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September 25, 2026

MEMORANDUM

MEMO NO.
QI-2621
CCS-2605

TO: QUEST Integration (QI) Health Plans
Community Care Services (CCS) Health Plans

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

SUBJECT: 2026 COMMUNITY CARE SERVICES (CCS) PROGRAM TO ALOHACARE EFFECTIVE
NOVEMBER 1, 2026

The Department of Human Services Med-QUEST Division (MQD) has awarded AlohaCare with the Community Care Services (CCS) contract for the QUEST Integration population. AlohaCare will be responsible for providing intensive behavioral health services to Medicaid eligible adults diagnosed with a serious mental illness (SMI) and/or serious and persistent mental illness (SPMI) and meet CCS eligibility criteria. The full array of standard and intensive behavioral health services will be provided by the CCS Program on a statewide basis.

Starting November 1, 2026, eligible CCS members may call AlohaCare Customer Service:

Call: <1-808-450-3386>
Toll-free: <1-888-397-9899>
TTY: 1-877-447-5990
Available 24 hours, seven days a week.

Health plans retain ongoing responsibility for coordinating with CCS to ensure the provision of all medically necessary services to their members, including transition of care services, and will continue collaboration and communication to support the timely and appropriate delivery of covered services. Each QI health plan shall have a business associate's agreement with AlohaCare in order to share protected health information including but not limited to claims files and Health Action Plans.

Health plans shall follow the attached Financial Responsibilities Guideline in regard to the QI and CCS payments.

Should you have questions regarding this memorandum please email HCSBInquiries@dhs.hawaii.gov.

Attachment A: Financial Responsibility Guideline for CCS BHO and QI Health Plan

Attachment A

Financial Responsibility Guideline for CCS BHO and QI Health Plan

The CCS BHO assumes responsibility for all behavioral health services for the CCS Member on the enrollment date specified by DHS.

Inpatient Facility:

- Based on APR-DRG. If the admission is grouped as a BH APR-DRG, then CCS pays; otherwise, QI pays.

Outpatient Facility:

- Based on ordering MD's specialty, either CCS or QI.

Professional Services:

- Based on specialty, either CCS or QI.

Community Integration Services + (CIS+)

- For eligible CCS members, CCS pays all CIS+ services, including:
 - CIS+ engagement (pre-consent)
 - Housing navigation supports (pre-tenancy supports and tenancy sustaining services)
 - Medical respite services (short-term pre-procedure housing, short-term recuperative care, and short-term post-hospitalization housing)
- For non-CCS QI members, QI pays all CIS+ services, including:
 - CIS+ engagement (pre-consent)
 - Housing navigation supports
 - Medical respite services
- For medical respite services, whichever entity (QI or CCS) receives the referral is responsible for:
 - Responding to the request
 - Determining eligibility
 - Administering and paying for the initial authorization period
- If the member is a CCS member and medical respite is initially administered by a QI health plan, the QI health plan is responsible for determining eligibility, administering, and paying for the initial authorization period. The QI Health Plan must complete a warm handoff to the CCS BHO before the initial authorization period ends. Following the warm handoff, the CCS BHO is responsible for subsequent eligibility determinations and assumes financial responsibility for ongoing CIS+ service if the member continues to meet eligibility requirements and per applicable MQD coverage limitations.