commenter offered for Papa Ola Lokahi to be part of the process of informing evaluation tools.

Mary Oneha *CEO Waimanalo Health Center*	The commenter appreciated MQD for the potential new services and noted that they would be impactful, if approved. The commenter asked about lactation support not being in nutrition supports and MQD explained how lactation supports are provided outside of the Section 1115 Authority. The commenter asked about the payment model designs for nutrition supports and Native Hawaiian traditional healing and cultural practices, which MQD confirmed would be addressed as a part of program implementation.
Allen Hixon, MD, MA *University of Hawaii*	The commenter discussed the need for a robust and equitably distributed primary health workforce and how graduate medical education (GME) funds could support that process.
Melvea Hardy *Department of Health Services*	The commenter noted the challenges associated with access to behavioral health services for 18-19 year olds following discharge from correctional facilities, which will significantly impact implementation policies.
Heather Lyons *Corporation for Supportive Housing*	The commenter shared support of the application, with notable support for Native Hawaiian traditional healing and cultural practices, HCBS benefit modifications, CIS+, continuous eligibility policies for children, and pre-release services for justice-involved populations.
State Senator Sharon Y. Moriwaki *Hawaii State Legislature*	The Senator expressed support of the application, with notable support for CIS+, pre-release services for justice-involved populations, Native Hawaiian traditional healing and cultural practices, and HCBS benefit modifications. The Senator expressed a desire to continue developing policies that will support the provision of culturally appropriate and diverse care.
Arielle Blacklow *Office of Senator Stanley Chang, Hawaii State Legislature*	The commenter sought more information on the proposed policies within the Section 1115 Demonstration application, specifically related to housing supports.

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 6:14:08 AM
Attachments: CFF Comments re HI 1115 Demonstration Extension.pdf

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Dear Director Peterson,

The Cystic Fibrosis Foundation appreciates the opportunity to submit comments on Hawaii's QUEST Integration 1115 Demonstration Extension. On behalf of people with cystic fibrosis (CF) living in Hawaii, we commend the state for prioritizing its Medicaid population. The CF Foundation is committed to ensuring that Hawaii's Medicaid program provides quality and affordable healthcare coverage. This demonstration is consistent with Hawaii's efforts to support healthy families and improve equitable access to care, and our organization supports the inclusion of continuous eligibility for children.

Attached, please find the Cystic Fibrosis Foundation's formal comments.

If you have any questions, please contact Amanda Attiya, State Policy Specialist.

Sincerely,

The Cystic Fibrosis Foundation

CYSTIC FIBROSIS FOUNDATION®

November 16, 2023

Judy Mohr Peterson, Ph.D.
Medicaid Director, Med-QUEST Division Administrator
Med-QUEST Division, Attn: PPDO
P.O. Box 700190
Kapolei, HI 96709

Dear Director Peterson:

The Cystic Fibrosis Foundation appreciates the opportunity to submit comments on Hawaii's QUEST Integration 1115 Demonstration Extension. On behalf of people with cystic fibrosis (CF) living in Hawaii, we commend the state for prioritizing its Medicaid population. The CF Foundation is committed to ensuring that Hawaii's Medicaid program provides quality and affordable healthcare coverage. This demonstration is consistent with Hawaii's efforts to support healthy families and improve equitable access to care, and our organization supports the inclusion of continuous eligibility for children.

About Cystic Fibrosis and the Cystic Fibrosis Foundation
Cystic fibrosis is a rare genetic disease that affects close to 40,000 children and adults in the United States. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. As a complex, multi-system condition, CF requires targeted, specialized treatment and medications. For those with CF, health care coverage is a necessity, and interruptions in coverage can lead to lapses in care, irreversible lung damage, and costly hospitalizations—compromising the health and well-being of those with the disease.

As the world's leader in the search for a cure for CF and an organization dedicated to ensuring access to high-quality, specialized CF care, the Cystic Fibrosis Foundation accredits more than 130 care centers nationally, including 1 in Hawaii, that provide multidisciplinary, specialized care in accordance with clinical practice guidelines. As experts in CF care, the CF Foundation and our care centers understand the need for access to adequate, affordable health coverage, including through programs like Medicaid.

Continuous Eligibility for Children
The CF Foundation supports the proposal to provide multi-year continuous coverage for children under 6, as well as two-year continuous eligibility for older children. Continuous eligibility protects patients and families from gaps in care and promotes health equity.[1] Research has shown that individuals with disruptions in coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.[2] Gaps in Medicaid coverage have also been shown to increase hospitalizations and negative health outcomes for ambulatory care-sensitive conditions like respiratory diseases and heart disease.[3] Additionally, continuous coverage can

[1] Chomilo, Nathan. Building Racial Equity into the Walls of Minnesota Medicaid. Minnesota Department of Human Services. February 2022. Available at: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8209A-ENG
[2] Sugar S, Peters C, De Lew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the Covid-19 Pandemic. Assistant Secretary for Planning and Evaluation, Office of Healthy Policy. April 12, 2021. Available at: https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf
[3] "Effects of Churn on Potentially Preventable Hospital Use." Medicaid and CHIP Payment Access Commission, July 2022. Available at: https://www.macpac.gov/wp-content/uploads/2022/07/Effects-of-churn-on-hospital-use_issue-brief.pdf

help avoid higher healthcare costs resulting in delayed care. These policy proposals are designed to minimize "churn," which elevates the risks of uninsurance and the loss of regular health care.[4]

Consistent care and access to specialized therapies are necessary for people with cystic fibrosis, and any loss or gap in coverage—even for as little as one month—may put people with CF at risk of declining health by forcing them to forgo daily therapies due to cost. For example, according to a survey conducted by George Washington University of over 1,800 people living with CF and their families, nearly half reported delaying or forgoing care—including skipping medication doses, taking less medicine than prescribed, delaying filling a prescription, or skipping a treatment altogether—due to cost concerns.[5] Because CF is a progressive disease, patients who delay or forgo treatment face an increased risk of lung exacerbations, irreversible lung damage, and costly hospitalizations.

Hawaii estimates that a quarter of all children in Hawaii experience gaps in coverage each year. Furthermore, studies show that children of color are more likely to be affected by gaps in coverage that continuous eligibility would address, rendering it crucial for increasing equitable access to care.[6] Overall, multi-year continuous eligibility would improve access to and continuity of care for children during the critical early years of life[7] while promoting health equity. The COVID-19 continuous coverage requirements have highlighted how important continuous eligibility is for maintaining access to care, and the Cystic Fibrosis Foundation supports Hawaii's plans to implement these policies as soon as system infrastructure allows.

****

Thank you for the opportunity to provide comments on Hawaii's QUEST Integration 1115 Demonstration Extension. If you have any questions about cystic fibrosis or need additional information on the program's value for our community, please contact Amanda Attiya, State Policy Specialist at [redacted] Thank you for your attention to this important issue.

Sincerely,

[redacted]

Mary B. Dwight
Chief Policy & Advocacy Officer
Senior Vice President, Policy & Advocacy
Cystic Fibrosis Foundation

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[4] Alker, Joan, et al. "The Biden Administration Should Approve Oregon's Request To Cover Children Until Their Sixth Birthday." Health Affairs Forefront. www.healthaffairs.org, https://doi.org/10.1377/forefront.20220711.14370. Accessed 8 Sept. 2022.
[5] https://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1056&context=sphhs_policy_briefs
[6] Osorio, Aubrianna. Alker, Joan, "Gaps in Coverage: A Look at Child Health Insurance Trends", Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, November 21, 2021. Available at: https://ccf.georgetown.edu/2021/11/22/gaps-in-coverage-a-look-at-child-health-insurance-trends/
[7] Burak, Elisabeth Wright. "Promoting Young Children's Healthy Development in Medicaid and the Children's Health Insurance Program (CHIP)." Center for Children and Families, Georgetown University Health Policy Institute. October 2018. Available at: https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 3:54:14 PM
Attachments: Draft 11122019 .docx

In 2019 we worked on a taskforce to create a definition of an "at risk group" which would include individuals with DD who did not meet the ICF institution level of care. Reading through the 1115 Demonstration Renewal, it isn't clear if our "at risk group" we defined (see the attached) would be covered? We respectfully request that our group is included. Such individuals who have an Autism Spectrum Disorder or Fetal Alcohol Spectrum Disorder are not under the category of Mental Illness, it is a developmental disorder.
Is there a way we can include DD who are not at the institutional level of care, within the 1115 Demonstration Renewal, as outlined in the attached?
Thank you for your time and consideration.

Daintry Bartoldus
Executive Administrator
Hawaii State Council on Developmental Disabilities
[redacted]

At Risk Services Design

Definition

Hawaii Medicaid beneficiaries who do not meet criteria for intermediate care facility level of care (ICF/ID LOC) but are assessed by a functional assessment to be at risk of deteriorating to the institutional level of care if certain long term services and supports (LTSS) are not provided.

Assessment

- Tool
- Supplemental Information
    - Individual situation
    - Functional deficits
    - Limitation
    - Demonstration on how individual would benefit from LTSS
- Evaluator
- Threshold

Criteria

- Individual must reside in his/her home
- Individuals who reside in a community shelter (e.g., YMCA, YWCA, IHS) may receive at-risk services appropriate for their living environment as determined by _____
- Individual cannot be residing in a facility (e.g. care home, foster home, hospital, nursing facility, hospice facility)
- Individuals who do meet ICF/ID LOC and/or are receiving services in a facility do not qualify for inclusion in the at-risk population
- Maximum length of approval is a one-year period
    - Based on individual needs
    - May be renewed if medically necessary

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that there are up to _____ QUEST expanded access beneficiaries with an intellectual and or developmental disability (I/DD) who are unable to receive home and community based service through the DD/ID Medicaid waiver or their medicaid plans. These individuals are considered to be at risk for future institionalization because of their inability to perform independent daily living skills and manage their own health care.

Therefore, the purpose of this Act is to:

1) Require the department of human services to establish and implement an at-risk I/DD program to offer home and community based services to individuals with I/DD who are at risk for institutionalization; and
2) Require the department of human services to submit an application for an amendment to the QUEST Integration section 1115 demonstration project to expand its QUEST Integration project to provide for the at risk I/DD program by December 31, 2020; and
3) Appropriate funds to the department of human services for the establishment and implementation of a at risk I/DD program.

SECTION 2. There is appropriated out of the general revenues of the State of Hawaii the sum of $ or so much thereof as may be necessary for fiscal year 2020-2021 for necessary home and community based services; provided that the sum appropriated shall be in addition to the base budget of the department of human services.

SECTION 3. This Act shall take effect on July 1, 2080.

From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: [redacted]
Subject: Section 1115 Demonstration Feedback
Date: Monday, November 13, 2023 11:14:56 AM
Attachments: Section 1115 Demonstration Feedback - Hawaii Good Food Alliance.pdf

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Aloha,

Please find Hawaii Good Food Alliance's comments for the Med-QUEST Integration Section 1115 Demonstration Project.

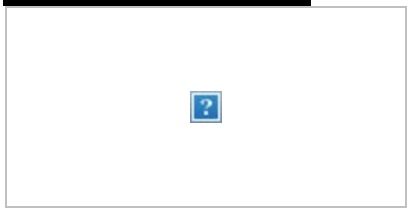
Please feel free to contact us if you have any questions.

Thank you in advance for your time and consideration,

Lucas McKinnon

--

Lucas McKinnon, MPH (he/him)
Managing Director
Hawaii Good Food Alliance
([redacted]
[redacted]



November 12, 2023

Section 1115 Demonstration Feedback
Med-QUEST Division
Attn: PPDO, P.O. Box 700190
Kapolei, HI, 96709

Aloha,

I am writing on behalf of the Hawaiʻi Good Food Alliance to express our strong support for the proposed 1115 Medicaid waiver to fund Nutrition Supports and pathways for "Food is Medicine" programming. We believe that this initiative has the potential to make a significant impact on the health and well-being of our community, and we are eager to lend our support to this important endeavor.

The Hawaiʻi Good Food Alliance is dedicated to improving access to healthy, locally-sourced food for all residents of our state. We understand the critical role that nutrition plays in overall health and the prevention and management of chronic diseases. Nutrition Supports and the "Food is Medicine" program align perfectly with our mission and goals to promote food as a fundamental component of healthcare.

We believe that this waiver has the potential to bring about a positive transformation in the lives of individuals and families who are struggling with health issues exacerbated by poor nutrition. By incorporating nutrition into the Medicaid program, we can address not only the symptoms but also the root causes of many health conditions, ultimately reducing healthcare costs and improving the quality of life for those we serve.

Furthermore, "Food is Medicine" programming has the potential to stimulate the local food economy by creating opportunities for local farmers, producers, and distributors. This program can contribute to a more sustainable and resilient food system, which aligns with our vision for a healthier and more self-reliant Hawaiʻi.

We applaud the efforts to develop and implement this program and are eager to assist in any way possible to ensure its success. If there are opportunities for collaboration or partnership, please do not hesitate to reach out to us. We look forward to working together to improve the health and well-being of our community.

We offer a few suggestions to further strengthen this waiver:

1) Recommend the expansion of Nutrition Education to include:
- Registered Dietitians (RD) (or RD eligible individuals)
- Diet Technicians Registered (DTR) (or DTR eligible)
- Community Health Workers or Paraprofessionals with nutrition education training or under their supervision.

2) Add the BMI percentile cut points for children overweight 85th-95th percentile and obese >95th percentile.

3) Adjust the qualification requirements for the fruit and vegetable prescriptions. There is a mistake under this box: it says they need to meet both of these criteria (but the bullets say “or, or”). The recommendation would be:
Fruit and Vegetable Prescriptions/ Protein Boxes An individual qualifies if they meet **<u>one</u>** of the following criteria:

- Have a medically appropriate need for nutrition supports; or
- Are experiencing a major life transition; or
- Have a qualifying HRSN.

Thank you for considering our endorsement of the 1115 Medicaid waiver to fund Nutrition Supports and pathways for "Food is Medicine" programming. We are committed to supporting initiatives that promote health equity and community well-being. Please feel free to contact us with any questions or if there is any additional information required.

Sincerely,

Kaiulani Odom
Executive Director
Hawaii Good Food Alliance
[redacted]

From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: [redacted]
Subject: Section 1115 Demonstration Feedback
Date: Sunday, October 22, 2023 1:52:15 PM
Attachments: Justice Innovations Summit (with Link).png

Date: Oct 22, 2023

To: Hawai'i State Med-Quest Division, Department of Human Services

From: Hawai'i Friends of Restorative Justice

Re: Strong Support for Hawai'i's five-year request for extension of the QUEST Integration Medicaid Section 1115

Mahalo for your work.

We are a non-profit incorporated over 40 years ago to work with juveniles involved with family court in Honolulu. About 30 years ago we expanded our mission to include adults and anyone affected by wrongdoing and injustice. Our work has brought us in consistent contact with hundreds of incarcerated adults and youth in Hawai'i.

We know first hand that many of those we work with suffer from serious health issues. Their families and communities lack economic and educational resources, which can create life threatening health problems. We cannot list their numerous problems, but they include mental health (due mainly to severe trauma), diabetes, cardiac, grave dental problems, e.g., complete loss of teeth at early ages, obesity, etc.

Since 2004 we have also worked extensively in developing, providing and researching a reentry planning process for incarcerated people (that to date is the most researched program in the state that is effective in several ways including emotionally healing for children of incarcerated parents and promising for reducing repeat crime and mass incarceration).

Establishing links for health assistance for incarcerated people before and after their reentry to the community could significantly improve their health and reduce the need for more serious interventions if left untreated. And providing Native Hawaiian health interventions and assistance is also desperately needed.

Please contact me if you need further information about our support for Hawai'i's deeply needed Medicaid waiver.

Aloha,

Lorenn Walker, JD, MPH
Director, Hawai'i Friends of Restorative Justice
Associate Professor of Practice, College of Social Sciences, University of Hawai'i at Mānoa
[redacted]
She/her/hers

Many of my publications can be downloaded from SSRN and if you're interested in how apology, real or imagined, can help you: https://www.apologyletter.org

"Each individual has a universal responsibility to shape institutions to serve human needs." The Dalai Lama

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Monday, October 23, 2023 1:55:31 PM

To Whom it May Concern,

I appreciate the 1115 demonstration that was compiled by the team. It is wonderful to see the inclusion of such innovative new practices into our state offerings. I would like to suggest additional/alternative providers of nutrition education (page 52). As currently written, "Hawai‘i will allow the following individuals or organizations to deliver nutrition education services either in-person or via telehealth: • Registered dieticians or registered dieticians;" I would like to recommend the expansion to:
Registered Dietitians (RD) (or RD eligible individuals)
Diet Technicians Registered (DTR) (or DTR eligible)
Community Health Workers or Paraprofessionals with nutrition education training

Mahalo for your consideration,
Dr. Monica Esquivel

--
Monica K. Esquivel PhD RDN CSSD
Associate Professor
Dietetics Program Director (UHM Dietetics Website & UHM ISPP Website)
Click HERE for Dietetics Advising Appointments
Department of Human Nutrition Food and Animal Sciences
College of Tropical Agriculture and Human Resources
University of Hawai‘i Mānoa
[redacted]

I am a settler on this ‘āina who now calls Kaneohe home. I acknowledge that the ‘āina on which we gather at University of Hawai‘i at Mānoa, is part of the larger territory recognized by Indigenous Hawaiians as their ancestral grandmother, Papahānaumoku. I recognize that generations of Indigenous Hawaiians and their knowledge systems shaped Hawai‘i in sustainable ways. For this I am grateful and I seek to support the varied strategies that the Indigenous peoples of Hawai‘i are using to protect their land and their communities, and I commit to dedicating time and resources to working in solidarity. Mahalo.

[redacted]

[redacted]

From: David Derauf [redacted]
Sent: Thursday, October 26, 2023 4:22 PM
To: Mohr Peterson, Judy [redacted] Starr, Ranjani R [redacted]
Subject: Comments on the Draft 1115 Waiver

Judy and Ranjani:

I wanted to share some comments from my team on the NH Health portion of your draft. As you can see we are really appreciative and excited about the efforts here of Med Quest to do this work with integrity! Thank you both! We are eager to partner with Medquest as we push forward on these efforts.

The document spells out a lot and is well researched and articulate to a detail we haven't seen before. The number of times an individual can receive a certain service is adequate. The way that the kupuna councils are responsible for verifying practitioner qualifications is good, The devil will be in the details, (already for example the mention by XXX (name withheld) of external regulation of traditional healing practices causes trepidation) , but overall we see this as a positive opportunity for leaders to create viable career pathways for native healers and relevant care for patients who are stuck in a system that doesn't meet current needs. The difficulty of certifying native midwives persists, but the pathway will be laid for certification through the councils. There is room for corruption of indigenous practice and for co-opting, but overall, the vibration of the document and it's bibliography inspire faith in its intent. We especially like how institutions like our own are lifted up as already doing the work of integration and providing relevant care. We are familiar with a great majority of the researchers referenced in the document and that brings hope not only in the solid thinking behind the writing and informed planning, but also that our own work in Hawaiian health has a place in published research alongside those listed. We loved that the patient target base is not exclusive to native Hawaiians- to see native Hawaiian healing as a means to heal colonial distruction in more than our own lahui is also uplifting.

David Derauf MD MPH

"If you want to build a ship, don't drum up the men to gather wood, divide the work and give orders. Instead, teach them to yearn for the vast and endless sea."

Antoine de St. Exupery

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[redacted]

[redacted]

From: **Graham Chelius** [redacted]
Date: Tue, Oct 31, 2023 at 5:22 AM
Subject: Section 1115 Demonstration Feedback
To: <PPDO@dhs.hawaii.gov>
Cc: Graham Chelius [redacted] Kelley Withy [redacted]

Aloha,
I wanted to thank the team that developed the **3.7 Pre-release Medicaid services for justice involved individuals** section of the document.
I have been volunteering and working at KCCC, the jail on Kauai for about 5 years, trying to improve substance use disorder treatment access for inmates there.
We have made great strides at KCCC and state wide, however more work is needed especially concerning the transition back to the community.

Your proposal is well informed and the services are badly needed. On Kauai we (HHSC-Kauai Region) intend on demonstrating that pre-release services that assist in care coordination, immediate entry into SUD treatment after release and reducing barriers to reentry will reduce rearrest through a grant from the County of Kauai that will run thru 2024.

"If you build it they will come" is a phrase from "Field of Dreams"…
Thank you for building the financing structure to allow for community providers to provide pre-release services, we will come if you build it.

Graham Chelius MD
HHSC-KR Behavioral Health Administrator
Staff physician at KCCC
Family Medicine/OB
8[redacted]

--
Kelley Withy, MD, PhD (she/her)
Professor, Department of Family Medicine and Community Health
Hawaii/Pacific Basin Area Health Education Center (AHEC) Director
[redacted]
www.ahec.hawaii.edu
"Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane." Dr. Martin Luther King, Jr.
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[redacted]

[redacted]

From: Leina'ala Bright[redacted]
Sent: Tuesday, October 17, 2023 5:10 PM
To: DHS MQD PPDO Mailbox <PPDO@dhs.hawaii.gov>
Cc:[redacted]
Subject: Section 1115 Demonstration Feedback

This message was sent securely using Zix®

Aloha Ranjani,

I have found an error in section 3.9 Native Hawaiian Traditional Healing Practices in the Lāʻau Lapaʻau paragraph pg 65. Ke Ola Mamo is not a part of the Waimanalo Health Center.

Lāʻau lapaʻau Lāʻau lapaʻau is a Native Hawaiian herbalist healing practice. The practice of lāʻau lapaʻau includes the use of medicinal herbs and other medicines made from plants, animals, and mineral products collected from the land and sea to treat common ailments and chronic conditions.148 The clinical effectiveness of lāʻau lapaʻau has been well documented; for example, studies have discovered antiviral properties in specific plants utilized (kopiko, naupaka, mamaki, and ohiaʻai).149 The practices of lāʻau lapaʻau have been integrated into health systems in Hawaiʻi, including Ke Ola Mamo at the Waimānalo Health Center and programs within the Waiʻanae Coast Comprehensive Health Center.150, 151 Qualitative studies have documented patients' experiences of combining lāʻau lapaʻau (Hawaiian herbal healing) and Western medicine: "Participants felt a higher degree of connectedness and understanding in their relationship with their healer than with their physician, and they felt that healers took more time to listen and clearly explain diagnoses. Lāʻau lapaʻau was more likely than Western medicine to incorporate a spiritual and prayer component, lead to improvements in cultural and personal identity, and foster feelings of connectedness to the land and Hawaiian values."152 Eligible Medicaid enrolled individuals will be eligible for lāʻau lapaʻau services for 27 sessions for up to 12 months. Eligibility will be reassessed every 12 months

Something like the sentence below is accurate.

The practices of lāʻau lapaʻau have been integrated into health systems in Hawai'i, including programs within the Waimānalo Health Center and the Waiʻanae Coast Comprehensive Health Center.

Mahalo for your consideration in making the changes,

Leina'ala Bright

WAIMĀNALO HEALTH CENTER

Leina‘ala Bright, MA, LMT
Director, Cultural Health
[redacted]
website
[redacted]

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From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Tuesday, November 7, 2023 11:43:11 AM

Aloha, All,

My name is Carolyn Eaton and I have been a resident of Hawaii since 1978, when I arrived from the Continental Mid-West with a young family. I have become deeply interested in improving the lives of justice-involved adults and minors in the State of Hawaii. I have followed the efforts of the Hawaii Correctional System Oversight Commission over the past three years, and have written testimony during the convening of the State Legislature in support of progressive reform and transparency in the administration of corrections here.

I have just viewed both your public hearings (10/18 and 10/24/23) as ZOOM recordings. I appreciate the volume of content and the clarity of your presentation to educate me and others and engender public feedback. This has been my only exposure to your work. I am amazed and pleased to understand the process of advocating for the expansion of Medicaid support in Hawaii by crafting and applying for Waivers under Section 1115.

I support wholeheartedly your proposal to begin including for Med-QUEST coverage the health care of people our state has incarcerated who approach release. The 90-day pre-release period intervention could make a critical difference in the transition of every such person to life in the community. The sudden change in health care management in which the burden must be assumed by the individual to establish a new health care delivery experience, or not, has been a costly failure point for many. The community and the newly released individuals have paid a terrible price for years.

Equally important is your related proposal designed to extend coverage for these individuals to the 30-day period post-release, while new health provider connections are tested.

I do understand how the vagaries of national political control, the necessary process of negotiation over changes in moving from an expiring Demonstration to a new one, and the work to set in place procedures and infrastructure for accountability lie ahead. Nevertheless I am hopeful and happy to learn how Med-QUEST has been at this constructive task for years improving the health care experience of Hawaii's people who live with the least financial security. I live in this community with each of them.

My State Representative is D. Au Belatti. I believe she can help the situation for Community Health Workers here by finding out how other states have provided for acknowledging and supporting the valuable contributions of CHW's. The testimony I heard from and about CHW's here must be addressed.
Your response to all was clear, that creating the organization with authority to support the work of Hawaii's CHW's is not within your legal purview. I will urge Rep. Belatti to act in this matter.

With deep regard,
Carolyn Eaton

Sent from my iPhone

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Friday, November 3, 2023 6:17:08 PM
Attachments: Medquest support.pdf

Attached pleas find my letter of support for Med-Quest.

Barbara

November 3, 2023

Attn: PPDO, P.O. Box 700190, Kapolei, HI, 96709.
Comments for the Quest Integration Section 1115 A

I am writing in support of the State of Hawaii Department of Health request for waiver to Medicaid rules to expand the Med-Quest program in Hawaii.

After attending a community meeting, I learned the extensiveness of the Med-Quest program, as well as the request for expansion. I am in strong support of the proposal to expand services to groups that have not been covered in the past and to cover additional projects related to health.

I especially support the proposal to extend coverage to incarcerated persons for 90 days prior to release and 30 days following release. I have been involved in efforts to change the treatment of incarcerated persons for about ten years and am aware of the problems people face when discharged from prison or jail.

According to data compiled by the Hawaii State Correctional Systems Oversight Commission, 86% of the state corrections population have substance abuse disorder, while at intake, 49% needed mental health treatment. It is not surprising, then, that the recidivism rate for people released from prison in Hawaii is more than 50% (63.5% in FY2018, the most recent data).

A major reason that people return to prison is lack of access to—or information on how to access—a variety of resources, especially including medical treatment and care. Connecting incarcerated persons with Medicaid is therefore very important to most of those released to maintain their medications and avoid re-incarceration. As well as important to the State of Hawaii, which currently spends $247 per person per day to hold someone in prison.

It is for these reasons that I strongly support the request to enroll incarcerated persons prior to and for a while after release from incarceration, and urge federal support of this plan.

Barbara B. Polk, Ph.D,
[redacted]

From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: "Babette Galang"
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 9, 2023 7:41:42 PM
Attachments: Medicaid comments 2023.docx

Aloha, please find attached my testimony/comments to 1115 Demonstration Renewal for 2024

Thank you for the opportunity.

Babette L. Galang

COMMENTS

to

1151 DEMONSTRATION FEEDBACK

NATIVE HAWAIIAN TRADITIONAL HEALING: Authority & Benefits

November 9, 2023

My name is Babette Lilinoe Galang and I am a Native Hawaiian *traditional* practitioner. I was the Traditional Healing & Complementary Health Director/Coordinator at Papa Ola Lokahi, a Native Hawaiian Health Consortium, from 1997 until my retirement August 1, 2023. I have organized traditional healing presentations in the community, at the Bishop Museum, at various organizations statewide, at the University of Hawaii School of Social Work and at the John A. Burns School of Medicine.

I was trained by State recognized masters in the practices of:

- Laau Lapaau: kumu (teacher) Henry "Papa" Auwae (1906-2000)
- Lomilomi: kumu Aunty Margaret Machado (1916-2009)
- Hooponopono: kumu Aunty Malia Craver (1927-2009)

The common thread through ALL Native Hawaiian traditional healing practices is they are "spiritually based."

My focus for over 25 years has been in the area of laau lapaau as taught by "Papa" Auwae. This healing tradition passed down orally by generations of healers can neither be taught in a school situation as an elective subject nor in workshops or on the internet. It's a sacred practice and is a life dedicated to "healing." It is NOT a job, NOT a career, NOT work. It is a lifetime commitment to Ke Akua (God) to kokua others seeking help. There is no retirement.

LAAU LAPAAU IS A SPIRITUAL PRACTICE, NOT A MEDICAL PRACTICE!

I have serious and grave concerns about this proposal which focuses on Native Hawaiian Traditional Healing practices likened to western-based medical practices that one can simply apply for and receive services for. This State Plan obviously seeks to commercialize an indigenous practice for financial gain. If Medicaid truly wishes to improve the health situation of their clients, then the focus should be on improving their lifestyles, eating habits and including exercise. The focus should NOT be on a "new" fad or using a cultural practice to falsely promote better health and wellness.

I am appalled by the blatant decision to incorporate Native Hawaiian healing practices with no or very little deep understanding of what these practices are, the future impact on our cultural practices, the practitioners' life commitment with NO monetary reimbursement and the

disrespect of the indigenous host culture of Hawaii. Native Hawaiian traditional healing practitioners' daily sacrifices cannot be treated as inconsequential because there is "silence" in the practice publicly and in any form of advertising or commercialization of their services. There exists those who claim to be true practitioners but are not recognized by traditional practitioners because we know and recognize intuitively the "fly by nights" who manage to convince the general public that they are "healers" today via social media.

Papa Auwae taught us with the strictest and most profound generational knowledge of his lineage to help all humankind without charging or payment, because "healing is a gift from Ke

Akua" and we are only the instrument. We are guided and protected. We cannot and will not be told what to do by any organization, agency or political entity.

Please rethink the consequences of what you propose. The future consequences might be irreversible and damaging to our Lahui.

Mahalo.

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Sunday, November 12, 2023 11:17:03 AM
Attachments: RELATING TO THE LICENSURE OF MIDIVES ACT 032(19).PDF

From: Annette Manant, PhD, Advanced Practice Registered Nurse, Certified Nurse Midwife, Retired

To: Public Comments for the Quest Integration Section 1115

Demonstration Project, 2023, comment deadline 11/16/2023

https://medquest.hawaii.gov/en/about/state-plan-1115.html#tabs-8ee927caf9-item-99d6f14a00.

Public Comment Conclusion:

As a Certified Nurse Midwife in the state of Hawai`i, I do not support the use of the terms "midwife" or "midwifery" in the draft Section 1115 Demonstration renewal as it relates to Native Hawaiian Birthing Practices and would request that these particular terms (midwife and midwifery) be removed from this document.

Dear Quest Integration Section 1115, Demonstration Project,

Thank you for the opportunity to respond to the Draft Section 1115 Demonstration renewal, 2023. My name is Annette Manant. I am a retired Certified Nurse Midwife and have practiced consistently as a midwife, licensed as a Certified Nurse Midwife, in the state of Hawai`i since 2008. I live on the Big Island.

In review of Draft Section 115 Demonstration renewal, I noted the inclusion of Native Hawaiian Healing Practices, specifically the practice of Hapai hanau (pale keiki). The use of the terms "midwife" and "midwifery practices and services" embedded in this Draft have been noted: On page 5, last open bullet ("practice of midwifery") and on pages 65 & 66 1st& 2nd paragraphs (Pale keiki are "midwives"; "midwifery" services). "Birthing Practices" and "midwifery" in this Quest document are equated but they are not the same thing, and the 2019 Hawaii law supports this. Usage of the terms "midwife" and "midwifery" has been addressed by the Hawaii State Legislature with the passage of the 2019 Hawai`i law RELATING TO THE LICENSURE OF MIDWIVES ACT 032(19) (see PDF attachment to this Comment or visit the website below) which established a mandatory regulatory process for the midwifery profession. https://www.capitol.hawaii.gov/sessions/session2019/bills/GM1133_.PDF

In essence, the legislature found the term "midwife" connotes an expectation of a minimum level of care by consumers and the community. The Hawaii regulatory licensing reform act requires the State to regulate professions or vocations where the health, safety, or welfare of the consumer may be jeopardized by the nature of the service offered by the provider. The practice of midwifery meets these criteria, and, therefore, must be regulated by the State. Thus, according to law, "midwife" means a person who is licensed (specifically: Certified Nurse Midwives, Certified Midwives, and Certified Professional Midwives).

The legislature also noted that practicing midwifery according to the law does not impede one's ability to incorporate or provide cultural practices. Nothing in Act 032(19) shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and child care as recognized by any council of kupuna convened by Papa Ola Lokahi. Nothing in law shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii. Native Hawaiian healers who do "birthing practices" and who are also licensed midwives can use the term midwife according to the law. I do not have a definite opinion regarding Medicaid reimbursement to Native Hawaiian Healers who do "birth practices", however it gives me great pause to imagine federal and state monies given to birth workers who have no set standards and no licenses. I worry about the safety of women and babies.

In conclusion, I do not support the use of the term "midwife" or "midwifery" in the draft Section 1115 Demonstration renewal as it relates to Native Hawaiian Birthing Practices and would request that these particular terms (midwife and midwifery) be removed from this document.

Respectfully submitted,

Annette Manant, PhD, APRN, CNM

Annette Manant, PhD, APRN, CNM
President Hawaii Affiliate ACNM
[redacted]

From: [redacted]i
To: DHS MQD PPDO Mailbox
Subject: 1115 Demonstration Renewal
Date: Wednesday, November 8, 2023 2:25:28 PM
Attachments: Draft 11122019 on 1115 waiver.docx

I am commenting on 1115 from the perspective of individuals affected by fetal alcohol spectrum disorders (FASD).

In 2019 a team worked on a taskforce to create a definition of an "at risk group" which would include individuals with DD who did not meet the ICF institution level of care. Reading through the 1115 Demonstration Renewal, it isn't clear if our "at risk group" we defined (see the attached) would be covered? We respectfully request that our group is included. Such individuals who have an Autism Spectrum Disorder or Fetal Alcohol Spectrum Disorder are not under the category of Mental Illness, it is a developmental disorder. Is there a way we can include DD who are not at the institutional level of care, within the 1115 Demonstration Renewal, as outlined in the attached? Thank you for your time and consideration.

Ann S. Yabusaki, Ph.D., LMFT

[redacted]

At Risk Services Design

Definition

Hawaii Medicaid beneficiaries who do not meet criteria for intermediate care facility level of care (ICF/ID LOC) but are assessed by a functional assessment to be at risk of deteriorating to the institutional level of care if certain long term services and supports (LTSS) are not provided.

Assessment

- Tool
- Supplemental Information
    - Individual situation
    - Functional deficits
    - Limitation
    - Demonstration on how individual would benefit from LTSS
- Evaluator
- Threshold

Criteria

- Individual must reside in his/her home
- Individuals who reside in a community shelter (e.g., YMCA, YWCA, IHS) may receive at-risk services appropriate for their living environment as determined by _____
- Individual cannot be residing in a facility (e.g. care home, foster home, hospital, nursing facility, hospice facility)
- Individuals who do meet ICF/ID LOC and/or are receiving services in a facility do not qualify for inclusion in the at-risk population
- Maximum length of approval is a one-year period
    - Based on individual needs
    - May be renewed if medically necessary

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that there are up to _____ QUEST expanded access beneficiaries with an intellectual and or developmental disability (I/DD) who are unable to receive home and community based service through the DD/ID Medicaid waiver or their medicaid plans. These individuals are considered to be at risk for future institionalization because of their inability to perform independent daily living skills and manage their own health care.

Therefore, the purpose of this Act is to:

1) Require the department of human services to establish and implement an at-risk I/DD program to offer home and community based services to individuals with I/DD who are at risk for institutionalization; and
2) Require the department of human services to submit an application for an amendment to the QUEST Integration section 1115 demonstration project to expand its QUEST Integration project to provide for the at risk I/DD program by December 31, 2020; and
3) Appropriate funds to the department of human services for the establishment and implementation of a at risk I/DD program.

SECTION 2. There is appropriated out of the general revenues of the State of Hawaii the sum of $ or so much thereof as may be necessary for fiscal year 2020-2021 for necessary home and community based services; provided that the sum appropriated shall be in addition to the base budget of the department of human services.

SECTION 3. This Act shall take effect on July 1, 2080.

From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: [redacted]
Subject: Section 1115 Demonstration Feedback
Date: Monday, November 13, 2023 3:57:16 PM
Attachments: ACSCAN_RGB_sm_.png
image001.png
image002.png
image003.png
ACS CAN Comments to HI re 1115 waiver renewal Final 11-6-23 (002).pdf

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November 14, 2023

Judy Mohr Peterson, PhD
MED-QUEST Division Administrator
P.O. Box 700190
Kapolei, HI, 96709

Re: QUEST Integration Section 1115 Demonstration

Dear Administrator Mohr Peterson:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Department of Health and Human Service's request to renew its Section 1115 demonstration. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is more determined than ever to end cancer as we know it, for everyone.

ACS CAN supports this waiver request and urges the Department to advance the following policies in its final request to the Centers for Medicare and Medicaid Services:

Providing Continuous Coverage to Children
The Department is newly requesting authority to provide continuous eligibility for children ages 0 to 6, and continuous 2-year eligibility from the time of first eligibility determination for children ages 6 to 19.

ACS CAN strongly supports this proposal. As the proposal notes, prior to the COVID-19-related continuous eligibility provisions, analysis of Hawaii's Medicaid and CHIP enrollment indicated that approximately one fourth of children who were disenrolled from Medicaid or CHIP re-enrolled within three months, indicating high levels of "churn" as a result of family income changes.[1] Providing continuous eligibility as proposed will minimize these disruptions for the indicated populations of children and remove administrative hassle for the state.

It will also improve continuity of care for low-income cancer patients, survivors, and those who will be diagnosed with cancer. When individuals and families who do not have continuous eligibility lose coverage due to small – often temporary – fluctuations in income, it results in loss of access to health care coverage, making it difficult or impossible for those with cancer to continue treatment. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Research also shows the detrimental impact of coverage gaps on Medicaid enrollees who have a history of cancer. Individuals who had

coverage disruptions in the previous year were less likely to report that they used preventive services, and more likely to report problems with care affordability and any cost-related medication nonadherence.[2] A 2020 systematic review of evidence found that among patients with cancer, those with Medicaid disruptions were statistically significantly more likely to have advanced stage and worse survival than patients without disruptions.[3]

Our country's recent experience with continuous Medicaid eligibility during the COVID-related public health emergency showed the value of this type of policy – both to individual Medicaid enrollees who used this critical safety net and did not have to fear coverage disruptions; and to the whole country by reducing the overall uninsured rate.[4] We urge the Department to include this proposal in its final demonstration amendment request.

Providing Pre-Release Services to Justice-Involved Individuals

The Department requests new authority to provide targeted services to eligible justice-involved populations 90 days pre-release from incarceration. Targeted services include care coordination as well as many medically necessary services like lab and radiology services and provision of prescription drugs.

ACS CAN supports this proposal. Research shows that uninsured Americans are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive.[5] Cancer is the leading cause of mortality in incarcerated individuals older than 45 years and the fourth leading cause of mortality in the overall incarcerated population. Individuals who have been incarcerated are more than twice as likely to have a history of cancer than general populations.[6] ACS CAN supports taking steps like this one to prevent coverage gaps to help ensure all individuals have access to the care they need, including preventive services, cancer screenings and cancer treatment that can be lifesaving. We encourage the Department to include this proposal in its demonstration amendment request.

Conclusion

The goal of the Medicaid program is to provide health coverage and access to care for people who need it. These proposals meet this goal, and we support their inclusion in the Department's waiver renewal request because they will improve access to and continuity of care for people in Hawaii with cancer. If you have any questions, please feel free to contact me at Cynthia.au@cancer.org.

Sincerely,

Cynthia Au
American Cancer Society Cancer Action Network
Government Relations Director, Hawaii
[redacted]

Cynthia Au
Government Relations Director, Hawaii
[redacted]

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[1] State of Hawaii, Department of Human Services, MED-QUEST Division. QUEST Integration Section 1115 Demonstration. Released for State Public Notice and Comment on October 16, 2023. 1115_Demonstration_Application_Public_Comment_FINAL_10132023.pdf (hawaii.gov)

[2] Jingxuan Zhao, Xuesong Han, Leticia Nogueira, Zhiyuan Zheng, Ahmedin Jemal, K. Robin Yabroff; Health Insurance Coverage Disruptions and Access to Care and Affordability among Cancer Survivors in the United States. Cancer Epidemiol Biomarkers Prev 1 November 2020; 29 (11): 2134–2140. https://doi.org/10.1158/1055-9965.EPI-20-0518

[3] K Robin Yabroff, PhD, Katherine Reeder-Hayes, MD, Jingxuan Zhao, MPH, Michael T Halpern, MD, PhD, Ana Maria Lopez, MD, Leon Bernal-Mizrachi, MD, Anderson B Collier, MD, Joan Neuner, MD, Jonathan Phillips, MPH, William Blackstock, MD, Manali Patel, MD, Health Insurance Coverage Disruptions and Cancer Care and Outcomes: Systematic Review of Published Research, JNCI: Journal of the National Cancer Institute, Volume 112, Issue 7, July 2020, Pages 671–687, https://doi.org/10.1093/jnci/djaa048

[4] U.S. Census Bureau. Health Insurance Coverage Status and Type by Geography: 2019 and 2021. American Community Survey Briefs. September 2022. Health Insurance Coverage Status and Type by Geography: 2019 and 2021 (census.gov)

[5] Ward EM, Fedewa SA, Cokkinides V, Virgo K. The association of insurance and stage at diagnosis among patients aged 55 to 74 years in the national cancer database. Cancer J. 2010 Nov-Dec;16(6):614-21. doi: 10.1097/PPO.0b013e3181ff2aec. PMID: 21131794.

[6] Aziz H, Ackah RL, Whitson A, et al. Cancer Care in the Incarcerated Population: Barriers to Quality Care and Opportunities for Improvement. JAMA Surg. 2021;156(10):964–973. doi:10.1001/jamasurg.2021.3754.

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 10:19:09 AM
Attachments: image001.png
image004.png

Aloha,

I am writing to share a comment for the Quest Integration Section 1115 Demonstration Project. I would like to recommend (implore) that Rural Health Clinics be included as a provider of the proposed nutrition services. In terms of rural healthcare, only FQHC's are able to bill for nutrition related services, but we both serve Hawaii's rural population. Our patient's desperately need these services too. Thank you kindly for your time and consideration.

Mahalo,
Alex

Alex Steppe, MSH, RD
Director | Wellness & Disease Prevention
Kahuku Medical Center
[redacted]

Kahuku MEDICAL CENTER
Friends and Family Taking Care of Friends and Family

From:	[redacted]
To:	DHS MQD PPDO Mailbox; Starr, Ranjani R; Mohr Peterson, Judy
Cc:	[redacted]
Subject:	Section 1115 Demonstration Feedback (Med-QUEST Division)
Date:	Wednesday, November 15, 2023 4:57:26 PM
Attachments:	AHARO Hawaii - Section 1115 Demonstration Feedback - Med-QUEST Division.pdf
Importance:	High

Aloha!
Please find attached letter from AHARO Hawaii regarding the Section 1115 Demonstration Feedback.
Let me know if you should have any comments or questions.
Thank you!
~Fran

Fran Halemano
Corporate Administrative Specialist, Administration
Waianae Coast Comprehensive Health Center
[redacted]

AHARO
HAWAII

November 10, 2023

Med-QUEST Division
Attn: PPDO
P.O. Box 700190
Kapolei, HI 96709

Dear MedQUEST Leadership,

The AHARO Hawaii network of health centers applaud the hard work and diverse voices received to create a collective document that truly embodies our values and goals.

The 1115 waiver has the potential to make a significant impact on the communities we serve, enhancing access to vital healthcare services and improving the overall well-being of our residents. The innovative programs and initiatives listed will undoubtedly make a positive difference in the lives of countless individuals and families, particularly those who are most vulnerable and in need of support.

We would like to highlight a few key aspects that would add benefit with slight changes to further enhance the effectiveness of the 1115 waiver:

Nutrition Supports:

- Modify the reassessment period to twelve months instead of six months.
- Modify the eligibility for pediatric patients. Overweight and obesity criteria needs to be modified to: Overweight = BMI % for age/sex 85-95%; Obesity = BMI % for age/sex >= 95%. Make note that both overweight and obese children should qualify.
- Fruit and Vegetable Prescriptions/Protein Boxes, an individual qualifies if they have **one** of the following criteria:
    - Have a medically appropriate need for nutrition supports; or
    - Are experiencing a major life transition; or
    - Have a qualifying HRSN.
- Addition of: Registered Dietitian Nutritionist (RDN)-eligible; Diet Technician Registered (DTR); DTR-eligible; CHWs with nutrition training or under supervision of an RDN.

We believe that these suggestions, in conjunction with your agency's existing efforts, can lead to an even more impactful 1115 waiver.

Once again, thank you for your exceptional work in advancing healthcare in our state through the 1115 waiver. We look forward to seeing continued progress and improvements in our healthcare system.

[redacted]

Richard P. Bettini, MPH, MS
President, AHARO Hawaii

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 9, 2023 12:00:48 PM
Attachments: 2023-11 HI 1115 Demonstration Extension LLS Comment Letter FINAL SIGNED.pdf

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Director Peterson,

Please find attached a comment letter regarding Hawaii's Section 1115 Demonstration Extension.

If the Leukemia & Lymphoma Society can provide any assistance or clarification, please do not hesitate to contact me.

Thank you,
adam

ADAM ZARRIN *(he/him/his)* | **Regional Director, State Government Affairs, West**
The Leukemia & Lymphoma Society | Office of Public Policy
[redacted]

Mailing address:
[redacted]
To donate, please visit www.LLS.org

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LEUKEMIA & LYMPHOMA SOCIETY®

November 9, 2023

Judy Mohr Peterson, Ph.D.
Medicaid Director, Med-QUEST Division Administrator
Med-QUEST Division, Attn: PPDO
P.O. Box 700190
Kapolei, HI 96709

Dear Director Peterson:

The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to submit comments on Hawaii's QUEST Integration 1115 Demonstration Extension.

LLS's mission is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma and to improve the quality of life of patients and their families. We advance that mission by advocating that blood cancer patients have sustainable access to quality, affordable, coordinated healthcare, regardless of the source of their coverage.

LLS is committed to ensuring that Hawaii's Medicaid program provides quality and affordable healthcare coverage. This demonstration is consistent with Hawaii's efforts to support healthy families and improve equitable access to care. Our organization supports the inclusion of continuous eligibility for children and pre-release coverage for justice-involved populations. LLS offers the following comments on the Hawaii QUEST 1115 Demonstration Extension:

Continuous Eligibility for Children
LLS supports the proposal to provide multi-year continuous coverage for children under six and two-year continuous eligibility for older children. Continuous eligibility protects patients and families from gaps in care and promotes health equity.[i]

Research has shown that individuals with disruptions in coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.[ii] Gaps in Medicaid coverage have also been shown to increase hospitalizations and adverse health outcomes for ambulatory care-sensitive conditions like respiratory diseases and heart disease.[iii]

Blood cancers, which are among the most common childhood and pediatric cancers, are complex diseases that often require significant, sustained, and carefully coordinated care across multiple providers and care settings: any disruption or delay in a treatment plan can have devastating consequences for a patient. LLS supports continuous eligibility as a method to reduce these adverse health outcomes for patients.

Hawaii estimates that a quarter of all children in Hawaii experience gaps in coverage each year. Furthermore, studies show that children of color are more likely to be affected by gaps in coverage that continuous eligibility would address, rendering it crucial for increasing equitable

LEUKEMIA & LYMPHOMA SOCIETY®

access to care.[iv] Overall, multi-year continuous eligibility would improve access to and continuity of care for children during the critical early years of life[v] while promoting health equity. The COVID-19 continuous coverage requirements have highlighted how crucial continuous eligibility is for maintaining access to care. LLS supports Hawaii's plans to implement these policies as soon as the system infrastructure allows.

Pre-Release Services for Justice-Involved Populations

LLS supports the proposed coverage for incarcerated individuals who are otherwise eligible for Medicaid for up to 90 days before release. Hawaii's demonstration estimates that 1,300 individuals will benefit from this policy yearly. This proposal will help these high-risk populations access critical support needed to treat physical and behavioral health conditions. This proposal is consistent with the goals of Medicaid and will be an essential step in improving continuity of care. When implementing this policy, the state should ensure that existing state spending on healthcare for this population is supplemented, not replaced.

Thank you in advance for considering our comments.

Sincerely,

[redacted]

Adam Zarrin
Director, State Government Affairs

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[i] Chomilo, Nathan. Building Racial Equity into the Walls of Minnesota Medicaid. Minnesota Department of Human Services. February 2022. Available at: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8209A-ENG

[ii] Sugar S, Peters C, De Lew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the Covid-19 Pandemic. Assistant Secretary for Planning and Evaluation, Office of Healthy Policy. April 12, 2021. Available at: https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf

[iii] "Effects of Churn on Potentially Preventable Hospital Use." Medicaid and CHIP Payment Access Commission, July 2022. Available at: https://www.macpac.gov/wp-content/uploads/2022/07/Effects-of-churn-on-hospital-use_issue-brief.pdf

[iv] Osorio, Aubrianna. Alker, Joan, "Gaps in Coverage: A Look at Child Health Insurance Trends", Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, November 21, 2021. Available at: https://ccf.georgetown.edu/2021/11/22/gaps-in-coverage-a-look-at-child-health-insurance-trends/

[v] Burak, Elisabeth Wright. "Promoting Young Children's Healthy Development in Medicaid and the Children's Health Insurance Program (CHIP)." Center for Children and Families, Georgetown University Health Policy Institute. October 2018. Available at: https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 9:44:52 AM

Aloha:

Thank you for allowing me this opportunity to provide support of the 1115 waiver.

Releasing our Justice-Involved Individuals (JII) into the community with access to healthcare (medical, mental health and behavioral health services, medication, case management) is important to their successful rehabilitation and re-entry into the community. Many of our JII suffer from medical, mental health, substance abuse, and housing issues. Often by the time they enter our facilities, these have been long standing and ongoing issues. It is often difficult to determine which issue came first, as each exacerbates the other.

While in our facilities, we try to address their needs and issues to prepare them for successful return into the community (increase chance of rehabilitation while minimizing risk to the community). The same offenders that end up in our facilities, are often the same offenders that frequent emergency rooms. Being released from our facilities with immediate access to medical providers to address their medical needs (diabetes, high cholesterol, physical disability), or to address their mental health needs (bipolar, anxiety, depression, schizoaffective disorders), having access to 30-days' supply of medications upon their release is essential to increase the chance of these individuals developing a stable medical treatment plan with a regular provider and minimize more expensive, short term remedies through emergency room visits.

With their medical and mental health needs being met, JII are less likely to return to substance abuse, which makes it more likely for them to find and keep stable housing and employment. Additionally, for JII, being released with access to medical, mental health and behavioral services, is one less barrier, so they can focus on the other challenges that face them upon re-entry.

Again, I support and appreciate the assistance you provide to our JII individuals and our community. Thank you for allowing me to submit written comment in support.

If you need clarification or require further information, please do not hesitate to ask.

Sanna

Sanna Muñoz
Deputy Director for Corrections
State of Hawaii, Department of Public Safety
[redacted]

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[redacted]

From: Mann, Cindy [redacted]
Sent: Wednesday, November 15, 2023 8:10 AM
To: Mohr Peterson, Judy [redacted] Mayeshiro, Edie [redacted]
Subject: multi-year CE

We are very excited about the CE provision in your waiver, among other initiatives you have put forward. We reviewed the CE section in the draft application that is currently out for public comment and wanted to raise one issue/question.

On pg. 31 , referring to pre-PHE data, the proposal states that "…approximately one fourth of children who were disenrolled from Medicaid or CHIP re-enrolled within three months, indicating high levels of "churn" as a result of family income changes." The churn data is powerful; however, the reasoning for the churn ("family income changes") was a bit out of line with what we have seen elsewhere. We would have expected that most of the churn is due to administrative reasons (e.g., lost mail, no response to mail). When Oregon's waiver was negotiated, there were questions at the federal level as to the extent to which the CE proposal would be covering kids already eligible versus those who are over the income eligibility levels in the state; that is, is this a proposal primarily to stabilize or expand coverage? We/Oregon looked into this and found that very few terminations were due to children being over income. It looks like your data was pulled from internal TMSIS data; did that include this as the reason for the churn or is there room to go back and see if the churn may be due more to administrative reasons?

One additional ask- we know you said that your actuaries estimated the cost by estimating the extent to which gaps would still occur after adoption of the 12-month CE provision ushered in by the CAA. We have some other states/advocates also trying to discount from the cost the impact of the one year CE. Is it possible to share the underlying assumptions embedded in your budget neutrality calculations? If that's a problem for you, we completely understand. Just trying to help share the knowledge/experience among interested state/stakeholders.

Happy to help if any of this raises questions for you. Mostly want to say, congrats on such an impressive waiver proposal.

Cindy

Cindy Mann
Partner

Manatt, Phelps & Phillips, LLP
[redacted]

manatt.com

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From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: [redacted]
Subject: American Heart Association Section 1115 Demonstration Feedback
Date: Friday, November 10, 2023 3:02:40 PM
Attachments: image001.png
image002.png
American Heart Association Comments-Hawaii 11115 Waiver-Nov2023.docx

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Aloha,

Please find attached the American Heart Association's comments for Hawaii's Section 1115 Demonstration waiver request. Please let me know if you have any issues accessing the attached letter. Mahalo.

Don Weisman
Government Relations/Communications and Marketing Director
American Heart Association
[redacted]

*Thank you for your support of the American Heart Association as we fight COVID-19 on a global scale. Learn more about **the $2.5 million AHA is granting to medical research projects** that are dedicated to finding a COVID-19 treatment. For your COVID-19 questions, **please click here for a comprehensive list of our resources**, all made possible with your continued support.*

November 10, 2023

Judy Mohr Peterson, Ph.D.
Medicaid Director, Administrator for Med-QUEST
Hawaii Department of Human Services, Med-QUEST Division
P.O. Box 700190
Kapolei, HI 96709

Re: Section 1115 Demonstration Feedback

Dear Dr. Peterson:

On behalf of the American Heart Association (Association), I would like to thank you for the opportunity to provide written comments on Hawaii's Section 1115 Demonstration renewal and amendment request for the Quest Integration project. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke, we are pleased to see that the state continues to be committed to providing affordable healthcare coverage to all and investing in initiatives to improve the health and well-being of its beneficiaries.

The Association represents over 100 million patients with cardiovascular disease (CVD) including many who rely on Medicaid as their primary source of care. Nationally, 28% of adults with Medicaid coverage have a history of cardiovascular disease. Medicaid provides critical access to prevention, treatment, disease management, and care coordination services for these individuals. Because low-income populations are disproportionately affected by CVD – with these adults reporting higher rates of heart disease, hypertension, and stroke – Medicaid serves as the coverage backbone for the healthcare services these individuals need.

We applaud Hawaii's focus on health equity in this proposal, particularly, integrating nutrition support programs within its Medicaid proposal. Our organization supports efforts to increase equitable access to nutritious, affordable food in the healthcare delivery system and to connect under-resourced patients with community resources that will enable healthy eating patterns and consumption of healthy food. Incorporating food and nutrition programs into the healthcare system is an effective strategy to prevent and treat chronic diseases, potentially lower healthcare costs, and improve quality of life. Furthermore, to reduce socioeconomic and racial and ethnic disparities in nutrition and chronic diseases, it is critical to improve access to healthy foods and nutrition education programs in major public insurance programs, such as Medicaid and Medicare.

The American Heart Association would like to offer the following comments on Hawaii's request to add Nutritional Support provisions to the 1115 Demonstration.

Nutrition Services and Interventions to Improve Healthcare Outcomes

There is increasing evidence that the healthcare system can be utilized to help patients access and consume healthy foods. An emerging body of research has shown that incorporating food and nutrition programs into the healthcare system is associated with improved health outcomes, reduced healthcare utilization and cost, and better-established patient-provider relationships with patients living with chronic diseases. Food and nutrition programs such as ***healthy food prescription programs*** and ***medically tailored meals (MTM)*** are associated with reduced food insecurity, improved dietary intake, and improved mental health. They also align with recent calls for healthcare-based interventions that address social determinants of health and achieve improvements in health equity.[1] [2]

[1] Gottlieb L, Fichtenberg C, Alderwick H and Adler N. Social Determinants of Health: What's a Healthcare System to Do? *J Healthc Manag*. 2019;64:243-257.
[2] Harolds JA. Quality and Safety in Health Care, Part VI: More on Crossing the Quality Chasm. *Clin Nucl Med*. 2016;41:41-43.

Healthy Food Prescription Programs (also called produce prescription programs) incorporate food access directly into the patient-provider relationship, which better enables patients to follow their providers' dietary advice. These programs target those with low incomes, people living with diet-related diseases, and those living with food insecurity. In fact, a modelling study on food prescription programs found that adding healthy food prescriptions to Medicare and Medicaid may prevent 3.28 million CVD cases and 120,000 diabetes cases, saving $100.2 billion in formal healthcare costs.[3] Despite these and other compelling data, however, our review of the literature suggests that more rigorous research, including high quality, multicenter, randomized controlled trials, are needed to provide the evidence of effectiveness and cost-effectiveness of food is medicine interventions that will support these programs becoming a broadly covered benefit[4]. Evaluation will also need to be part of continued interventions to determine real-world health and equity outcomes and sustainability of those outcomes.

Medically tailored meals (MTM) are a potentially cost-effective intervention to address diet-related diseases and food access in at-risk individuals and may be ideal for patients living with chronic diseases who are unable to shop for or prepare meals for themselves. Research suggests that MTM have been associated with reduced hospital admissions and overall healthcare costs in preliminary studies[5], though further research is needed, as referenced above. When evaluating impact, MTM participants had 70 percent fewer emergency department visits, 50 percent fewer inpatient admissions, and a net savings of $220 per patient per month (16 percent savings on total medical expenditures).[6]

Benefit Design & Evaluation Need

By expanding on the great work of the existing demonstration, Hawaii will have an unprecedented opportunity to understand the connection between nutrition intervention and health impact. However, critical gaps in the body of research exist. To better understand and identify the most optimal benefit design of targeted nutrition interventions, rigorous evaluation of program outcomes is needed. Specifically, we believe that such research should address critical areas such as: *how to identify patients, engage, and ensure adherence to nutrition programs*; *appropriate intensity, frequency, and duration of interventions; optimally effective delivery mechanisms; the impact of concomitant dietary and/or lifestyle coaching; a better understanding of who is best suited for tailored therapy; and cost-effectiveness of food is medicine interventions*[7].

The Association, in partnership with the Rockefeller Foundation, is currently developing a national Food Is Medicine Initiative that aims to build a large-scale clinical evidence base that supports patients receiving medical prescriptions for healthy food to help prevent and manage chronic disease. To successfully integrate food and nutrition programs and broaden coverage opportunities a strong understanding of intervention efficiencies is paramount to seamless integration into healthcare delivery systems.

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[3] Lee Y, Mozaffarian D, Sy S, Huang Y, Liu J, Wilde PE, Abrahams-Gessel S, Jardim TdSV, Gaziano TA and Micha R. Costeffectiveness of financial incentives for improving diet and health through Medicare and Medicaid: A microsimulation study. *PLoS Med*. 2019;16:e1002761.

[4] Volpp KG, Berkowitz SA, Sharma SV, Anderson CAM, Brewer LC, Elkind MSV, Gardner CD, Gervis JE, Harrington RA, Herrero M, Lichtenstein AH, McClellan M, Muse J, Roberto CA, Zachariah JPV; American Heart Association. Food Is Medicine: A Presidential Advisory From the American Heart Association. Circulation. 2023 Oct 31;148(18):1417-1439. doi: 10.1161/CIR.0000000000001182. PMID: 37767686.

[5] Berkowitz SA, Terranova J, Randall L, Cranston K, Waters DB and Hsu J. Association Between Receipt of a Medically Tailored Meal Program and Health Care Use. *JAMA Intern Med*. 2019;179:786-793.

[6]Berkowitz SA, Terranova J, Randall L, Cranston K, Waters DB and Hsu J. Association Between Receipt of a Medically Tailored Meal Program and Health Care Use. *JAMA Intern Med*. 2019;179:786-793.

[7] Volpp KG, Berkowitz SA, Sharma SV, Anderson CAM, Brewer LC, Elkind MSV, Gardner CD, Gervis JE, Harrington RA, Herrero M, Lichtenstein AH, McClellan M, Muse J, Roberto CA, Zachariah JPV; American Heart Association. Food Is Medicine: A Presidential Advisory From the American Heart Association. Circulation. 2023 Oct 31;148(18):1417-1439. doi: 10.1161/CIR.0000000000001182. PMID: 37767686.

Hawaii's forward-thinking approach to address whole person care will go far in connecting residents of this great island with the resources they need to prevent, treat, and manage chronic diseases. If you have questions or would like to discuss further, please contact Eric Batch, western regional vice president, Field Advocacy at [redacted]

Sincerely,

[redacted]

Don Weisman
Hawaii Government Relations/Communications and Marketing Director

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: 1115 waiver
Date: Wednesday, November 1, 2023 12:03:23 PM

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please support our returning inmates with the 1115 waiver. There is so much medical help that falls through the crack while people are incarcerated that is is so important to help them with medical help as they transition back into our communities. we must not keep punishing the already punished.
please support the 115 wavier

sincerely Cathy Tilley

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Tuesday, November 7, 2023 11:43:11 AM

Aloha, All,

My name is Carolyn Eaton and I have been a resident of Hawaii since 1978, when I arrived from the Continental Mid-West with a young family. I have become deeply interested in improving the lives of justice-involved adults and minors in the State of Hawaii. I have followed the efforts of the Hawaii Correctional System Oversight Commission over the past three years, and have written testimony during the convening of the State Legislature in support of progressive reform and transparency in the administration of corrections here.

I have just viewed both your public hearings (10/18 and 10/24/23) as ZOOM recordings. I appreciate the volume of content and the clarity of your presentation to educate me and others and engender public feedback. This has been my only exposure to your work. I am amazed and pleased to understand the process of advocating for the expansion of Medicaid support in Hawaii by crafting and applying for Waivers under Section 1115.

I support wholeheartedly your proposal to begin including for Med-QUEST coverage the health care of people our state has incarcerated who approach release. The 90-day pre-release period intervention could make a critical difference in the transition of every such person to life in the community. The sudden change in health care management in which the burden must be assumed by the individual to establish a new health care delivery experience, or not, has been a costly failure point for many. The community and the newly released individuals have paid a terrible price for years.

Equally important is your related proposal designed to extend coverage for these individuals to the 30-day period post-release, while new health provider connections are tested.

I do understand how the vagaries of national political control, the necessary process of negotiation over changes in moving from an expiring Demonstration to a new one, and the work to set in place procedures and infrastructure for accountability lie ahead. Nevertheless I am hopeful and happy to learn how Med-QUEST has been at this constructive task for years improving the health care experience of Hawaii's people who live with the least financial security. I live in this community with each of them.

My State Representative is D. Au Belatti. I believe she can help the situation for Community Health Workers here by finding out how other states have provided for acknowledging and supporting the valuable contributions of CHW's. The testimony I heard from and about CHW's here must be addressed.
Your response to all was clear, that creating the organization with authority to support the work of Hawaii's CHW's is not within your legal purview. I will urge Rep. Belatti to act in this matter.

With deep regard,
Carolyn Eaton

Sent from my iPhone

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 3:54:14 PM
Attachments: Draft 11122019 .docx

In 2019 we worked on a taskforce to create a definition of an "at risk group" which would include individuals with DD who did not meet the ICF institution level of care. Reading through the 1115 Demonstration Renewal, it isn't clear if our "at risk group" we defined (see the attached) would be covered? We respectfully request that our group is included. Such individuals who have an Autism Spectrum Disorder or Fetal Alcohol Spectrum Disorder are not under the category of Mental Illness, it is a developmental disorder.
Is there a way we can include DD who are not at the institutional level of care, within the 1115 Demonstration Renewal, as outlined in the attached?
Thank you for your time and consideration.

Daintry Bartoldus
Executive Administrator
Hawaii State Council on Developmental Disabilities
[redacted]

At Risk Services Design

Definition

Hawaii Medicaid beneficiaries who do not meet criteria for intermediate care facility level of care (ICF/ID LOC) but are assessed by a functional assessment to be at risk of deteriorating to the institutional level of care if certain long term services and supports (LTSS) are not provided.

Assessment

- Tool
- Supplemental Information
    - Individual situation
    - Functional deficits
    - Limitation
    - Demonstration on how individual would benefit from LTSS
- Evaluator
- Threshold

Criteria

- Individual must reside in his/her home
- Individuals who reside in a community shelter (e.g., YMCA, YWCA, IHS) may receive at-risk services appropriate for their living environment as determined by _____
- Individual cannot be residing in a facility (e.g. care home, foster home, hospital, nursing facility, hospice facility)
- Individuals who do meet ICF/ID LOC and/or are receiving services in a facility do not qualify for inclusion in the at-risk population
- Maximum length of approval is a one-year period
    - Based on individual needs
    - May be renewed if medically necessary

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that there are up to _____ QUEST expanded access beneficiaries with an intellectual and or developmental disability (I/DD) who are unable to receive home and community based service through the DD/ID Medicaid waiver or their medicaid plans. These individuals are considered to be at risk for future institionalization because of their inability to perform independent daily living skills and manage their own health care.

Therefore, the purpose of this Act is to:

1) Require the department of human services to establish and implement an at-risk I/DD program to offer home and community based services to individuals with I/DD who are at risk for institutionalization; and
2) Require the department of human services to submit an application for an amendment to the QUEST Integration section 1115 demonstration project to expand its QUEST Integration project to provide for the at risk I/DD program by December 31, 2020; and
3) Appropriate funds to the department of human services for the establishment and implementation of a at risk I/DD program.

SECTION 2. There is appropriated out of the general revenues of the State of Hawaii the sum of $ or so much thereof as may be necessary for fiscal year 2020-2021 for necessary home and community based services; provided that the sum appropriated shall be in addition to the base budget of the department of human services.

SECTION 3. This Act shall take effect on July 1, 2080.

COMMUNITY ALLIANCE ON PRISONS

[redacted]

Today's Incarcerated; Tomorrow's Neighbor

TO: PPDO@dhs.hawaii.gov

FROM: Community Alliance on Prisons - Kat Brady, Coordinator
Testimony in Support of Hawai`i's 1115 Waiver Application

RE: "Section 1115 Demonstration Feedback"

Aloha Ahiahi!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai`i for almost thirty years. This testimony is respectfully offered on behalf of the 3,930 Hawai`i individuals living behind bars under the "care and custody" of the Department of Public Safety/Corrections and Rehabilitation as of October 18, 2023. We are always mindful that 878 of our male population are serving their sentences abroad -- thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

Community Alliance on Prisons strongly supports the Department of Human Services MedQuest Division's application for an 1115 waiver. The Consolidated Appropriations Act of 2023 introduces two significant modifications to the Social Security Act—the law that created Medicaid.

Firstly, under section 5121 states are required to offer Medicaid's screening and diagnostic benefits to sentenced juveniles up to thirty days prior to their release from a jail, prison, juvenile justice facility, or any other "public institution." Additionally, it mandates thirty days of targeted case management services both before and after their release.

Hawai`i has requested 90-days of pre-release coverage to build familiarity and trust with the community-based health system prior to release so that the relationship can continue post-release, providing a seamless continuum of care. This builds confidence for the patient and for the doctor providing the care.

In Hawai`i many service providers have reported that a large proportion of justice-involved individuals reenter the community without necessary prescription medications. Therefore, providing medications for 30-days post-release will stabilize a patient and can avoid exacerbating chronic physical and behavioral health challenges.

Secondly, section 5122 of the law gives states the option to maintain juvenile Medicaid benefits for the entire duration that an eligible juvenile is held in a "public institution" during the pre-trial period.

Community Alliance on Prisons strongly supports equity and attests that providing healthcare to everyone is not only smart, it is a way to reduce costs, treat everyone equally, and build strong, healthy, and just communities. We want all our communities in Hawai`i nei to THRIVE and that makes promoting, providing, and maintaining healthcare crucial!

> *Without robust safety-net systems, the jail has been a significant way that unmet social needs are managed out of the view of the broader health systems. Management through carceral systems performs an* ***insidious sleight of hand*** *that changes conversations about health to conversations about "public safety" and leads to increased disparities for marginalized populations that become indexed to "crime" and often lead to further criminalization of unmet health needs, rather than expansion of health services. The separate siloes of health and criminal-legal systems mean that capturing the full impact of unmet health needs becomes a challenge.*[1]

Community Alliance on Prisons has been advocating for the rights of the incarcerated for almost 30 years and we have been a member of the UH Social Science Institutional Review Board for more than 20 years. This experience informs the fact that our jails have become our de-facto mental health centers.

Jail is no place for an individual struggling daily with mental health issues. In fact, the department reported on October 18, 2023 that 45% of Hawai`i's entire incarcerated population are in our jails. We know that the department has reported in the past that approximately 16% of the entire incarcerated population is severely and persistently mentally ill and a very high percentage of people have behavioral problems. Most of these needs have been unmet.

This is a clarion call for change. Hawai`i needs to develop a robust system of care for justice-involved people to improve health and build community resilience. We need to provide community-standard healthcare for all of our people and eliminate significant racial and social disparities in the healthcare and criminal justice systems.

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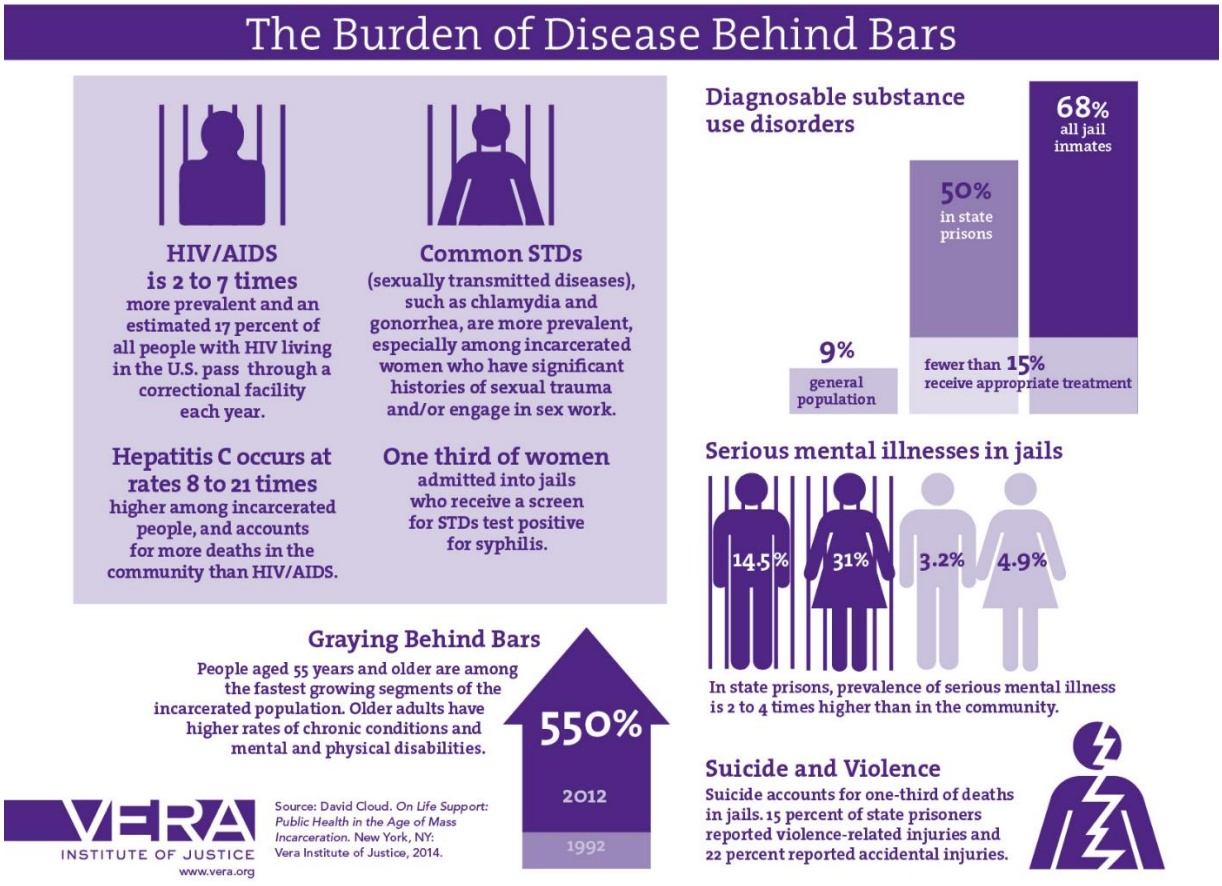
[1] BREAKING THE CYCLE: THE EXPANDING ROLE OF MEDICAID IN THE CRIMINAL-LEGAL SYSTEM, Community Oriented Correctional Health Service, by Dan Mistak, JD and Rebecca Sax, MPH, page 5 (pdf), March 2023. https://cochs.org/files/medicaid/project/BeyondInmateExclusion.pdf

[2] **The Effects of Incarceration and Reentry on Community Health and Well-Being. Proceedings of a Workshop,** National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Roundtable on the Promotion of Health Equity; Editors: Karen M. Anderson, Rapporteur and Steve Olson, Rapporteur, Washington (DC): National Academies Press (US); 2019 Sep 18. ISBN-13: 978-0-309-49366-6ISBN-10: 0-309-49366-8. https://www.ncbi.nlm.nih.gov/books/NBK555727/. More information about the Vera Institute of Justice, including links to the data it has gathered, is available at https://www.vera.org (accessed January 23, 2019).

INCARCERATION AND HEALTH[2]

Jim Parsons, vice president and research director at the Vera Institute of Justice, drew largely on data collected by the Vera Institute to examine the consequences of incarceration for the incarcerated, their families, and the broader society.[2]

"The criminal justice system is a driver of health inequity that impacts the well-being of communities around the country," said Parsons in his overview of incarceration in the United States. It directly and indirectly affects the health of individuals and communities, increasing rates of illness while simultaneously undermining the supports that contribute to community health and well-being. As such, incarceration is a critical social determinant of health.



3

"Mass incarceration is one of the most significant drivers of public health in our time."

Jim Parsons, VP and Research Director
Vera Institute of Justice

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[3] **On Life Support,** Public Health in the Age of Mass Incarceration,
https://www.vera.org/downloads/publications/on-life-support-public-health-mass-incarceration-infographic.jpg

Prisons house many people with very poor health, and the correctional environment makes those conditions worse, Parsons observed. Rates of ***substance use disorders*** *are between* ***five and seven times higher*** *among people who are incarcerated than in the general population, though less than 15 percent of the people with diagnosable substance use disorders in jails and prisons receive appropriate treatment. Similarly, rates of* ***mental illn****ess are much higher among incarcerated populations as compared to the general population. Of prison and jail inmates, 44 percent have been told in the past by a mental health professional that they have a mental health disorder."*[2]

Social Determinants of Health

Incarceration is not an isolated event confined to the individual and time served, but a cog in a complex system. Complex systems are extremely hard to understand because it is difficult to see all the interactions or to know all intended as well as unintended "side effects" (which are often delayed or occur in other sectors). In order for us to make sense of and operate in a world of complexity, each of us carries "mental models" of the way the world works. Sometimes, in situations of great complexity, these models are incapable of providing more than a sliver of the whole picture; so we operate on imperfect information. How health is produced is one of those situations. So, too, is incarceration. ***Incarceration is major social determinant of health for entire populations as well as on an individual level.*** *Incarceration can have long lasting, detrimental effects the very conditions that shape the health of individuals, families, communities, and that reinforce the pathways leading to or away from incarceration. Incarceration, far from being a matter simply of the interactions of incarcerated persons with law enforcement and prison, is a complex set of interactions with profound consequences for the families and communities, police, courts, prison employees, health care contractors, and the educational, economic, and social systems of the larger society.*[4]

Hawai`i's Silver Tsunami

Hawai`i's correctional system has an aging population and that is accompanied by a large number of people contending with a myriad of medical and physical ailments, chronic diseases, and acute mental health issues.

A 2017 story that appears on Hawai`i News Now[5] reported:

The state's population is aging, including behind bars.

- *Nearly 1 in 6 inmates at Halawa Correctional Facility, the state's largest prison, are over 55.*
- *Some 13 percent of all Hawaii inmates are 55 and up.*
- *And a full 5 percent of the more than 1,000 inmates at the facility are disabled due to age, mobility or cognitive issues.*

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[4] Understanding the Impacts of Incarceration on Health - A Framework, ReThink Health, Stacy Becker Director, Sustainable Financing and Lindsey Alexander Senior Project Manager, Sustainable Financing, March 2016, Page 4 in pdf. https://rethinkhealth.org/wp-content/uploads/2016/04/ReThink-Health-March-17-Report-1.pdf

[5] **Hawaii's correctional facilities grapple with a 'silver tsunami',** by Mahealani Richardson, Published: Mar. 2, 2017. https://www.hawaiinewsnow.com/story/34652867/2017/03/Thursday/hawaiis-silver-tsunami-behind-bars-is-coming-with-big-costs/

"People think of inmates as 20-year-olds, but there's a lot of people in here that are over 55," said Dr. Mike Hegmann, state Department of Public Safety medical director. "You can really think of the whole prison like a nursing home."

***The situation is contributing to rising health care costs for Hawaii prisons**, already grappling with overcrowding and backlogged repairs, and to growing questions about how corrections officials should handle inmates as they encounter age-related chronic diseases, from diabetes to dementia. And, officials note, inmates "age faster" than the general population. The rule of thumb: Add 10 years to the life of someone behind bars.*

The state Department of Public Safety says age-related medical costs — and a growing inmate population — are already driving up its $24 million health care budget for prisons and jails. And the situation isn't new.

A Pew 2014 study estimated Hawaii's per inmate spending on health care rose 8 percent from 2007 to 2011, thanks in large part to aging inmates' greater health needs.

Hegmann noted that specialized care for inmates, such as dialysis, is all the more difficult (and expensive) because of the added costs of security and transportation.

"If they were on the outside, Medicare and Medicaid would pay for the dialysis," he said. "Since they are in here, we pay for the dialysis."

Medicaid is federally funded, so there will be massive savings for state. These savings must be reinvested to create or support enhanced health and justice system interfaces, such as diversion programs or other non-Medicaid services for people involved with the justice system.

We can do better and the 1115 waiver that Hawai`i is asking for is justified in order to connect people, some who have been inside for a long time, with providers who can create a seamless continuum of care upon their release. When someone has served many years in prison, returning to the community can be daunting. The 90 day pre-release and the 30-day post release with medication would ensure healthcare services by allowing a relationship between patient and doctor to evolve.

Community Alliance on Prisons is so thankful for DHS MQD‘s mindfulness in asking for 90 days pre-release and 30 days post-release with medication. This application can change the way that we view our criminal legal system. **When looking through a health-lens, it is impossible to not to see the humanity in everyone.**

Community Alliance on Prisons is grateful for this opportunity to strongly support Hawai`i‘s 1115 Waiver Application! This aligns with the Hawai`i Legislature‘s commitment to equity, as well as CAP‘s commitment to the people inside whose voices have been silenced by incarceration.

Mahalo nui!

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: "Section 1115 Demonstration Feedback"
Date: Wednesday, November 15, 2023 8:12:37 AM
Attachments: MedQuestComment (2).pdf

Greetings,
Please see attached for "Section 1115 Demonstration Feedback"

Thank you,
"You yourself, as much as anybody in the universe deserves your love and affection." Buddha

"In the present circumstances, no one can afford to assume that someone else will solve their problems. Every individual has a responsibility to help guide our global family in the right direction. Good wishes are not sufficient; we must become actively engaged." -- H.H., the Dalai Lama

Ho`ola Lahui Hawai`i
Sean A. Chun
Cultural Resource & Community Advancement Coordinator
[redacted]

Sean Chun
6512 Ahele Dr.
Kapaa, HI. 96746
[redacted]

PPDO@dhs.hawaii.gov
Re: Section 1115 Demonstration Feedback

cc: Papa Ola Lokahi
cc: Ho`ola Lahui Hawai`i, Ke Ola Mamo, Hui No Ke Ola Pono, Hui Malama Ola Na `oiwi, Na Pu`uwai.
cc: Kaua`i Kupuna Council Board November 14, 2023

Greetings,
I submit this testimony strongly opposing the submission for review under the Traditional Healing Section of MedQuest 1156.
My name is, Sean Chun, I am a culturally trained traditional Hawaiian healer that has spent nearly 30 years learning and practicing various forms of healing modalities. This includes the healing arts of pule (prayer), ho`oponopono (spiritual resolution), la`au lapa`au (herbal medicine), and various forms of lomilomi (massage/physical therapy). Some of my kahu/kumu include Ilei Beniamina (Ni`ihau), Papa Tom Takahashi (Ni`ihau), Ken "Coach" Kamakea (Maui, Kaua`i), Kumu Levon Ohai (Kaua`i), Papa Francis Wong (Moloka`i), and currently Sensei Bruce Keaulani and Olohe Jerry walker (O`ahu). I have a B.A. in Hawaiian Studies, Malama `Aina, with a focus on traditional healing under Levon Ohai.

I have been employed for 14 years at Ho`ola Lahui Hawai`i, a Community Health Center here on Kaua`i, as a traditional healing practitioner, and reside as the Po`o or Chair of The Kaua`i Kupuna Council of Traditional Healing for over 15 years. As the council, we represent the numerous kupuna and haumana here on Kaua`i.

We provide traditional healing services in the communities on Kaua`i, as well as educational programs with the DOE and Hawaiian Charter Schools. We also work hand-in-hand with Hawaiian serving agencies, Hawaiian non-profits, County of Kaua`i, State and Federal Agencies.

We oppose the submission for review under the Traditional Healing Section of MedQuest 1156, which includes practices such as hula, `ai pono, ho`oponopono, lomilomi, hapai hanau, and la`au lapa`au. This raises many concerns more than benefits.

- Traditional healing practices do not fundamentally align with western ideas and practices. Traditional healing is not about receiving compensation or seeking monetary

reimbursement. Healing is a spiritual practice first and foremost. If the idea is to create an industry so people will be employed, then how many actual practitioners will be needed or provided? I have seen tha Papa Ola Lokahi will be providing the Traditional Hawaiian Healing practitioners. This is false as we are independant of Papa Ola Lokahi under the healthcare systems. Papa Ola Lokahi does not have traditional healers.

- As practitioners, we would be responsible for reporting to providers to receive minimal compensation. This does not seem adequate given the time and work needed to provide actual Traditional Hawaiian Healing practices. The policies seem to cap and limit the time and care our people need and currently receive with the practices we already provide.
- Protocols and processes are in place that make Traditional Hawaiian Healing unique. Allowing such practices to be mainstreamed will denigrate centuries old cultural practices. Healing does not take place in a clinic, as it is a holistic approach that, from what is described, is not traditional, or really may not be Hawaiian. Will other practices be masked under the guise of being Hawaiian?
- Giving it a Hawaiian name does not make it Hawaiian, nor is it traditional. What assurances of qualifications and quality of care are given under providers. Traditional healing takes years and decades of learning and practice. We do fear that many people will not have the experience to be practicing actual traditional healing. How will this affect the culture and practitioners?
- Overstepping of government and non-practitioners. The submission is rushed and has many flaws. As a practitioner, I am alarmed about government and private entities that dictate how much traditional healing is worth, or who is able to practice.
  The input is represented by a few stakeholders, and does not adequately paint a picture of our traditional practices. More accurate information and information needs to be assessed by actual practitioners. As practitioners, we had little or no input into this process.
- The concern about the future and how this will lead to other issues, has the potential to affect not just traditional Hawaiian practitioners, but other herbal practitioners, such as the Chinese. Not enough thought about the qualifications of practitioners is understood. Or potential long term problems this may cause for practitioners or the culture.
- There are laws in place that allow practitioners to practice their arts under the umbrella and guidance of Native Hawaiian Health Center, thru independant Kupuna Councils. Act 153, SB# 1258. This process insures the quality of care as well as the protection and perpetuation of healing practices.

Deeper problems with our community and people,
Providing Traditional Hawaiian Healing services is not the answer. The Hawaiian people, and in reality many of our community members suffer from more serious issues that a massage or herbal medicine can give. The problems of houslessness, food insecurity, mental/emotional issues, unemployment, aging population, and many more problems are at hand. As Hawaiians,

we also experience generational trauma, the after, and continuing effects of colonization is only perpetuated by such policies and laws that are constantly introduced. Utilizing “traditional healing” as a selling point or value added is really just a marketing ploy that minimizes centuries old practices, insults generations of practitioners, and further waters down our cultural practices. This is all to make it fit into a westernized system. Traditional Hawaiian Healing practices do not align philosophically, morally, and culturally with these policies.

I thank you for your time,

[redacted]

Sean A. Chun
Me ke aloha,
Po`o, Kaua`i Kupuna Council of Traditional Healing

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: "Section 1115 Demonstration Feedback"
Date: Saturday, October 28, 2023 1:52:26 PM

I am writing in support of enrolling incarcerated people in Hawaii into QUEST/Medicaid prior to their release. Prior to retirement I had over 20 years of experience practicing in federally funded community health centers on Oahu and on Lana'i. It was always a scramble to provide medication to uninsured people after release from prison. If the receiving health care provider can get medical records that include a list of medical problems and medications, this will go a long way to prevent unnecessary ER visits and possibly hospital admissions.

Interrupting medications for chronic illnesses causes a disaster waiting to happen. Set backs caused by exacerbation of COPD, diabetic ketoacidosis, and cardiovascular events from untreated high blood pressure are further punishment for the recently incarcerated who have paid their debt to society. Immediate access to medical care to prevent relapse of substance use disorder would be beneficial to society by increasing chances of successful housing after release. We should follow the example of other states who have already done taken this path. Mahalo.

Anne Leake PhD
Family Nurse Practitioner (retired)
[redacted]

From: [redacted]
To: [redacted]; DHS MQD PPDO Mailbox
Subject: RE: Public comments for Quest Integration Section 1115 -pages 5, 65, 66
Date: Monday, November 20, 2023 2:38:01 PM

Aloha,

Thank you for your email/comments regarding the 1115 Demonstration Waiver Draft. The public comment period was available from October 16, 2023 to November 16, 2023 and is now officially closed. MQD Hawaii is hoping to submit our 1115 Demonstration Waiver application to the Centers for Medicare and Medicaid Services ("CMS") in December. CMS will post Hawaii's 1115 Demonstration Waiver application officially on their CMS website. CMS will ask the public to comment on Hawaii's submission ***to CMS*** *for 30 days from the date of posting, so you will be able to submit your comments to CMS at that time. MQD Hawaii will post on our state website when CMS posts our 1115 Demonstration Waiver on their website.*

Thank you.

DHS/MQD

From: Robin Ramsay [redacted]
Sent: Friday, November 17, 2023 4:18 PM
To: DHS MQD PPDO Mailbox <PPDO@dhs.hawaii.gov>
Subject: Public comments for Quest Integration Section 1115 -pages 5, 65, 66

From: Robin Ramsay, APRN, CNM, MSN

I am writing in support of Medicaid reimbursement for Pale Keiki services. Certified Nurse Midwives have been reimbursed for our services in Hawaii and all other States for quite some time now. As of 2019 Hawaii has expanded the regulation of midwives to include Certified Professional Midwives and Certified Midwives. All licensed midwives in our State should qualify for Medicaid reimbursement. Starting with Pale Keiki Licensed Midwives is in alignment with our States Department of Health Maternal Child Health Mission to improve pregnancy and birth outcomes.
Native Hawaiian women in our State have the highest rate of maternal and neonatal morbidity and mortality and would greatly benefit from these services.

I do note needed clarification that the Pale Keiki would be licensed to practice midwifery as recognized by our State law.

I have provided maternity care for over 30 years in a predominantly Hawaiian community and helped to create a Hawaiian Culture based group prenatal program with an Office of Hawaiian Affairs grant. I have first hand knowledge of how profound relevant, culturally based care can be for patients and their families.

Thank you for allowing this submission,

Robin Ramsay, APRN, CNM, MSN
NOTICE: This information and attachments are intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged and/or confidential. If the reader of this message is not the intended recipient, any dissemination, distribution or copying of this communication is strictly prohibited and may be punishable under state and federal law. If you have received this communication and/or attachments in error, please notify the sender via email immediately and destroy all electronic and paper copies.

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback- Support from the ACLU of Hawaii
Date: Monday, November 13, 2023 9:03:25 AM
Attachments: image001.png
Medquest Section 1115 Demonstration Feedback ACLU Testimony Support 11-13-23.pdf

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Aloha,

The American Civil Liberties Union of Hawai‘i (“ACLU of Hawai‘i”) strongly supports the State of Hawaii Department of Human Services MedQuest Division’s application for a section 1115 waiver. To that end, I am attaching written comments in support.

Mahalo,

Carrie Ann
Carrie Ann Shirota
Pronouns: she/her/hers

Policy Director
ACLU of Hawai’i
[redacted]
ACLU Hawai‘i

November 13, 2023

Med-QUEST Division
PPDO
P. O. Box 700190
Kapolei, HI. 96709

Re: SECTION 1115 Demonstration Feedback Support

To Whom it May Concern:

The ACLU of Hawai'i is committed to transforming Hawaii's criminal legal system and building a new vision of health, safety and justice. We advocate for the State to shift spending priorities away from mass incarceration that disparately impacts people living in poverty, the houseless, and Native Hawaiians and Pacific Islanders, towards housing, education, housing, health and human services. Through the implementation of proven data driven strategies, we have the ability to divert people from our severely overcrowded jails and prisons. In turn, this would significantly shrink our carceral system and result in cost-savings that should be reinvested in systems of care within under-resourced communities.

The American Civil Liberties Union of Hawai'i ("ACLU of Hawai'i") strongly supports the State of Hawaii Department of Human Services MedQuest Division's application for a section 1115 waiver. If granted, this waiver would permit the State of Hawai'i to provide 90 days of pre-release coverage for justice-involved persons. This coverage is critically important to addressing the unmet health care needs of persons, particularly those with pre-existing medical conditions and the aging incarcerated population. A few data points will illustrate the interconnectedness between the housing and health care needs of people exiting our jails and prisons:

- An estimated 25-50% of houseless people have a history of incarceration[1]

- An estimated 30% of people released from our prisons exit to homelessness in Hawai'i[2]

[1] https://humanservices.hawaii.gov/wp-content/uploads/2018/02/Touchpoints-of-Homelessness-Report-Final.pdf
[2] *Id.*

- In 2019, 17% or 870 people out of a total of 5,279 incarcerated population in Hawai'i were over the age of 55.[3]

- A robust body of research shows that incarceration itself accelerates aging: people face more chronic and life-threatening illnesses earlier than we would expect outside of prison, and physiological signs of aging occur in people younger than expected[4]

As noted by the Prison Policy Initiative, "Years of limited resources, inaccessibility, and understaffing in prison healthcare have created a situation in which **each year spent in prison takes two years off of an individual's life expectancy**. The same scarcity of prison healthcare resources that jeopardizes older people's health is not just ineffective-it's also exorbitantly expensive."

Thank you for the opportunity to submit testimony in support of sensible policy that provides Medicaid services for justice-involved persons up to 90 days prior to exiting our jails and prisons. Building a continuum of health care will help people to address their underlying health needs and enhance opportunities for successful reintegration into the community.

Sincerely,

Carrie Ann Shirota

Carrie Ann Shirota
Policy Director
ACLU of Hawai'i
[redacted]

The mission of the ACLU of Hawai'i is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawai'i fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawai'i is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawai'i has been serving Hawai'i for over 50 years.

American Civil Liberties Union of Hawai'i
[redacted]

[3] Prison Policy Initiative https://www.prisonpolicy.org/data/aging_1999_2019.html;
[4] https://www.prisonpolicy.org/blog/2023/08/02/aging/

From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: [redacted]
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 6:25:07 PM
Attachments: Comments_QUEST_Section1115_10-16-23_DOH-CDPHPD-OHE.doc

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Lola H. Irvin, M.Ed.
Administrator, Chronic Disease Prevention and Health Promotion Division
Hawaii State Department of Health
[redacted]
Chronic Disease Prevention & Health Promotion Division (hawaii.gov)
Start Living Healthy Hawaii

JOSH GREEN, M.D.
GOVERNOR OF HAWAI'I
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P.O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

Comments in Support of the Med-QUEST Section 1115 Demonstration Renewal Application Released for Public Comment October 16, 2023

Hawaii State Department of Health
Chronic Disease Prevention and Health Promotion Division and
Office of Health Equity 1115 Waiver Public Comment

The Hawai'i State Department of Health CDPHPD supports the new authorization for the provision of Native Hawaiian traditional healing practices as part of the Section 1115 Demonstration.

Evidence shows Native Hawaiians and Pacific Islanders experience disproportionately higher rates of chronic diseases compared to the overall population of Hawai'i (Look et al.). Cancer, heart disease, stroke, and diabetes are consistently among the leading causes of death for Native Hawaiians and Pacific Islanders (HDOH, HHDW).

According to the most recent data, the congestive heart failure death rate is 2.9 times higher among Native Hawaiians and Pacific Islanders compared to the overall population of Hawai'i (1). Stroke death rate is 2.5 times higher among Native Hawaiians and Pacific Islanders compared to the overall population of Hawai'i(2). Diabetes death rate is 4.5 times higher among Native Hawaiians and Pacific Islanders compared to the overall population of Hawai'i (3). Cancer death rate is 3.1 times higher among Native Hawaiians and Pacific Islanders compared to the overall population of Hawai'i(4). Designing and aligning health intervention programs with culturally relevant care is a critical way to address health disparities and reduce health inequities among Native Hawaiians and Pacific Islanders.

Culturally responsive programs have been proven to improve health outcomes for participants (add citation). It has been demonstrated that programs rooted in Native Hawaiian Traditional Healing Practices, such as Ola Hou i ka Hula and PILI 'Ohana, enable the management and prevention of chronic disease, while supporting overall health (Look et al.).

Providing authorization for culturally relevant services to be reimbursed under the waiver is one effective approach to begin closing gaps in healthcare services.

The approval of these provisions could allow for additional culturally responsive services to be included in the future for the many cultures and sub-populations of the Pacific.

DOH/CDPHPD supports the overall request for approval for federal Medicaid matching funds for Hawaii's 1115 Demonstration Waiver request. The emphasis on providing health related social needs services align with the framework and objectives in the Hawaii Department of Health, coordinated chronic disease prevention and management plan, The Healthy Hawaii Strategic Plan 2030 (https://hhsp.hawaii.gov/). The coordination and partnership with stakeholders will support achieving the HHSP 2030 and advancing Hawaii towards meeting equitable health outcomes for the eligible-Medicaid-enrolled individuals. The CDPHPD is particularly involved in strengthening the community-clinical linkages with community-based organizations (CBOs) and stakeholders, and the populations that are served.

- 3.8 Nutrition Supports benefits as described for eligible-Medicaid-enrolled individuals that include but are not limited to nutrition counseling and education, fruit and vegetable prescriptions and/or protein boxes, meals or pantry restocking, and medically tailored meals or groceries (MTM). These provisions will increase collaborations between public health systems development of disease management and prevention programs in community sites serving high-risk populations.
- 3.9 Native Hawaiian Traditional Healing Practices for eligible Medicaid-enrolled individuals. Native Hawaiian Traditional Healing Practices to be covered by this demonstration include:
    - Lomilomi, Hula, Hoʻoponopono, ʻAi pono, Lāʻau lapaʻau, Hāpai hānau
    - [additional/other] practices recognized by any council of kupuna convened by Papa Ola Lōkahi, a nonprofit organization charged by the Hawaiʻi state legislature to promote Native Hawaiian Health and to train and certify Native Hawaiian Traditional Healers
- 3.10 Health Related Social Needs (HRSN) Infrastructure Funding to support capacity building for the implementation of HRSN services as described in the 1115 Waiver application. This feature will provide the systems-change and capacity with community-based organizations to work with the State and public health programs for an integrated approach to support and evaluate the HRSN services.

From public hearing - Noe Perrerira, Primary care psychologist at Waimanalo HC: "What's good for Hawaiians, is good for humanity."

Data References

1. Hawaii State Department of Health, Hawaii Health Matters, Office of Health Status Monitoring. Congestive heart failure death rate, 2021. Published March 2023. Accessed Nov. 7, 2023. https://www.hawaiihealthmatters.org/indicators/index/view?indicatorId=3135&localeId=14&localeChartIdxs=1%7C2%7C3
2. Hawaii State Department of Health, Hawaii Health Matters, Office of Health Status Monitoring. Stroke death rate, 2021. Published March 2023. Accessed Nov. 7, 2023. https://www.hawaiihealthmatters.org/indicators/index/view?indicatorId=1307&localeId=14&localeChartIdxs=1%7C2%7C3
3. Hawaii State Department of Health, Hawaii Health Matters, Office of Health Status Monitoring. Diabetes death rate, 2021. Published March 2023. Accessed Nov. 7, 2023. https://www.hawaiihealthmatters.org/indicators/index/view?indicatorId=2393&localeId=14&localeChartIdxs=1%7C2%7C3
4. Hawaii State Department of Health, Hawaii Health Matters, Office of Health Status Monitoring. Cancer death rate, 2021. Published March 2023. Accessed Nov. 7, 2023. https://www.hawaiihealthmatters.org/indicators/index/view?indicatorId=2388&localeId=14&localeChartIdxs=1%7C2%7C3
6. Hawaii State Department of Health, Hawaii Health Data Warehouse, Office of Health Status Monitoring, Death Data. Major cardiovascular diseases: Deaths per 100,000 population, age-adjusted by decedent's Race/Ethnicity (DOH), 2021. Published Feb. 2, 2023. Accessed Nov. 7, 2023. https://hhdw.org/report/query/result/mort/MortCntyDOHRace/AgeRate.html
7. Hawaii State Department of Health, Hawaii Health Data Warehouse, Office of Health Status Monitoring, Death Data. Malignant neoplasms: Deaths per 100,000 population, age-adjusted by decedent's Race/Ethnicity (DOH), 2021. Published Feb. 2, 2023. Accessed Nov. 7, 2023. https://hhdw.org/report/query/result/mort/MortCntyDOHRace/AgeRate.html
8. Hawaii State Department of Health, Hawaii Health Data Warehouse, Office of Health Status Monitoring, Death Data. Diabetes mellitus: Deaths per 100,000 population, age-adjusted by decedent's Race/Ethnicity (DOH), 2021. Published Feb. 2, 2023. Accessed Nov. 7, 2023. https://hhdw.org/report/query/result/mort/MortCntyDOHRace/AgeRate.html

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Tuesday, November 14, 2023 1:51:14 PM
Attachments: Dir.Memo-MedQ.Sec.1115.pdf
image003.png

Pleae find comments attached. Mahalo.

Kenneth S. Fink, MD, MGA, MPH
Director of Health
Hawaii State Department of Health
[redacted]

Ka ʻOihana Olakino
www.health.hawaii.gov

JOSH GREEN, M.D.
GOVERNOR OF HAWAI'I
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

November 14, 2023

Judy Mohr-Peterson, PhD
Med-QUEST Division Administrator
P.O. Box 700190
Kapolei, Hawaii 96709

Dear Judy:

Mahalo for the opportunity to provide comment on the Med-QUEST Division's (MQD) proposed Section 1115 Demonstration Waiver renewal. In the renewal, the MQD continues to advance its Medicaid managed care program toward improved quality of life and health outcomes by incorporating leading practices that have been approved by the Centers for Medicare & Medicaid Services (CMS) for other states as well as other innovations to support Governor Green's agenda to reduce houselessness. I applaud MQD's work and offer some comments for consideration to the extent they may be in alignment and help further promote MQD's and the Governor's priorities.

Eligibility

Continuous Eligibility for Children

I support the continuous eligibility for children age 0-6 years. I wonder what the experience has been in other states regarding determinations every two years for children age >6 years. I don't know the evidence if families with younger children are less likely to have increases in household income or leave the state compared to those with older children. Having another period of continuous eligibility for children age 6-12 years would help ensure access to and continuity of care. This may help increase receipt of recommended preventive services such as adolescent vaccinations, which is of particular importance given the circulation of pertussis in our community. And as mental health needs are becoming increasingly prevalent at earlier ages, coverage may facilitate earlier intervention.

Continuous Eligibility for Adults with a Serious Mental Illness

Despite the additional resources and efforts already included in the waiver, adults with a serious mental illness (SMI), notably those who are houseless, may be at increased risk of losing eligibility during renewal for administrative reasons. This can result in disruption of clinical care and worse outcomes. While individuals who are incarcerated, will, under the proposed waiver, be eligible for services beginning 90 days prior to release, this is not true of individuals who are residing in an institution for mental diseases (IMD), who may be in greater need of healthcare upon release. In the absence of pre-

release coverage for those in an IMD, which would be preferred, continuous eligibility for adults with SMI would allow eligibility to be suspended while admitted to an IMD and quickly reinstated upon discharge. Continuous eligibility of adults with a SMI for a 5-year period, the duration of the demonstration renewal, would allow for evaluation to assess if this reduces emergency room visits and hospitalizations for SMI and improves health outcomes.

Expanded Eligibility for Low-Income Kupuna

Kupuna are the fastest growing houseless population. Kupuna in Hawaii are particularly disadvantaged because Social Security Assistance is not adjusted based on the cost of living where one resides, yet Hawaii has a very high cost of living compared to the other states. Medical expenses are also the leading cause of bankruptcy. Expanding eligibility for seniors as a new demonstration eligibility group, such as with a Medicare benefit package, could effectively create a Qualified Medicare Beneficiary look-alike program for those at a higher income level with, if allowed to enroll, the additional benefit of being in a D-SNP.

Benefits

Medical Respite

Adding this benefit is wonderful. For houseless individuals, this is medically necessary room and board for their receipt of medical care. Like other covered medically necessary room and board such as a hospital or nursing facility, it may be beneficial to cover this benefit outside of CIS+, particularly if patients are being transferred from a medical facility to medical respite. The medical respite might then be expected to refer the patient for CIS+ assessment. Requiring the patient to agree to and go through the CIS+ process might create a barrier for coverage of what would otherwise be a medically necessary service and negatively impact the sustainability of medical respite services to keep people off the street while receiving medical care.

Delivery System

Currently, there seems to be two, somewhat overlapping, systems of care for individuals with SMI. This appears to be a payer-centric rather than patient-centric approach to care. Approximately 70% of adults with SMI receive care through CCS, of which the Department of Health Adult Mental Health Division (AMHD) participates as a provider, and about 30% receive care through AMHD as the purchaser. Integrating the delivery of care for adults with SMI would be expected to increase continuity of care, facilitate system navigation, and reduce administrative burden. While MQD and AMHD work collaboratively toward this shared goal, ensuring that the waiver renewal contains language that would provide flexibility for this would allow implementation in the next 5 years without requiring a waiver amendment.

Evaluation

The demonstration waiver must meet budget neutrality; however, budget neutrality is based on CMS expenditures. State expenditure savings such as through prevention of incarceration or IMD admission is not included in budget neutrality calculations. Similarly, avoidance of these outcomes or

maintaining eligibility of resource intensive patients may not be financially incentivized in a PIHP, unless there are specific financially incentivized metrics to that effect. Avoidance of emergency room visits should be inherently incentivized in a capitated model, and this was appropriately a measure in the Quality Strategy. ACT petitions may also be useful to evaluate.

Again, mahalo for all of your and your team's efforts on this waiver renewal.

Me ka ha'aha'a,

[redacted]

Kenneth S. Fink, MD, MGA, MPH
Director of Health

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 3:44:18 PM
Attachments: State of Hawaii 1115 Waiver - UHC Community Plan Comments FINAL.pdf

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Aloha,
Mahalo for the opportunity to provide feedback. Please find our comments in our attachment.

Kalani Redmayne
Health Plan CEO
UnitedHealthcare Community Plan of Hawai'i
[redacted]

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or intended recipient's authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

UnitedHealthcare Community Plan

Thursday, November 16, 2023

Judy Mohr Peterson, PhD
Department of Human Services
Hawai'i Med-QUEST Division
P.O. Box 700190
Kapolei, Hawai'i 96709

RE: Section 1115 Demonstration Waiver Feedback

Dr. Peterson,

UnitedHealthcare Community Plan of Hawai ʻi (UnitedHealthcare) supports the State's ongoing commitment to the health and well-being of Medicaid members. We are aligned with your focus on achieving health equity for all people in Hawai ʻi, addressing access to cultural care practices, and expanding coverage for health-related social needs and supports. We commend the Med-QUEST Division (MQD) for using the waiver process to innovate and adapt to the changing needs of our most vulnerable populations. This draft waiver renewal application is a critical piece to continuing to advance the State's goals of improving health outcomes and reducing health disparities for Medicaid and other low-income populations.

Our comments focus on amplifying the specific program innovations for the population groups that MQD has prioritized, while also offering potential ideas for consideration from our unique perspective as a Medicaid managed care organization (MCO). We commend MQD for the multi-disciplinary and cross-cutting approach to this 1115 innovation waiver, by proposing new benefits that may be woven with existing benefits to create a more tailored and person-centered care plan. For example, we are excited to see a combined native healing and nutrition benefit in the form of *ʻai pono* – holistic nutrition therapy.

Native Hawaiian Traditional Healing Practices

In continued collaboration with native leaders in federally qualified health centers (FQHC's), UnitedHealthcare supports the effort to promote physical, mental, and spiritual health, by focusing on a practice that ties the native Hawaiian communities to their own long-standing traditions and practices with healers, advisors, and mentors. Traditional healing practices, such as *lomilomi*, *lā'au lapa'au*, *lā'au kāhea*, and *ho'oponopono,* typically do not separate one's physical health from their mind or spiritual health, and allow greater flexibility and discretion for native and indigenous members to access care that is appropriate for them.

For many native and indigenous populations, traditional and native healing is culturally appropriate spiritual therapy, and its significance cannot be understated. We encourage MQD to engage native Hawaiian organizations to plan and operationalize this benefit as part of Medicaid, and establish criteria for re-evaluating the efficacy of each benefit annually. There should also be discussion and agreement on the requirements and methodology of licensing, certification, and credentialing of providers based on the history of each healing practice and the practitioner themselves.

Although the Centers for Medicare and Medicaid Services (CMS) has not yet approved a traditional or native healing practices benefit in another state's proposed 1115 demonstration waiver, we support MQD's request to establish a Medicaid reimbursement for this culturally congruent care practice, and hope that the continued emphasis on these healing practices leads to a strong base of evidence. We have been able to build our own base of evidence from a native healing pilot program (which is now fully integrated) with Waimānalo Health Center in 2021 and 2022. Based on a 24-month study period, 12 months pre- and post-launch, the overall per member per month (PMPM) rate reduced by 29%, which was largely driven by a reduction in inpatient PMPM of 74%. During the same study period, emergency department utilization also dropped by 51%.

Traditional Healing Consultation

Aligned to the native Hawaiian healing practices recommendations, we encourage MQD leadership to engage and involve native Hawaiian lead organizations like Papa Ola Lōkahi or the Council for Native Hawaiian Advancement in the development of the overall 1115 demonstration waiver renewal, and specifically, in the design and implementation of the native and traditional healing consultation benefit. This is particularly true of native healing practices where specific traditions should be honored, and practitioners may not have standard licensing or accreditation.

Ensuring that the support system for the native healing practice benefit is equipped to engage in Hawai'i's Medicaid program is a critical step to ensure that the demonstration waiver is sustainable and successful in the long-term. The State should consider direct feedback and engagement opportunities with native Hawaiian leaders and advocacy groups, prior to the submission of this 1115 demonstration waiver to CMS, regardless of any requirement(s) for such engagement.

Pre-Release Medicaid Services for Justice-Involved Individuals

UnitedHealthcare is committed to meeting the complex health challenges of incarcerated individuals and those transitioning out of the criminal legal system, and like our community provider partners who work in this space, we are delighted to see it addressed in this waiver application. The proposed 90 days for pre-release and re-entry coverage will increase access to care for incarcerated individuals, and more providers will be able and willing to provide services if they can be reimbursed through the Medicaid program. We commend

MQD for extending the pre-release period to 90-days allowing for additional engagement and planning to help ease the transition period.

We are also committed to working with MQD and other stakeholders to ensure that these new benefits are fully integrated into a robust care coordination model, and we are happy to work with providers and others to ensure that the large, often fragmented health coverage system is easily navigated through, reimbursement is seamless, and no disruptions in coverage occurs during implementation of this benefit. For example, ensuring seamless integration and a strong collaboration with Hawai'i's Department of Public Safety is a critical component for the longer 90-day pre-release timeline.

By offering a more robust care coordination service concurrent to new benefits, a Medicaid member can expand their health and well-being offerings and focus on a new path away from the criminal legal system.

Nutrition Supports

UnitedHealthcare supports food and nutritional interventions such as medically tailored meals, where specific populations receive a food prescription. A medically-tailored, home-delivered meal is a way to address the significant challenge of food insecurity, and we recommend that the state consider the food security and nutritional needs of all high-risk populations who may have a hard time accessing nutritional foods, including pregnant members who are at-risk of gestational diabetes, long-term care members who may be in an independent living setting, and intellectually and developmentally disabled (I/DD) members who may have trouble accessing nutritional food.

To promote local, sustainable agriculture and elevate Hawai'i's intrinsic food system as part of this nutritional benefit, we encourage the State to work closely with local growers, community gardens, and community-based food producers to ensure participation and establish a sustainable model as part of the prescription food and protein box benefit. We want to ensure that the benefit allows for the provision of food by local producers, and that this benefit may be properly managed by all parties, including MQD, MCO's, and the farmers, growers, and gardens, many of whom are unlikely to have worked in a Medicaid system before.

We would also like to seek clarification about who may provide nutrition education services through this demonstration waiver: will other certified providers, such as community health workers (CHWs), be able to provide nutrition education services, as long as they maintain appropriate training and certification, and follow a prescribed curriculum? Additionally, is MQD currently able to define or elaborate what the nutrition education curriculum will entail?

Lastly, our health plan has successfully implemented a food access and nutrition education program on Maui through a partnership with Mālama I Ke Ola Health Center, University of

Hawai ʻi Maui College Aquaponics Program, and Kanu Ka ʻIke which we would like to highlight as an additional recommendation. This intervention has increased farmers' food production to support Maui's local agricultural system, has improved health outcomes through measurements such as blood pressure and A1C for participants who have received produce from farming partners, and has implemented a group nutrition education component to improve proficiency and familiarity with medical terminology and food security. We wish to assist the State in scaling this type of solution across all of Hawai ʻi's Medicaid program to address food systems and access to nutrition, especially with technical and operational issues such as group billing and FQHC reimbursement.

Contingency Management

The introduction of contingency management (CM) as a means to enhance and improve substance use disorder (SUD) and opioid use disorder (OUD) treatment is an excellent addition to the waiver and grounded in evidenced-based outcomes. UnitedHealthcare supports this specialized behavioral health service, especially due to the increasing rate of overdose deaths.

The contingency management program introduced in the waiver proposes the launch of a case management pilot to include incentives for participants to help them to achieve their treatment goals. The combination of case management support in the context of an incentive program is a critical feature to ensure appropriate management of resources and goal-directed progress. Utilizing a piloted approach to this service will help to develop practice standards and refine on the success while creating opportunity for expansion to scale once successful. It would be ideal for the State to partner with an existing community treatment provider with demonstrated, quality services that can offer the case management services to support funds allocated by the State for the continency management program. Once successful, the pairing of this specialized case management support and contingency management could be integrated into the scopes of treatment programs to an expanded network of providers.

This proposed CM service is also an opportunity to enhance the availability of peer support specialists as part of the behavioral health care workforce. Peer support specialists have been shown to positively impact behavioral health service access and drive better health outcomes for members.

Continuous Eligibility

Continuous Medicaid eligibility for children through their sixth birthday is a positive way to ensure continuity of care, especially with the public health emergency (PHE) ending and the disruption to coverage through the redetermination and renewal process. We applaud the State for including this option in their waiver application, as well as the inclusion of a two-year eligibility determination for youth and young adults aged 6 through 19. Combined, these approaches not only help support youth and young people in accessing the physical,

behavioral, and social supports they need during critical developmental periods, but it also helps to address inequities in coverage and access for *keiki*, and young people of color.

Community Integration Services (CIS+)

UnitedHealthcare supports the continued efforts by the state to provide to those who are unhoused or at-risk for homelessness. We are in agreement with the State's decision to remove the value-based purchasing (VBP) pathway to allow for the necessary time to continue to build capacity and provide for an extended implementation period for success. Recognizing the critical impact that safe and stable housing has on positive health outcomes underscores the importance of assisting members with obtaining and retaining affordable housing.

The State's plan to expand the scope and duration of the rental assistance funding would certainly help to support this goal. Coordinating these funds with existing rental assistance programs administered by the Department of Housing and Urban Development (HUD) and other state departments will be critical to ensure a coordinated, seamless housing system within the community that can leverage funding across payors to maximize resources for the community. We look forward to the coordination between these different housing funding sources to help ensure equitable access to housing resources for all members and sound fiscal stewardship across the departments.

Thank you for the opportunity to provide comments to this important draft 1115 demonstration waiver application. Please do not hesitate to reach out with any follow-up questions or thoughts; you my connect with me directly by e-mail at [redacted]

Sincerely,

[redacted]

Kalani Redmayne
Chief Executive Officer
UnitedHealthcare Community Plan of Hawai ʻi

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Wednesday, November 15, 2023 8:31:53 PM
Attachments: Na Lei Hulu Comments.2023.11.15.pdf

Comments attached and pasted below:

NA LEI HULU NO KE OLA MAMO

[redacted]

November 15, 2023

RE: Comments on the draft Section 1115 Demonstration Renewal Application

Aloha kakou,

I am Sunny Greer, co-chair of NA LEI HULU NO KE OLA MAMO ("Na Lei Hulu"), and these comments are specific to "Native Hawaiian Traditional Healing Practices" mentioned in the draft Application.

Na Lei Hulu is the Kupuna Council of Ke Ola Mamo, the Native Hawaiian Health Care System serving the island of Oahu. Through spiritual guidance, pule and kukakuka, the past and present members of Na Lei Hulu identified the protection of our practice as utmost importance. Thus, our mission is first to protect, then preserve, perpetuate, and practice traditional Native Hawaiian healing. Our comments are submitted to fulfill our kuleana to protect our practice. If this draft Application is renewed and approved, it has the potential to negatively affect the integrity of traditional Native Hawaiian healing.

The foundation of Na Lei Hulu is the Kahuna Statement, which was issued to the Hawaii State Legislature in 1998 by respected kupuna practitioners Papa Henry Auwae, Kahu David Kaalakea, Aunty Abbie Napeahi, Aunty Margaret Machado, Aunty Agnes Cope, Aunty Malia Craver, and Uncle Kalua Kaiahua. The Kahuna Statement stated:

We the undersigned Kupuna practitioners of Hawaiian healing have counseled and agree:

(1) That we are only instruments on the healing process and that the true source of healing comes from the Almighty, known as Akua, Io or God. It is the source that gives us our calling to practice;

(2) That the Legislature of the State of Hawaii is not knowledgeable in the healing traditions of the Hawaiian people;

(3) That while we are grateful that the Legislature has passed S.B. 1946, the blood quantum, licensure, and certification issues raised in the legislature are inappropriate and culturally unacceptable for government to ascertain. These are the kuleana of the Hawaiian community itself through kupuna who are perpetuating these practices.

Further, we agree that Kupuna Henry Auwae serves as chairman of this Council of Master practitioners and has the consent of its members to address future issues related to this legislation.

DATED: Kailua-Kona, October 31, 1998.

Na Lei Hulu has three main comments to share in regards to the draft Application.

First, as most of our members were taught, monetary renumeration/reimbursement for traditional Native Hawaiian healing is antithetical to our practice. In the words of my kumu Papa Henry Auwae (Pookela Laau Lapaau), “Healing is 80% spiritual and 20% laau” and “it can not be put into a Western concept”. As the master practitioners clearly articulated in the first point of their Kahuna Statement, God is “the source that gives us our calling to practice.” Not compensation. Not reimbursement.

Second, the state Department of Human Services (DHS) and Med-QUEST division are not the appropriate entities regarding traditional Native Hawaiian healing. As our kupuna stated in their Kahuna Statement, “… the State of Hawaii is not knowledgeable in the healing traditions of the Hawaiian people.”

Third, the traditional Native Hawaiian healing issues in the draft Application and the limited comment period are not appropriate. The draft Application speaks to licensure and certification issues, which the master practitioners noted as “inappropriate and culturally unacceptable for government to ascertain.” To be clear, any discussion about “Native Hawaiian Healing Providers” and the practice of “Traditional Hawaiian healing practices” are the “kuleana of the Hawaiian community itself through kupuna who are perpetuating these practices.” Not DHS. Not Med-Quest.

As an aside, three of the six practices referenced in the draft Application were not explicitly mentioned in the legislative history of Hawaii Revised Statutes §453-2 (c), which is the state law referencing kupuna councils convened by Papa Ola Lokahi. Only laau lapaau, laau kahea, lomi lomi, and hooponopono were explicitly identified as “Traditional Hawaiian healing practices” in the law’s legislative history. There was no specific mention of hula, ai pono, or hapai hanau. This may or may not have liability implications.

In closing, the cultural teachings and values of our kumu were clearly articulated in the Kahuna Statement. Through our comments, Na Lei Hulu No Ke Ola Mamo humbly reminds everyone of the collective manao of our kumu, for their manao is our manao.

Mahalo,
Sunny Greer

Co-Chair

cc: Ke Ola Mamo
Papa Ola Lokahi

The mission of Na Lei Hulu No Ke Ola Mamo is to protect, preserve, perpetuate, and practice traditional Native Hawaiian healing. Our foundation is the 1998 Kahuna Statement.

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Wednesday, November 15, 2023 6:00:17 AM
Attachments: 1115.docx

Papa Ola Lokahi
Nana I Ka Pono Na Ma

[redacted]

FEEDBACK ON DHS-MedQuest Division (Demonstration Section 1115)

November 15, 2023

Papa Ola Lōkahi is submitting comments on the State's submission of the Medicaid 1115 waiver that is being submitted to request approval from the federal Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) to renew and amend the "QUEST Integration" (Project Number 11-W-00001/9) demonstration under Section 1115(a) of the Social Security Act for an additional five years. We recognize and value the goal to provide comprehensive benefits to its Medicaid enrollees through a competitive managed care delivery system.

In reviewing the renewal application, there are two (2) areas of comments that are being provided related to Traditional Healing and Community Health Workers.

Traditional Healing:

1. **Defining of Practices:**

Confusion of what Traditional Healing Really Is (traditional healing vs. modern modalities): The projected image by the government about Native Hawaiian traditional healing will be confusing to the public because various health organizations and insurance providers only recognize specific practices – some of which are cultural practices. Also, public documentation such as HRS 453 -2, offering "traditional healing services" by Aloha Care, other healthcare providers, and now the DHS Medquest program, does not align with the true understanding and practice of Native Hawaiian traditional healing. This will impact the future of the practices and who it will attract to the field of practice.

2. **Incomplete Literature Review:**

- Sources such as Nana I Ke Kumu Vo. 1 by Haertig, Lee, and Puku'i were not utilized in the 1115 lit review. If so, there would've been a clear understanding of differences between "traditional healing practices," **a temporary response/cure/treatment of illnesses**, and "cultural activities," **lifestyle changes** that can lead to positive health outcomes by restoring indigenous ways of living and eating.
    - Examples of cultural practices are: 'ai [pono] (eating traditional foods), pg. 6-9), birthing practices involving the piko (umbilical chord) and placenta on pg. 186-187, and Hula, as noted on pg. 201, was a traditional "religious matter", not a traditional healing practice.

- Examples of traditional healing practices are: lomilomi (pg. 179), la'au lapa'au (pg. 158), and ho'oponopono (pg. 60-70). Ho'oponopono was not only limited to conflict resolution within a family. The ho'oponopono practitioner was also skilled in assessing differences between spiritual illness and illnesses associated with the mind and body as described on pages 15-22, and they would make the appropriate referral for additional interventions and care.

3. **Inaccurate language:**

- Suggest to remove the following inaccurate language:
  - Page 56 – "Use of POL's traditional Healing Practitioners"
    - POL does not provide direct services, therefore does not have traditional healing practitioners. POL only recognizes Kupuna Councils (KCs), who under POL policies are required to be affiliated with a Native Hawaiian Health Care System, FQHC, or look alike. By HRS 453-2, they are only required to be proficient in four traditional healing practices: Lomilomi, La'au Lapa'au, Ho'oponopono, and La'au Kahea.
  - Page 56 – "POL will train and Certify Native Hawaiian Traditional Healers"
    - POL only recognizes Kupuna Councils. They and the Health System, FQHC, or look-alike that they are attached to are self-determining and develop their own policies to operationalize HRS 453-2 and "recognize or certify" their own practitioners.
  - Page 65: inaccurate information – Ke Ola Mamo is not located at the Waimanalo Health Center (a separate direct service provider). Ke Ola Mamo's Ko'olaupoko site is located at the Hawaiian Homestead Association grounds in Waimanalo.

4. **Concerns about Data Collection, Reporting and Accountability:**
   - The literature review in the Traditional Healing Section of the Plan shows a preference to "culturally relevant health activities", but services are available to all (not only Hawaiians) outside of the NHPI community.
     - If the Evaluators of this program (UH Department of Social Services) are aiming to address health equity and specifically show that the NHPI community is positively impacted by services, then data needs to be disaggregated with a platform, tools, and processes to enable this type of data collection ("Data Sovereignty"). If not, the data will be inaccurate and skewed by non-Hawaiians and non-Pacific Islanders.
   - How will impact be properly measured to show that outcomes are met?
     - Native Hawaiian traditional healing is dependent on spiritual intervention and change. How will MedQuest measure something spiritual to align with positive health outcomes?

Spiritual activation using Native Hawaiian cultural activities will be different for the Indigenous people of that culture versus non-indigenous

Suggested Recommendations:

Papa Ola Lōkahi is strongly requesting to remove any mention of POL's role in recognizing individual practitioners. There is an established process for recognition of Kupuna Councils by POL but individual practitioners will need to inquire with the individual Council as POL does

not recognize individual practitioners. There is no currentl formalized agreement between POL and the State DHS to provide a different pathway to access the Traditional Healing of POL's recognized Kupuna Councils and the NHHCSs that they are attached to.

The following comments have been gathered from the traditional practitioners of the Kupuna Councils as further validation that more conversations with practitioners are needed to better understand the complexities associated with traditional healing practices.

- Traditional healers do not charge for their services, so they will not utilize 1115 to seek reimbursement; WCCHC is the only exception – they support the reimbursement process but are not an NHHCS.
- The process to seek reimbursement is so complicated, that it's not worth their time and effort, which they would rather use to help their community.
- How will MedQuest guarantee that the patient receives quality care from a properly trained Native Hawaiian traditional healer? Who determines their quality, and who will hold them accountable?

<u>Community Health Workers:</u>
Although this service was not included in the waiver request, it is imperative that it be noted as a need identified within multiple communities across the state and has been the subject of numerous discussions and engagements to better define roles and opportunities as they are being utilized already.

Papa Ola Lōkahi appreciates the opportunity to submit these comments to better serve the work being done within our communities throughout the state and to uplift the health and well-being of Native Hawaiians.

From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: [redacted]
Subject: Section 1115 Demonstration Feedback
Date: Monday, November 13, 2023 9:36:02 AM
Attachments: image001.png
Section 1115 Feedback - RYSE.pdf

Aloha,

Please see attached RYSE's support for DHS 1115 Medicaid Waiver.
Mahalo,

Carla Houser, MSW *(she/her)*
Executive Director
[redacted]
RYSE
Residential Youth Services & Empowerment

IMPORTANT
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RYSE

Residential Youth Services & Empowerment

[redacted]

November 7, 2023

Residential Youth Services & Empowerment (RYSE) is a 501(c)(3) non-profit organization that provides a continuum of support and services that empowers Hawaii's street youth to move beyond houselessness. Since RYSE opened its doors in June 2018, we have continued to strive towards achieving our mission of eradicating youth houselessness in Hawaii and empowering young people to build a foundation for life-long well-being. In the first 5 years, RYSE has achieved significant proven results, including:

- Providing emergency shelter for 523 youth, ages 14-24.
- Diverting 82 youth from incarceration or residential mental health.
- Providing 73 youth with permanent supportive housing resources, including supportive group homes.

In 2022 alone, RYSE served 359 of Hawaii's houseless youth with 58% transitioning to long-term housing. A barrier to greater outcomes and enhanced supportive services is the lack of active Medicaid which resulted from a short period of incarceration, often for crimes of poverty.

In 2020, U.S. courts saw more than 508,000 delinquency cases involving children ages 17 and below. These numbers are alarming because children who are involved in the juvenile justice system are known to have severe physical and mental health impacts, such as:

- Two-thirds of youth in correctional settings have at least one diagnosable mental health problem, like substance abuse disorders, behavioral disorders, and anxiety disorders;
- Youth in correctional settings are ten times more likely to experience psychosis compared to youth in the general population; and
- A youth's experience in a correctional setting may exacerbate the pre-existing impacts of abuse and trauma, and, even after post-release into the community, may be impacted by social stigma for being an incarcerated individual.

Hundreds of children are arrested every year in Hawai'i. As is true for justice-involved youth nationally, incarcerated children in Hawai'i suffer severe mental health impacts, with nearly 83 percent likely to receive at least one substance use diagnosis. Nearly 50 percent of Hawai'i's incarcerated youth are Native Hawaiian, exacerbating the issues around Native Hawaiian health and well-being. These proven adverse effects of juvenile incarceration provide the State the opportunity to act on their duty to protect the health, safety, and well-being of our justice involved children and create a better system of care that continues regardless of incarceration.

With RYSE's vast experience and knowledge around justice-involvement and houseless youth, RYSE fully supports the request that Medicaid services are offered for justice-involved individuals up to 90 days pre-release and 30-days post-release with medication to strengthen familiarity and trust with the community-based outpatient health system to create a better system of care.

Sincerely,

[redacted]

Carla Houser, MSW
Executive Director

[redacted]

Date

[redacted]

Nathaniel Bossick, LCSW
Clinical Director

[redacted]

Date

From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: [redacted]
Subject: Section 1115 Demonstration Feedback
Date: Tuesday, November 14, 2023 11:43:28 AM
Attachments: Unite Us HI 1115 Renewal Comment Letter.pdf

Dear Med-QUEST Division (MQD),

Please see the attached comments regarding MQD's proposed Section 1115 waiver renewal application. If there are any questions or need for further information, please do not hesitate to follow up with our team.

Thank you,
Ryan Manganelli

--

Ryan Manganelli, MPH
(he/him/his)
Senior Manager, Regulatory Affairs | Unite Us
[redacted]

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November 14, 2023

Administrator Judy Mohr Peterson
Hawai'i Department of Human Services Med-Quest Division (MQD)
Med-QUEST Division, Attn: PPDO, P.O. Box 700190, Kapolei, HI, 96709

Subject: Support for Hawai'i's Section 1115 Medicaid Demonstration Waiver Renewal Request

Dear Administrator Peterson:

Unite Us writes in enthusiastic support of the Hawai'i 1115 Waiver Renewal application. Our comments below reflect our support and include recommendations stemming from the lessons that we have learned on the ground supporting similar transformative efforts in other states.

Specifically, **Unite Us applauds and strongly supports HI MQD's draft request for health related social needs (HRSN)-specific infrastructure expenditures** to expand community-based organization (CBO) capacity to provide HRSN benefits to Medicaid members. We recommend **that MQD use the requested waiver authority for HRSN infrastructure funding to establish a statewide closed-loop referral technology (CLRT)** to drive health equity at scale. CLRT-enabled community care coordination streamlines HRSN screening, referral, and service implementation. Shared CLRT can act as the technology backbone to support all waiver HRSN initiatives and provide the appropriate data tracking to evaluate results.

Through our work across the country, we have observed and contributed to establishing best practices in planning, delivering, and evaluating coordinated health and social care interventions. We draw on this experience to offer specific comments below in support of 1) the request for HRSN infrastructure funding and 2) HRSN services including CIS+, new nutrition supports, and justice-involved reentry services.

Section 1: Background on Unite Us and Unite Hawai'i
Unite Us was founded in 2013 with the mission of connecting health and social care. Since then, Unite Us has been the national leader in deploying community-wide care coordination technology infrastructure to meaningfully connect health and social care providers in a common ecosystem and to help address health related social needs. Our goal is to ensure every individual, no matter who they are or where they live, can access the critical services they need to live happy and healthy lives. Unite Us has active networks powered by the Unite Us technology, including the Unite Us Platform, Insights and Payments, in 44 states.

The Unite Us Platform is a cloud-based Software as a Service (SaaS) closed loop referral technology (CLRT) that is embedded wherever individuals are seeking services, allowing for a true any door approach. Unite Hawai'i is a coordinated social care network built on the Unite Us Platform closed-loop referral technology that increases access to resources and addresses HRSN to improve Hawaiians' health and wellbeing. Partners in the network are connected through a shared closed-loop referral technology, Unite Us, which enables them to make and send electronic referrals, securely share client information, and track referral outcomes. With Unite Us, all information is stored on a HIPAA-compliant platform. Client information is captured once and shared on behalf of the client, removing the burden from the client to initiate contact with the organization to which they were referred and repeat their story multiple times.

The community growth of the Unite Hawai'i network is facilitated through Unite Us' commitment to provide the Platform free of charge to all community-based organizations and our local, in-state community engagement team. The Unite Hawai'i network currently offers over 370 programs receiving referrals. The network continues to grow with new partnerships forming every day.

As part of the Unite Hawai'i network, Unite Us is proud to partner with several key stakeholders who will be on the frontline of delivering the proposed waiver HRSN services. Across the state, Unite Us serves as the digital infrastructure to power integrated health and social care referral ecosystems for members, with Kaiser Permanente, a leading healthcare provider, and AlohaCare, a nonprofit health plan in Hawaii. AlohaCare currently provides Native Hawaiian healing services (similar to those proposed in the 1115 waiver) as Value-Added Services (VAS) for members. The Native Hawaiian healing services offered by AlohaCare are whole health benefits that align with members' cultural beliefs.

In addition to our partnerships with Kaiser Permanente and AlohaCare, Unite Us also partners with CBOs in the Unite Hawai'i network that provide critical HRSN services to Hawaiians. The CBO partnerships encompass a robust network of services similar to the proposed waiver programs - Housing Supports (Hope Services, Catholic Charities Housing Placement Program (HPP); Federally Qualified Health Centers (Hawaii Island Community Health Center, Waimanalo Health Center); Native Hawaiian Health Centers Hui No Ke Ola Pono [Maui], Ke Ola Mamo [Honolulu County]) Veteran supports: (Steven A. Cohen Military Family Clinic at Child & Family Service) Maternal Child Health: Healthy Mothers Healthy Babies; and MedQuest Enrollment Assistance: (Project Vision).

Section 2: Support for HRSN Infrastructure Funding

Unite Us applauds MQD's requested authority and proposal for HRSN infrastructure funding to expand CBO capacity for the delivery of services in the proposed waiver initiatives. We also recommend that MQD uses this waiver authority to adopt a single comprehensive closed-loop referral technology (CLRT). Shared CLRT will help to drive health equity at scale through seamless community care coordination and implementation of specific waiver HRSN services. The requested HRSN infrastructure funding can be optimized to support a holistic Medicaid transformation strategy to realize the HOPE program and demonstration objectives. Investment in a technology foundation should be complemented by support for capacity building, technical assistance, and strategic resource and benefit delivery to members with the expanded infrastructure.

Justification for a Statewide Platform
Unite Us' experience across the country reinforces the value of a single statewide social care platform for implementing cross-sector collaborations like those necessary to implement the HQD waiver proposals. Through our work establishing a statewide platform in partnership with health and human services agencies in North Carolina, Virginia, and Rhode Island, among other states, we have identified the following benefits from statewide deployment:

1. Consistent **structured intervention and outcome data** across the state that will support integration of social care into value-based care across the state;

2. **Visibility into patient/client progress** across city and county boundaries;
3. Elimination of communication silos across and within sectors, like government, by providing a **complete patient/client record that multiple departments can use to coordinate care**;
4. Digitization of referral processes, enabling **reductions in reporting burdens while also improving documentation** of members' journeys;
5. **Ease in establishing any desired screening tool**, a foundational component to ensuring the system is appropriately identifying unmet needs and can produce standardized individual-level data;
6. The ability to standardize the social care taxonomy throughout a diverse state, leading to **auditable and verifiable data around services and outcomes**;
7. **Reductions in technology fragmentation** in the market, a lesson learned from the rollout of Electronic Medical Records; and,
8. **Interoperability efficiencies** by supporting a single statewide social care platform that will simplify the process of connecting social care data with other systems and tools.

Furthermore, a statewide platform can benefit from the successes and lessons learned from existing social care networks, like Unite Hawai'i. Such an approach would allow the State to benefit from local experience as well as create the scale that drives maximum value to members, CBOs, and government agencies.

Integration of HRSN payment tracking tools into Medicaid technology infrastructure can accelerate and promote efficient program operations. To accelerate HRSN service implementation amongst community based providers, Unite Us recommends that CLRT should include service and payment tracking capabilities embedded within referral workflows. This alleviates burdensome tracking and reporting requirements for community-based providers that largely operate outside of Medicaid's complex claims systems. To ensure success in coordinating HRSN services and executing waiver initiatives, MQD should leverage a single CLRT enabled with payment tracking capabilities.

Unite Us Payments offers a CBO payment model that is scalable and efficient across stakeholders and that can ensure that eligible individuals are enrolled, participating service providers are meeting service standards, and reimbursement processes are streamlined. In North Carolina, the Payments functionality allows CBOs to easily invoice and be paid for the critical services they provide, while reducing burdensome administrative requirements and expenses. The tool is designed to make it simple for care managers to identify and screen Medicaid enrollees for Healthy Opportunities Pilot (HOP) enrollment. Payors can approve enrollment and authorize services. CBOs receive referrals for reimbursable services, view authorization information, and create invoices after services are delivered and documented. As of August 2023, 90% of invoices submitted have been paid totalling over $21 million to CBOs, and the rejection rate for claims is less than 3%. In Hawai'i, the proposed waiver HRSN services would benefit from a single payments tool integrated with CLRT similar to that used for HOP in North Carolina.

Section 3: Support for Waiver Initiatives: CIS+, Re-Entry Services and Nutrition Supports

Unite Us strongly supports the specific health-related social needs Community Integration Services (CIS+), justice-involved reentry, and nutrition supports requested in the proposed waiver. Addressing gaps in member nutritional and housing needs upstream can produce broader health improvement and specifically reduce hospitalizations. Furthermore, as HI MQD notes in its draft waiver request, justice-involved individuals experience higher rates of physical and behavioral health needs, plus substantial health-related social needs. Thoughtful discharge planning, including warm hand-offs to health and social care services, can facilitate more successful individual reentry experiences, reduce disparities, and improve community health.

Health and criminal justice institutions across the country are increasingly recognizing the importance of coordinated reentry services, beginning with but extending beyond re-enrollment in Medicaid. Unite Us facilitates partnerships between carceral settings and community-based organizations in multiple places, including with North Carolina's Department of Adult Corrections (DAC). DAC reentry coordinators and probation officers across the state have access to Unite Us, as do Local Reentry Councils focused on successful transitions from correctional facilities. This partnership has created additional visibility into available resources for formerly incarcerated individuals, facilitated case management for those individuals, and increased connections to resources. Opportunities like Reentry 1115 Waivers, which MQD seeks to implement, can increase the impact of such partnerships through collaboration between Medicaid and corrections agencies.

To support the MQD waiver implementation, we welcome the opportunity to further share our best practices and lessons learned from our cross-sector, social care referral partnerships in Hawai'i and across the nation.

Conclusion

Unite Us supports HI MQD's proposed waiver and its vision for further improving the health of low-income and vulnerable populations, and reducing disparities in outcomes. In particular, the HRSN infrastructure, CIS+ renewal and new waiver initiatives will enable the State to further address the medical and non-medical drivers of health for Hawai'i Medicaid beneficiaries by using evidence-based strategies. We would be eager to partner with the State as it expands its efforts.

Thank you for the opportunity to provide feedback on the proposed waiver. Please let me know if you have any questions about our comments or if there is further information we can provide.

Sincerely,

/s/ Carol Hayashida

Carol Hayashida
Senior Customer Success Manager
Unite Us
[redacted]

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Wednesday, November 15, 2023 11:15:25 AM
Attachments: Outlook-Graphical .png
American Lung Association Comments re HI 1115 Demonstration Extension1.pdf

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Aloha,

Please find comments for Section 1115 from the American Lung Association in Hawai‘i.

Thank you,

-Pedro

Pedro Haro

Executive Director
American Lung Association in Hawaii
[redacted]

Preferred Pronouns: He/Him/His

American Lung Association.

American Lung Association.
Hawaii

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November 14, 2023

Judy Mohr Peterson, Ph.D.
Medicaid Director, Med-QUEST Division Administrator
Med-QUEST Division, Attn: PPDO
P.O. Box 700190
Kapolei, HI 96709

Dear Director Peterson:

The American Lung Association appreciates the opportunity to submit comments on Hawaii's QUEST Integration 1115 Demonstration Extension.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 34 million Americans living with lung diseases, including more than 133,000 Hawaiians. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The Lung Association is committed to ensuring that Hawaii's Medicaid program provides quality and affordable healthcare coverage. This demonstration is consistent with Hawaii's efforts to support healthy families and improve equitable access to care. Our organization supports the inclusion of continuous eligibility for children and pre-release coverage for justice-involved populations. The Lung Association the following comments on the Hawaii QUEST 1115 Demonstration Extension:

Continuous Eligibility for Children

The Lung Association supports the proposal to provide multi-year continuous coverage for young children through age six, as well as two-year continuous eligibility for older children. Continuous eligibility protects patients and families from gaps in care and promotes health equity.[1]

Research has shown that individuals with disruptions in coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.[2] For patients with lung disease, a gap in healthcare coverage could mean delays in receiving needed treatments and services that ultimately lead to a worsening of their condition and other negative heal

outcomes.[3] For example, gaps in medical coverage can increase hospitalizations for conditions such as asthma and chronic obstructive pulmonary disease.[3]

Hawaii estimates that a quarter of all children in Hawaii experience gaps in coverage each year. Furthermore, studies show that children of color are more likely to be affected by gaps in coverage that continuous eligibility would address, rendering this policy crucial for increasing equitable access to care.[4] Overall, multi-year continuous eligibility would improve access to and continuity of care for children during the critical early years of life[5] while promoting health equity. The COVID-19 continuous coverage requirements have highlighted how important continuous eligibility is for maintaining access to care, and the Lung Association supports Hawaii's plans to implement these policies as soon as system infrastructure allows.

Pre-Release Services for Justice-Involved Populations

The Lung Association supports the proposed coverage for incarcerated individuals who are otherwise eligible for Medicaid for up to 90 days prior to release. Hawaii's demonstration estimates that 1,300 individuals will benefit from this policy each year. This proposal will help these high-risk populations access critical supports needed to treat physical and behavioral health conditions. For example, research has also shown that cancer mortality is higher among those who are incarcerated or in the first year after incarceration,[6] highlighting the necessity of transition services for this population. For those with lung cancer, having consistent coverage to detect and treat lung cancer early is crucial; the five-year survival rate is more than four times greater for cases caught before a tumor spreads.[7]

This proposal is consistent with the goals of Medicaid and will be an important step in improving continuity of care. The state should ensure that existing state spending on healthcare for this population is supplemented, not replaced when implementing this policy.

Thank you for the opportunity to provide comments.

Sincerely,

Pedro Haro
Executive Director
American Lung Association in Hawai'i

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[1] Chomilo, Nathan. Building Racial Equity into the Walls of Minnesota Medicaid. Minnesota Department of Human Services. February 2022. Available at: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8209A-ENG.

[2] Sugar S, Peters C, De Lew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the Covid-19 Pandemic. Assistant Secretary for Planning and Evaluation, Office of Healthy Policy. April 12, 2021. Available at: https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf.

[3] "Effects of Churn on Potentially Preventable Hospital Use." Medicaid and CHIP Payment Access Commission, July 2022. Available at: https://www.macpac.gov/wp-content/uploads/2022/07/Effects-of-churn-on-hospital-use_issue-brief.pdf.

[4] Osorio, Aubrianna. Alker, Joan, "Gaps in Coverage: A Look at Child Health Insurance Trends", Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, November 21, 2021. Available at: https://ccf.georgetown.edu/2021/11/22/gaps-in-coverage-a-look-at-child-health-insurance-trends/.

[5] Burak, Elisabeth Wright. "Promoting Young Children's Healthy Development in Medicaid and the Children's Health Insurance Program (CHIP)." Center for Children and Families, Georgetown University Health Policy Institute. October 2018. Available at: https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf.

[6] Oladeru OT, Aminawung JA, Lin HJ, Gonsalves L, Puglisi L, et al. (2022) Incarceration status and cancer mortality: A population-based study. PLOS ONE 17(9): e0274703. September 16, 2022. Available at: https://doi.org/10.1371/journal.pone.0274703.

[7] U.S. National Institutes of Health, National Cancer Institute: SEER Cancer Statistics Review, 1975-2020.

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Wednesday, November 15, 2023 3:54:43 PM
Attachments: image001.png
OHP Comments 1115 Waiver_111123.pdf

Hi,
Please see attached comments on the 1115 waiver.
Thank you,

Christine Ogawa Karamatsu, JD
Vice President, Compliance
'Ohana Health Plan

'ohana health plan | CELEBRATING 15 YEARS

Honolulu, Hawaii
[redacted]

Transforming the health of the community, one person at a time

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November 11, 2023

To: Med-QUEST Division (MQD)

From: `Ohana Health Plan

Re: Section 1115 Demonstration Feedback

`Ohana Health Plan is a wholly owned subsidiary of Centene Corporation, a leading multi-national healthcare enterprise committed to helping people live healthier lives. Centene serves over 15 million Medicaid members in over 30+ states nationwide. Since 2008, 'Ohana Health Plan has provided government-sponsored managed care services to families—from keiki to kupuna—and individuals with complex medical needs primarily through QUEST Integration (Medicaid), Community Care Services (CCS), Medicare Advantage and Medicare Prescription Drug Plans across the state of Hawaii.

`Ohana Health Plan appreciates the opportunity to offer comments on MQD's Section 1115 Demonstration Feedback. We have focused on Section 3 of the waiver.

Section 3- Current and Proposed Demonstration Authorities Under the Renewal.

Section 3.1: QI Mandatory Managed Care:

In this section MQD noted that "Over the history of the QUEST and QI demonstrations, the State has found that capitated managed care leads to a more predictable and slower rate of expenditure growth, thereby allowing the State to make the most efficient use of taxpayer dollars and provide high-quality care to the maximum number of individuals."

We appreciate the recognition of the value we bring as a health plan to the State's Medicaid program and our ability to ensure that health care remains sustainable and budget neutral even as more benefits to support the State's population are introduced.

Section 3.3: HCBS and Personal Care Services

`Ohana Health Plan supports the addition of Assisted Living Facilities for the "At Risk" population. Both in Hawaii and nationally we use ALF for members with cognitive decline mainly in the aging category (e.g. dementia) who are unable to live in an unrestricted setting, sometimes even with other supports, and are at risk of Nursing Home placement. This will also make it easier for unhoused individuals into care homes if they don't have to meet NFLOC.

We also appreciate the continuation of certain Attachment K COVID-19 PHE flexibilities such as virtual HAP reviews and electronic signatures. In addition, we support member choice in their ability to decide between in-person vs. virtual HFAs. These truly support the idea of person-centered planning, and we encourage the State to implement these with strong guardrails to ensure there is not fraud, waste and abuse.

Section 3.4: Community Integration Services (CIS+):

As the earliest adopter of the CIS benefit under the CCS program, we appreciate the intention to expand the program as homelessness is a serious problem for the Medicaid population. We would ask that as the CIS program evolves that MQD consider a shorter assessment and an extended HAP review timeframe for CIS+ in line with the additional benefits.

Regarding the proposal to "Expand the Scope and Duration of Rental Assistance Funding Services" we would just suggest that there be clear guidance around limits and payment vehicles. We would suggest a direct pass through as the easiest way to manage this benefit as it has been done in other States and we would support this benefit as a stepping stone for permanent supportive housing (PSH)which is a model that has proven effective in other States we also operate in.

Medical respite is also a benefit that we see a need for in the community. MQD notes that medical respite may be subject to additional eligibility or medical appropriateness criteria and gives some examples. Would additional certification and/or credentialing be required for providers to provide this service or would all existing Medicaid providers that fall into the Provider Types list be qualified to bill and provide this service at a specified rate? Also, would Community Care Foster Homes qualify as one of these provider types?

Section 3.5 Continuous Eligibility:

We support the proposal for continuous two-year eligibility from the time of first eligibility determination for children ages 6 to 19 as it will be an important tool to enhance our EPSDT and population health initiatives for keiki. One of our sister health plans was part of the implementation of a similar change in Washington State. They as a health plan did not experience any operational issues, but the State Medicaid agency did experience some system challenges which MQD may wish to consider when implementing:

1) The State needed to update their eligibility and enrollment system to meet the new Federal requirements for continuous enrollment

2) This system update occurred in the middle of the Public Health Emergency Unwind, which automatically disenrolled children, 0-6, and then re-enrolled them the next business day.

3) This created confusion, and in some cases, auto-generated a disenrollment/re-enrollment letter for families

4) The State agency alerted the plans of this challenge so that our call centers and enrollment teams understood the impact of the change

Other considerations:

1) Partnering with the health plans to align on communication and lessen confusion for Medicaid beneficiaries

2) Communicating these changes to the provider networks ahead of time, so that providers know to anticipate system changes

Section 3.6 Contingency Management:

As the only BHO that holds the CCS contract, we agree with MQDs vision for the Contingency Management pilot. It will be very important to clearly define the roles, conditions and incentives from the outset and ensure that there is a process for regular review and benchmarks, especially if working with other agencies.

Does MQD have an existing model of contingency management that they would like to base the program on; i.e. How much incentive is offered and for what unit of time? What types of treatment or involvements will the contingencies be tied to. For example, we would suggest saliva test cups as an effective point in time drug test. In addition, California is implementing a similar service beginning January 1, 2024, and we might recommend looking to them for lessons learned.

Section 3.7 Pre-Release Medicaid Services for Justice-Involved Individuals:

`Ohana Health Plan strongly supports this provision. We would also request that this pre-release service be available as a benefit through the CCS program.

What we have seen in other states that we have implemented in is that it requires a high degree of coordination between the Department of Justice, the State, and the Health Plans, as getting information on incarcerated individuals estimated time of release has been an issue in other places. It also continues to be very manual, where the State needs to send the health plans a monthly report to support this process.

We would also request that Hawaii State Hospital (HSH) be included in the definition of "justice involved." If not, then we would ask that HSH also be considered for these

same targeted services for the purpose of BH case management and care coordination, in order to close any gaps for the member upon discharge.

Section 3.8 Nutrition Supports:

`Ohana Health Plan was the proud sponsor of this year's YMCA 808 Junior Chef program which teaches keiki how to cook healthy meals. We therefore strongly support the idea of additional nutritional supports for the Hawaii Medicaid program, and would ask MQD if they have considered partnering with culinary programs at the local Community Colleges to engage in meal preparation as part of this benefit.

Also as a supporter of the Hawaii Foodbank through our annual Thanksgiving food drive, we would also suggest that MQD consider a partnership with the foodbank for fruit and vegetable boxes

As a benefit to our Medicaid members who are also with us in our Medicare DSNP plan, we also offer a monthly spendables card which members can use to buy healthy foods at the supermarket, and we would encourage MQD to consider that as an option as well as a way to set clear dollar limits if so desired.

We would just request that MQD ensure that all of the health plans be able to collaborate clear working guidelines as to medical necessity as to who would be eligible for these additional nutritional supports as there could be a possibility of overlap with the various benefits as noted in the waiver. For example, will members receiving home delivered meals as part of the HCBS/LTSS benefit be excluded?

Section 3.9: Native Hawaiian Traditional Healing Practices:

We appreciate MQD's definition of "Native Hawaiian Healing Providers" that states that practitioners must by recognized by any council of kupuna convened by Papa Ola Lokahi; aligns with HRS definition of Native Hawaiian Traditional Healers both recognized and certified by any council of kupuna convened by Papa Ola Lokahi. Beyond that, will specific credentialing criteria be required of the health plans? Will a minimum network of practitioners be required along the lines of traditional network adequacy?

Section 3.10: HRSN Infrastructure Funding:

We applaud MQD for being proactive in seeking funds to build a supportive infrastructure for Health Related Social Needs. Funds will definitely help with implementing the necessary IT technical components that will be required to submit all of the above.

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 3:15:59 PM

To:

Dr. Judy Mohr Peterson

Medicaid Director of the Hawai'i Department of Human Services, Med-QUEST Division

NAMI Hawaii appreciates the opportunity to comment on the Hawaii Department of Human Services' proposal, "QUEST Integration Section 1115 Demonstration."

NAMI Hawaii is dedicated to improving the quality of life of individuals and families affected by mental illnesses, through support, education, advocacy, and awareness. We support the state's proposal to provide targeted services to eligible justice-involved populations 90 days pre-release from incarceration.

Jails and prisons are at the center of America's mental health crisis. They serve as the default providers of mental health and substance use disorder care for the millions of justice-involved people - including 4,000 in Hawaii - who are incarcerated every year. Medicaid is the nation's largest payer for mental health services, providing health coverage to more than one in four U.S. adults with a serious mental illness.

Because of the Medicaid Inmate Exclusion Policy, which blocks states from using Medicaid funds for health care in jails and prisons, many people with mental illness who are incarcerated lose their health care coverage. When individuals leave incarceration settings, it is a crucial period associated with significant stress and high risk of recidivism, relapse, or crisis. Establishing or re-establishing health care often takes the backburner as they deal with more pressing needs like housing and food security, reconnecting with family members, and finding employment. Many do not have appropriate access to coverage and continuity of care. This causes interruptions to individuals' mental health care and results in their conditions getting worse.

NAMI Hawaii strongly supports the state's proposal to provide targeted services to eligible justice-involved populations 90 days pre-release from incarceration. We urge the state to submit this proposal to the federal Centers for Medicare and Medicaid Services so that it may be swiftly approved.

Respectfully,

Trisha Chaung

Advocacy Manager, NAMI Hawai'i

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: WRITTEN COMMENTS ON THE DRAFT SECT. 1115 DEMO RENEWAL APPLICATION
Date: Wednesday, November 15, 2023 5:20:45 PM

Good Afternoon,
As the Department of Public Safety (PSD) transitions to a rehabilitative model of correctional operations, the QUEST Integration Section 1115 Demonstration Project, if granted approval to continue another 5-years, through July 2029, could go a long way towards reducing the rate of recidivism Statewide.

Typically, the average exiting inmate has very little cash on hand at the time of release and a limited skillset that would make it virtually impossible for him/her to quickly jump into the workforce and earn a livable wage. As a result, health coverage would be delayed until the recently released inmate had secured employment long enough to acquire benefits. In the meantime, they would be burdened with other financial obligations such as back child support, rent and utilities, not to mention the cost for basic health costs that "pop up" such as dental and vision emergencies.

The extension of this waiver could provide financial relief for those justice-involved individuals to address medical/dental/vision needs for their minor dependents and shield the recently released from paying high out-of-pocket costs, because the children were no longer eligible for coverage. The extension could also provide for services post-release, thereby lessening the need to "self-medicate." Extension of benefits would allow for home-and community-based services (HCBS) that would allow clients "who are assessed to be at risk of deteriorating to institutional level of care" to be diverted to receive assisted living services that would otherwise not be available. This 1115 waiver would also allow justice-involved individuals to participate in Native Hawaiian Traditional Healing Practices which could have a healing affect on the individual that would lead to being less involved in criminal activities that could lead to their return to custody but instead, lead to the inmate finding a better path to follow.

Thank you.

Monica Lortz
Department of Public Safety
Corrections Program Development Officer
Reentry Coordination Office
[redacted]

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Response in Support 115 Waiver
Date: Thursday, November 16, 2023 4:14:13 PM

To whom this may concern,

I am in support for the waiver to be granted. It will assist with offenders upon release with the hope it will reduce there return to incarceration due to the lack of services upon release.

Thank you

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Tuesday, November 14, 2023 10:22:10 AM

Aloha mai,

I am writing to provide feedback on Med-QUEST's new 1115 Demonstration Renewal Application.

https://medquest.hawaii.gov/en/about/state-plan-1115.html#tabs-8ee927caf9-item-99d6f14a00

On page 52, who can provide nutrition education, I recommend the list include Registered Dietitians (RD)/Registered Dietitian Nutritionist (RDN), RD/RDN eligible, Dietetic Technician registered (DTR), DTR eligible and Community Health Workers (CHW) with nutrition training.

Mahalo

Marie Kainoa Fialkowski Revilla, PhD, RDN, LD, IBC (she/her/ ʻo ia)
Associate Professor in Human Nutrition
[redacted]

I acknowledge that the ʻāina on which the University of Hawaiʻi at Mānoa occupies is part of the larger territory recognized by Indigenous Hawaiians as their ancestral grandmother, Papahānaumoku. I recognize that her majesty Queen Liliʻuokalani yielded the Hawaiian Kingdom and these territories under duress and protest to the United States to avoid the bloodshed of her people. Hawaiʻi remains an illegally occupied state of America. I further recognize that generations of my ancestors' knowledge shaped Hawaiʻi in sustainable ways that allows all of us to enjoy Hawaiʻi today. For this I am grateful and as a Native Hawaiian I recognize my kuleana – both my responsibilities as well as my dear privileges – to care for this ʻāina for the many generations yet to come. I also recognize my kuleana to invite each of you to help me in this most important endeavor.

From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: [redacted]r
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 8:11:58 PM
Attachments: KP Response to HI Draft 1115 Waiver_final.pdf

Aloha MQD,

Please find Kaiser Permanente's feedback attached.

Thank you,

Michelle J. De Vol
Sr. Director, Medicaid Hawaii

Kaiser Permanente
[redacted]

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November 16, 2023

Dr. Judy Mohr Peterson, Ph.D.
Med-QUEST Administrator
Department of Human Services – Med-QUEST Division
P.O. Box 700190
Kapolei, HI 96709

Submitted electronically: PPDO@dhs.hawaii.gov

Re: QUEST Integration Section 1115 Demonstration

Dear Dr. Peterson:

Kaiser Permanente appreciates the opportunity to submit comments to the Hawaii Department of Human Services (DHS), Med-QUEST Division (MQD) on the extension of the QUEST Integration (QI) program under Section 1115 Demonstration Waiver authority. Kaiser Permanente is the largest private integrated healthcare delivery system in the U.S., delivering health care to 12.6 million members in eight states and the District of Columbia.[1] Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. As individuals and as organizations, our communities are being stretched to do more with their existing resources. Collectively, we have a shared responsibility to improve community health, and a critical component of this goal is improving engagement across our communities.

Kaiser Permanente serves over 54,000 Hawaii residents on the islands of Oahu and Maui through the QI program. We have been active in Hawaii for 60 years and have been part of the Hawaii Medicaid managed care program since its inception in 1994.

Kaiser Permanente supports programs and policies that ensure all individuals have access to affordable, high-quality health care, and we applaud MQD for its efforts to continue the strong progress we have made together under the QI managed care program. Continued collaboration across health plans will be critical for the State to meet its new waiver goals. We are proud to back the continuation and evolution of the QI program.

We offer the following comments on specific initiatives in 1115 waiver proposal:

Continuous Enrollment for Children. Consistent with our support of universal coverage, we applaud efforts that allow for continuous enrollment for children. Continuous enrollment can mitigate churn and allow members to access their providers for care without disruption. We are encouraged and supportive of efforts such as the proposal to extend continuous coverage for

[1] Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation's largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the medical care needs of Kaiser Permanente's members.

children from ages 0 to 6, and two-year eligibility from the time of first eligibility determination for children ages 6 to 19.

Native Hawaiian Traditional Healing Practices. We support expanding the QI benefit package to include Native Hawaiian traditional healing practices. As a new endeavor, there will be implementation challenges, ranging from defining medical necessity criteria to credentialing and enrolling providers. Consistent requirements and a common approach across the QI program will be key to effective implementation. While the State should take the lead on defining the benefit, building capacity and relationships with providers, and credentialing and enrolling providers, we stand ready to work with the State and the community on this effort.

Community Integration Services (CIS). Kaiser Permanente supports the expansion of the CIS benefit. As noted in the draft waiver, Hawaii has one of the highest rates of homelessness in the nation and the rate of individuals experiencing chronic patterns of homelessness in Hawaii has increased by more than 90 percent since 2007.

Coordination between plans, state agencies and community organizations will be critical to designing and launching these services. The DHS Benefit, Employment & Support Services Division (BESSD), DHS Homeless Program Office (HPO), Partners In Care (PIC), the Governor's Statewide Office on Homelessness and Housing Solutions, and other state and nonprofit agencies are all active with efforts to reduce homelessness. We encourage the State to develop a resource guide to help plans and providers navigate the continuum of state programs and to better allow for collaboration from stakeholders. Our goal is to make sure members are directed to the program most aligned with their needs.

A collaborative resource guide would be additionally helpful where multiple initiatives could be weaved together. For instance, rental and utility assistance may overlap with pre-release services for justice-involved individuals and potentially contingency management. Frontline staff at health plans, providers, and homelessness agencies would benefit from a universal resource guide that lays out next steps and contacts across different service providers and partners. Kaiser Permanente stands ready to help in the development of this resource.

Nutritional Supports. MQD is requesting approval for Medicaid funding for the provision of nutritional supports for eligible Medicaid-enrolled individuals. Kaiser Permanente is actively engaged and working to demonstrate long-term success in improving health outcomes through targeted implementation of nutritional support programs. We are committed to build the evidence base in this area and are actively working to understand the effectiveness of nutritional interventions on overall health, particularly for vulnerable individuals.

The proposal envisions this benefit being extended to those who cannot otherwise obtain needed nutritional supports through existing discretionary or entitlement programs. We believe that further defining eligible populations for this service will be critical to manage the capacity of providers as well as to make sure these services are delivered in an evidence-based manner.

Overarching Comments. Kaiser Permanente notes that many of the implementation challenges under the proposed waiver are similar to the challenges we face today, including capacity building with state agencies as well as community-based organizations and providers.

This is especially true for services that have limited providers, like home- and community-based services and homelessness services, and even more true on neighbor islands.

We encourage a methodical and intentional roll out of waiver initiatives, with the State collaborating with health plans during the design and operational phases of the new benefits. This will result in the most effective implementation. We have found this to be the best approach in other states that have taken on similar work. A deliberate process with health plan collaboration will be needed and we look forward to working with MQD on the important new services.

Program integrity will also be important for the new initiatives, as many of these proposed benefits are either just now being stood up in other states or have never been stood up before. In particular, programs like rental assistance, utility payments, and contingency management which involve cash payments or cash equivalents will need to be clearly defined for both health plans and members.

Finally, adequate funding to expand the services and adequately pay providers will be needed. We look forward to the State's rate studies that will ensure rates are sufficient to support the work of the various provider communities and for health plans to be able to build networks.

* * *

Kaiser Permanente appreciates the opportunity to provide comments on the draft 1115 waiver renewal. We welcome the opportunity to work with MQD on the implementation of the initiatives in the waiver. Thank you for considering our comments. If you have questions, please contact Michelle De Vol at [redacted]

Sincerely,

[redacted]

Chris Hause
Vice President,
Marketing, Sales, Business Development, and Community Health

From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: [redacted]
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 11:25:22 AM
Attachments: HPCA 1115 Waiver Comments 11 16 2023 FINAL.pdf

Good Morning MQD – HPCA's comments for the proposed 1115 Waiver is attached for your review and consideration.

Thank you!

Robert Hirokawa, DrPH
CEO, Hawai'i Primary Care Association
[redacted]

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HPCA
HAWAI'I PRIMARY CARE ASSOCIATION

November 15, 2023

Judy Mohr Peterson, PhD
Med-QUEST Administrator/Medicaid Director
State of Hawaii Department of Human Services Med-QUEST Division
601 Kamokila Blvd., Suite 518
Kapolei, HI 96707

ATTENTION: 1115 Waiver Response

Dear Dr. Peterson,

Thank you for the opportunity for the Hawaii Primary Care Association (HPCA) and its members to provide comments on the 2023 QUEST Integration Section 1115 Demonstration proposal. We value our partnership with the Med-QUEST Division (MQD) and your commitment to working together to improve the health of communities served by Hawaii Community Health Centers. The HPCA and our Health Center members greatly appreciate the bold and innovative scope of the proposal.

We opted to primarily focus our comments on the sub-sections (new authorities) found within Section Three. Per your request, the organization where the comments originated from has been provided.

Hamakua-Kohala Health

Nutritional services:

1. It is good to have 12 sessions per 6 months, but eligibility should be reassessed every 12 months, not 6 months. (page 52, 53). Everything else is reassessed at 12 months.
2. This is a prevention measure, so it would be nice to have the eligibility criteria simply be that they have Medicaid, which is already an at-risk category. We really want to prevent obesity and chronic disease with improved nutrition, so it seems to be a late entry into treatment with nutritional support if those are the eligibility criteria.
3. Page 51; the obesity definition is incorrect for children: Overweight and obesity criteria need to be modified to: Overweight = BMI % for age/sex 85-95%; Obesity = BMI % for age/sex >= 95%. Please make note that both overweight and obese children should qualify.
4. Table 6, page 51, second box should say, "one of the following." not "both of the following."

Traditional healing practices:

1. It is good to keep eligibility as child and not prescribe an age like AlohaCare does.
2. Page 62: *Native Hawaiian healing providers, defined as those recognized by any council of kupuna convened by Papa Ola Lokahi.* Some health centers have a council of kupuna, but it was

not convened by Papa Ola Lokahi. How does one get approved by the council of Kupuna, and would anyone wanting to be recognized as a Native Hawaiian healing provider have to go through one council?

3. Will there be training funds for training BH providers in Ho'oponopono?
4. Hapai Hanau services: The concern is replacing traditional medical care rather than supplementing it. How are the Pale Keiki trained and certified?

Hawaii Primary Care Association (Staff)

Infrastructure Building:

1. Suggest clarifying language around data sharing – consider the development of a process to share HRSN information across agencies to minimize impact of patients/members in having to respond to the same questions with multiple providers to access services. Not only does it minimize duplication, but it also can help minimize any shame or trauma associated with repeatedly answering questions related to sensitive HRSN questions.
2. Suggest including language around Referral Management Support for CBOs and referring agencies. For example, response should include provisions to ensure a system or workflow to close referral loops across CBOs and healthcare systems.
3. Suggest detailing how MQD might leverage or develop partnerships with intermediary organizations that can help to build capacity of various member organizations (e.g., HPCA, HAH, Papa Ola Lokahi, Kupuna Collective, Healthy Aging Partnership, Partners in Care, Bridging the Gap, HANO)
4. Suggest developing a Stakeholder Advisory/Governance/Steering Committee to ensure all operationalization of infrastructure and data-sharing procedures are considered. The group can help to navigate the balance between data collection and utilization and burden of data collection. Further, this group can help to develop data standards around HRSN and related interventions to better understand and evaluate the impact and efficacy of interventions for HRSN. Lastly, this can help to identify any critical gaps that may help to warrant additional community investments or necessary system changes.

General Comments:

1. Particular attention should focus on timely and adequate access to behavioral health care and support services for youth and their families (e.g., examine access across continuum of care---from mild to serious emotional behavioral needs, examine health plan network adequacy).
2. Providing opportunities to support and improve data / HIT infrastructure to support documentation, tracking, and reporting for implementation of the newly proposed 1115 initiatives and quality improvement overall.

I would like to conclude by thanking you and your team for your vision and efforts in making Hawaii's Med-QUEST program the model for the rest of the country to follow.

Sincerely,

[redacted]

Robert Hirokawa, DrPH
Chief Executive Officer

From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: [redacted]
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 5:32:49 PM

Dear State of Hawai'i Med-QUEST Division,

On behalf of HOPE Services Hawaii, Inc., a nonprofit social service provider delivering housing-focused programs to people at imminent risk, experiencing and overcoming homelessness on Hawai'i Island, we offer our unwavering support of Med-QUEST's 1115 five-year renewal application to the Centers for Medicare and Medicaid Services.

As an agency dedicated to making homelessness more rare, brief, and nonrecurring on Hawai'i Island, we have experienced the significance of the Demonstration's impact on the health outcomes of the people we serve, particularly through Housing Related Services via Community Integration Services. We have also led efforts to provide our most vulnerable community with medical respite, and can attest to the need for these services to be incorporated into the Demonstration. We steadfastly support the Demonstration's objective to address the social determinants of health to improve health outcomes, and to reduce overall health care costs.

Without reservations, we offer our support for the five-year renewal to continue profound impacts in our community through July 31, 2029.

Signed,

Brandee Menino, MA, Chief Executive Officer
Kali French, MSCP, Chief Operating Officer
D. Michiko Fried, DNP, APRN-Rx, FNP-BC, Director of Health Services
Kalani Spain, PhD, Director of Clinical Operations
Denise Oguma, MA, Director of Operations
Sarah Figueroa, MPH, Director of Planning and Evaluation
Michael McGee, LCSW, CSAC, Clinical Team Lead

Kind regards,

Sarah Figueroa, MPH
Director of Planning & Evaluation
she/her (what's this?)

HOPE Services Hawaii, Inc.
[redacted]

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From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 6:03:46 AM
Attachments: MQD 1115Waiver HIPHI comments final.pdf

Aloha,
Please find attached our comments regarding the 1115 waiver demonstration. Mahalo for your work on this important document. We appreciate all that you do for our community.
Best,
Peggy

--
Peggy Mierzwa (she/her/hers)
Director of Policy & Advocacy | Hawai'i Public Health Institute
[redacted]

November 16, 2023

RE: Comments 1115 Waiver Renewal

3.4 Community Integration Services

We strongly support the effort MQD will put forth in addressing the high need for housing supports throughout our communities. Housing is essential for one to achieve health and well-being. We hope that MQD considers looking at best practice models that can be identified from work already happening in other states.

3.5 Continuous Eligibility

We strongly support MQD's provision on continuous coverage, which is crucial for people to obtain their best health and well-being. Ideally, continuous coverage can be expanded to cover all those on the MedQUEST plan.

3.7 Pre-Release Medicaid Services for Justice-Invovled Individuals

HIPHI applauds MQD's approach to ensuring a stable, well-organized re-entry program for those who are leaving incarceration. Ensuring that the continuum of care is in place is a crucial piece of public health. We work to see healthy communities, who have the access to care and medication that they need to ensure health and well-being, and increases their chance for success in our communities.

3.8 Nutrition Supports

We strongly support MQD's approach to ensure innovative approaches that address health as well as disparities such as fruit & vegetable prescriptions and medically tailored meals & groceries. These approaches support prevention and ultimately lead to overall healthier communities. In order to execute these programs effectively it would be helpful to have a lead community organization who can act as the hub for a network of community organizations reflective of other successful state models.

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 7:37:44 PM

Aloha,

Thank you for working to expand health care services and support re-entry efforts in the criminal justice system. I have been reaching out for months hoping to discuss the items applicable to health care in our prisons and jails, but I have not received a response. If there is interest in discussing possible considerations to the jail and prison portion of the proposal, please contact me at your convenience.

Gavin K. Takenaka, Psy.D.
Corrections Health Care Administrator
Department of Public Safety
[redacted]
[redacted]

From: [redacted]
To: DHS MQD PPDO Mailbox
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 9:31:45 PM

Dear State of Hawai'i Med-QUEST Division,

On behalf of HOPE Services Hawaii, Inc., a nonprofit social service provider delivering housing-focused programs to people at imminent risk, experiencing and overcoming homelessness on Hawai'i Island, we offer our unwavering support of Med-QUEST's 1115 five-year renewal application to the Centers for Medicare and Medicaid Services.

As an agency dedicated to making homelessness rare, brief, and nonrecurring on Hawai'i Island, we have experienced the significance of the Demonstration's impact on the health outcomes of the people we serve, particularly through Housing Related Services via Community Integration Services. We have also led efforts to provide our most vulnerable community with medical respite and can attest to the need for these services to be incorporated into the Demonstration. We steadfastly support the Demonstration's objective to address the social determinants of health to improve health outcomes and to reduce overall healthcare costs.

Without reservations, we support the five-year renewal to continue profound impacts in our community through July 31, 2029.

With Gratitude,

Brandee Menino, MA
Chief Executive Officer
[redacted]

From: [redacted]
To: DHS MQD PPDO Mailbox
Cc: [redacted]
Subject: Section 1115 Demonstration Feedback
Date: Thursday, November 16, 2023 11:05:10 PM
Attachments: image001.png
MQD 1115 Waiver Renwal Draft - AlohaCare Comments FINAL.pdf

Aloha Med-QUEST Policy & Program Development Office:

On behalf of AlohaCare, I am writing to submit our comments on the Draft Section 1115 Demonstration Renewal Application. We appreciate the opportunity to provide comments. Please see the attached.

Feel free to contact me with any questions or concerns.

Mahalo,
Mike Nguyen

ALOHACARE

Mike Nguyen
(he, him, his)
Public Policy Manager
[redacted]

[redacted]
www.AlohaCare.org

AlohaCare MailGate made the following annotations:
This electronic message and any attachments are intended only for the recipient and may contain information that is privileged, confidential and/or protected by law. If you are not the intended recipient of this e-mail, you are hereby notified that the use of its contents in any way is strictly prohibited and may be punishable under state and federal law. If you received this communication in error, please notify the sender immediately by e-mail or telephone, return the original e-mail to administrator@alohacare.org, and destroy any and all printed copies of the e-mail message and attachments as well as all electronic copies of the e-mail in your files.

Thank you.

ALOHACARE

Date: November 16, 2023

To: Judy Mohr Peterson, PhD, MQD Administrator & State Medicaid Director
Policy & Program Development Office
Med-QUEST Division, Department of Human Services
P.O. Box 700190, Kapolei, HI, 96709
Submitted electronically to PPDO@dhs.hawaii.gov

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Public Policy Manager

RE: **Draft Section 1115 Demonstration Renewal Application (dated 10/16/23)**

AlohaCare appreciates the opportunity to provide comments on the Med-QUEST Division (MQD) Draft Section 1115 Demonstration Renewal Application, dated 10/16/23 (1115 Waiver). On behalf of AlohaCare and our community providers and organizational partners, we applaud MQD's effort to seek meaningful stakeholder engagement before and during public comment process.

Founded in 1994 by Hawai`i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 80,000 Medicaid and dual-eligible health plan members on all islands. Approximately half of our membership are keiki. We are Hawai`i's only health plan exclusively dedicated to serving Medicaid beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person care.

General Comments

AlohaCare fully supports and is aligned with MQD's objectives to improve health outcomes for Medicaid enrolled individuals covered under the demonstration project; maintain a managed care delivery system that leads to more appropriate utilization of the health care system and a slower rate of expenditure growth; and health determinants to improve health outcomes, and lower healthcare costs.

We understand that MQD is seeking CMS approval before delving into the details of implementation and financing. AlohaCare acknowledges that implementing new programs and services of this complexity will require close collaboration with state, community, health plan and other partners. We recommend that the MQD team hold exploratory conversations as early as possible to obtain input from partners and to allow for optimal support in the evaluation, design, financing and implementation stages.

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General Comments and Questions about Financing

AlohaCare is keenly interested in being an engaged partner to work toward the success of the demonstration. To do so, we would like to better understand the financial implications for QUEST plan capitation rates. For example, how will capitation rates be adjusted to account for the new covered benefits, services, and eligibility expansions under this waiver? Has the state considered administrative costs associated with additional data reporting, performance metrics, and quality improvement requirements in financial modeling? Given that this is a demonstration, what are possible remediation steps if actual costs incurred by plans or providers exceed the capitation payments received? We trust that MQD is diligently considering all of these questions, and we kindly request to be engaged in discussions and have the opportunity to review financial impact analyses, particularly for the expansion of benefits, eligibility, and/or requirements. We recommend sufficient lead times and phased approaches to help Hawaii-based health plans develop any necessary infrastructure to best support these valuable programs.

We support the state's goal to improve quality and reduce costs. As MQD considers new or modified benefits and payment methods, we ask that MQD carefully consider how new and revised payment methodologies can reward quality care while not risking health plan stability or creating disincentives to drive down spending. We support Shared Savings approaches utilized by other States, whereby plans and providers are rewarded for delivering effective, evidence-based upstream interventions that lowers total cost of care over the long term.

We ask MQD to consider North Carolina's phased approach (see NC's 1115 STCs[1]) of Value-Based Payment methodologies for their HRSNs Healthy Opportunities Pilots that in the short term start with incentive payments to community-based organizations to meet various short-term capacity building deliverables, to medium-term withhold arrangements to improve service delivery and quality, and longer-term shared savings approaches to provide upside risk in bending the cost curve.

3.4 Community Integration Services Plus (CIS+)

We support the changes and expansion of the CIS program in Section 3.4. We appreciate the technical corrections to more efficiently allow plans and providers to serve the CIS population.

We strongly support the proposed expansion of rental assistance supports. To further the stated goals, we ask MQD to consider including additional benefits approved in other states: (1) Medically necessary devices to maintain healthy temperatures and clean air, (2) Medically necessary home accessibility modifications and remediation services, (3) Transportation to HRSN services for tenancy supports and nutrition supports.

[1] https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nc/nc-medicaid-reform-ca.pdf

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We are strongly in support of the Medical Respite proposal. We applaud the Administration's inaugural kauhale, Pūlama Ola. AlohaCare is proud to have provided initial financial support and is actively working with Project Vision and other community providers to ensure a sustainable reimbursement model for respite services for our members.

For housing supports and services to address HRSNs, we strongly support MQD's later proposal for infrastructure funding. We encourage MQD to consider "Community Care Hub" models[2] from other states where a designated lead entity works with a network of community-based organizations to serve enrollee HRSNs. Further, we encourage MQD to provide up-front funding for infrastructure, technical assistance, and other capacity building assistance for CBOs to successfully participate as providers in the healthcare system.

3.5 Continuous Eligibility

AlohaCare is in strong support of the proposed continuous eligibility provisions in Section 3.5 along with two non-1115 waiver provisions: (1) the State's planned State Plan Amendment to provide 12-month continuous eligibility (CE) starting July 1, 2023, and (2) the State's consideration of policy that would effectively increase the income eligibility limit for children up to 400% FPL, up from the current 308% FPL.

Consistent with the state's proposed policies to promote continuity of care, prevent coverage gaps, and reduce costs—both in terms of medical spending and administrative burden—we ask MQD to also consider applying 12-month continuous eligibility (CE) for adults. CMS' SHO Letter #23-004 states: *"We recognize that CE for adults also supports consistent coverage and continuity of care by keeping adults and children enrolled for a longer period of time regardless of income fluctuations or most other changes that otherwise would affect eligibility. These types of demonstrations are expected to minimize coverage gaps and to help maintain continuity of access to program benefits, and thereby help improve health outcomes of beneficiaries. CE is also an important aspect of reducing the rate of uninsured and underinsured adults."*[3] CMS makes this statement in a section titled "Section 1115 Demonstration Authority", which suggests CMS welcomes demonstration requests for adult continuous eligibility.

Notably, the state of New York has a 12-month CE policy for adults.[4] A study in RAND Health Care found that the 12-month CE policy was associated with a moderate increase in Medicaid enrollment duration. The 12-month CE policy was associated with statistically significant increases in enrollment duration and outpatient visits and statistically significant decreases in inpatient admissions and per member per month Medicaid cost. CE increased New York's Medicaid coverage duration by 8.2% in the population

[2] https://www.manatt.com/Manatt/media/Documents/Articles/Manatt-CCH-Medicaid-Playbook_Final-11-17-22.pdf
[3] https://www.medicaid.gov/media/163771
[4] https://ccf.georgetown.edu/2022/05/24/more-states-move-to-expand-continuous-eligibility-for-children-and-adults-in-medicaid/

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enrolled through the insurance exchange and by 4.2% among those enrolled through local departments of social services, while per member per month cost decreased by 4.7% and 1.5%, respectively.[5]

Finally, AlohaCare is a member of the Association for Community Affiliated Plans (ACAP) which is advocating for federal policy to allow 12-month CE for adults. AlohaCare's strong support for the policy is underscored by our experience during the pandemic, which brought to the surface the value of consistent health coverage. AlohaCare and ACAP believe that allowing 12-month enrollment periods will reduce disruptions to care and foster stronger provider-patient relationships, foundational for better health. Further, 12-month CE for adults would allow for better use of scarce State resources for accurate redeterminations and other more meaningful program functions.

3.7 Pre-Release Medicaid Services for Justice-Involved Individuals

We applaud MQD's innovation, leadership and commitment to working with DPS to develop a well-designed reentry program. We look forward to working with MQD, DPS, and stakeholders and providers in this space. Again, we and our partner Waikīkī Health Center, appreciated the opportunity to have engaged with MQD on this proposal.

3.8 Nutrition Supports

We support this nutrition proposal and MQD's embrace of innovative policies to improve member health outcomes and address disparities.

We also support MQD's plan to support infrastructure and network building. Akin to our comments for housing supports, we encourage MQD to consider models from other states that designate a lead entity to work with a network of community-based organizations that address enrollee HRSNs. Further, we encourage MQD to provide up-front funding for infrastructure, technical assistance, and other capacity building assistance for CBOs to successfully participate. North Carolina has model contract language that may be of interest.[6]

Aligned with MQD's proposal, the solicitation and model contract language for a lead entity could include the state's proposal language encouraging the inclusion of local growers, community gardens, and other community-based organizations to support the purchase of locally grown food and strengthen Hawai'i's intrinsic food system.

3.9 Native Hawaiian Traditional Healing Practices

As you know, AlohaCare was the first health plan in Hawai'i to support the reimbursement of traditional healing practices in the 1990s. Since 2021, AlohaCare has further developed our Value-Added Services (VAS) program through our culturally responsive strategy called Ke Aloha Mau. Offering Native Hawaiian healing practices as part of our QUEST Integration VAS has been met with high interest from our

[5] https://www.rand.org/pubs/research_reports/RRA951-1.html
[6] https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots

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members, providers, and community leaders. Therefore, we conduct and maintain robust relationships with subject matter experts, elders, and expert practitioners of highest ranking in Hawai'i. We implement at the speed of trust grounded in traditional Hawaiian values like aloha, hō'ihi, mālama, and holomua. For AlohaCare, we do not talk about Native Hawaiian traditional healing practices as a business decision or marketing exercise—this is a way of living, and our entire team respects the unparalleled value that these ancient practices have long brought to Hawai'i and its people.

AlohaCare supports the work that has gone into section 3.9 of this 1115 Waiver. We appreciated the opportunity to have engaged with MQD on this proposal leading up to the drafting and public comment period and we look forward to opportunities to further discuss and participate in the next steps. AlohaCare supports the spirit of this proposal and commends MQD for its embrace of culturally appropriate approaches to whole-person health and wellness respectful to Hawai'i and Native Hawaiians. We currently offer four Native Hawaiian healing services as VAS for our members: Lomilomi, Hula, Ho'oponopno and 'Ai Pono. We would love to see more Medicaid members accessing whole health benefits that align with their cultural beliefs. That is why AlohaCare offers its current VAS programs as a cultural way to improve health and healing through uses traditional, cultural, and spiritual approaches.

AlohaCare acknowledges our limited role as a connector when it comes to these practices and our frame of reference as a managed care organization. We are proud to partner and collaborate with Papa Ola Lōkahi, the Native Hawaiian Health Care Systems, and various kūpuna of the Kūpuna Councils. These bodies are the real experts and knowledge keepers of these practices and should be fully engaged to increase understanding among all parties about how Native Hawaiian healing services might work and would be paid in a billable model with a state agency and their regulators. We humbly defer to these experts and MQD on the appropriateness of the practices and for which members along with the technical aspects of providing these services via Medicaid. As the waiver renewal process continues, AlohaCare would be more than happy to further engage with MQD, Papa Ola Lōkahi, and other stakeholders in this space to share our experience in developing this offering for our members.

3.10 HRSN Infrastructure Funding

We are excited about the availability of this funding, and we fully support MQD's plan to invest in infrastructure and network building. For both CIS and nutrition supports, we commented above and comment here again that we encourage MQD to consider models from other states (e.g., CA, NY, NC) where there is a designated lead entity that then works with a network of community-based organizations serving member's HRSNs. Further, we encourage MQD to provide up-front funding for infrastructure, technical assistance, and other capacity building assistance for CBOs to successfully participate.

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New York proposed a Social Determinant of Health Networks (SDHNs) framework along with investments in the their development and performance.[7] North Carolina has model contract language that may be of interest.[8] Lead entities can go a long way in quickly expanding localized leadership and capacity especially in the areas of network development, systems development/implementation, Medicaid reimbursement integration, data collection and sharing, and overall facilitation of communication and coordination among CBOs, plans, and MQD.

Additional Comments for MQD Consideration

Finally, the draft is silent in two areas that we would request Med-QUEST's consider for incorporation into the State's final demonstration application to CMS: (1) disaster preparedness and response and (2) dental.

Disaster Preparedness and Response

AlohaCare would encourage MQD via the 1115 Renewal—perhaps the Infrastructure Funding—or other administrative authority consider investing resources to develop Medicaid's Disaster Preparedness and Response framework. During the COVID-19 pandemic, MQD admirably worked with all QUEST plans for cross-organizational collaboration. More recently, we experienced the Maui fires. With the threat of increasingly frequent disasters, we would like to work with MQD and various Medicaid stakeholders to improve Hawaii Medicaid's preparedness and quickness to respond in a coordinated fashion. CMS and HHS embarked on a study: Learnings Regarding Emergency Preparedness During the Public Health Emergency: A Mixed-Methods Study of Hospitals and Long-Term Care Facilities (NEJM Catalyst)[9]. Such an Emergency Preparedness Program & Plan could include elements such as: (1) an Organizational and Communication Framework (e.g., governance, identification of systemwide entities, incident command system, systemwide coordination and collaboration, centralized technical assistance and guidance), (2) Consideration of disaster types (e.g., natural disasters, infectious diseases) & response (e.g., infection control, service expansions, eligibility changes), and (3) Elements of Disaster Response (e.g., language access, trauma-informed care, different population needs including underserved subpopulations, data reporting, contingency planning, training exercises).

Improving Medicaid Dental

AlohaCare applauds MQD for their leadership in restoring dental coverage to the adult population effective January 1, 2023. As noted in the draft, this milestone was the culmination of years of planning, collaboration with stakeholders, and engagement in legislative activities. The 2022 Hawai'i legislature approved funding to restore the benefit and on October 26, 2022, CMS approved a state plan amendment to expand adult dental coverage. MQD realized its goal of starting coverage in January 2023. Individuals twenty-one years of age and older are now eligible to receive preventive, restorative,

[7] https://www.health.ny.gov/health_care/medicaid/redesign/2021/2021-08_1115_waiver_concept_paper.htm#_TOC_250011
[8] https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots
[9] https://catalyst.nejm.org/doi/full/10.1056/CAT.22.0152

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and some denture benefits. As always, individuals under age twenty-one years continue to receive dental benefits under EPSDT. AlohaCare was proud to be a leading advocate for the restoration of Adult Dental. With the goal of continuous improvement, we now turn our focus to improving and ensuring meaningful access to dental benefits. AlohaCare respectfully requests that MQD consider including a proposal to improve dental access in Hawaii. Perhaps California's Dental Transformation Initiative (DTI) is a framework that we could borrow from. Among children, CA's DTI demonstration aims to increase the use of preventive dental services, prevent and treat more caries, and increase continuity of care. Given the importance of oral health to the overall health of an individual, we know MQD views improvements in oral health care as critical to achieving overall better health outcomes for MedQUEST beneficiaries and we ask that MQD consider an 1115 proposal to improve our delivery of dental care in our state.

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