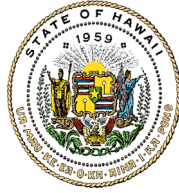


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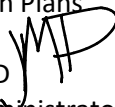
STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWÉ KANAKA
Med-QUEST Division
Health Care Services Branch
Contract Monitoring and Compliance Section
P. O. Box 700190
Kapolei, Hawaii 96709-0190

November 7, 2025

MEMORANDUM

MEMO NO.
QI-2524
FFS 25-10

TO: QUEST Integration Health Plans

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

SUBJECT: PAYMENT SUSPENSION TO PROVIDER – ALL ISLAND CASE MANAGEMENT CORPORATION

This memo is to inform Health Plans that All Island Case Management Corporation did not meet the requirements for case management agencies participating in the Medicaid programs per Community Ties of America (CTA) notice dated October 8, 2025. Between May 1, 2025, and September 23, 2025, CTA completed inspections of All Island Case Management Corporation to determine if the case management agency was in compliance with the Hawaii Administrative Rules, Chapter 11-800 for community-based case management agencies.

As a result of the inspections, CTA and the Hawaii Department of Health, Office of Health Care Assurance, determined that All Island Case Management Corporation was not in substantial compliance. Therefore, All Island Case Management Corporation is ineligible for Medicaid payments for any new admissions and re-admissions effective October 8, 2025. Health Plans shall not pay for any new admissions and re-admissions for Medicaid beneficiaries from October 8, 2025. This remains in effect until substantial compliance is achieved with all cited deficiencies in the enforcement cycle. The Health Plans will be notified if the payment suspension is lifted.

Should you have any questions, please contact Elaine Lee at elee3@dhs.hawaii.gov.

Attachment(s)



Care Management, Therapy and Consulting Services

VIA CERTIFIED MAIL & EMAIL

October 8, 2025

[REDACTED]
All Island Case Management Corporation
1188 Bishop Street, Suite 1508
Honolulu, HI 96813
[REDACTED]
[REDACTED]

Community Ties of America, Inc. (CTA) completed a review of all CCFFHs inspected by CTA between May 1, 2025, and September 23, 2025. During these inspections, CTA found deficiencies that continue to demonstrate a pattern of ongoing noncompliance which involved All Island Case Management Corporation (AICMC) Case Management Agency (CMA) clients.

Since the beginning of 2024, CTA has made attempts to work with AICMC to identify areas in need of improvement by bringing the deficiencies to the CMA's attention and providing supportive education on how to identify strategies to prevent the deficiencies from occurring in the future. Several deficiency letters have been issued, and it took several months of CTA working with AICMC to receive an acceptable Plan of Correction (POC). This included at least two video conference meetings. There were months where CTA had no response from AICMC regarding submission of required POCs.

1. On January 9, 2024, a deficiency letter was issued to AICMC related to the [REDACTED] Case. The deficiencies included:

- Failure to adequately document follow-up care for the client, deficiencies pertaining to the CMA's service coordination, and deficiencies concerning assessment of all verbal and written reports regarding the client received, actions undertaken based on the reports, and the final disposition of the situation.
 - On February 24, 2025, an acceptable POC was received and accepted.
 - Earlier POC submissions received on February 13, 2024, March 15, 2024, July 13, 2024, August 19, 2024, September 24, 2024, and October 7, 2024, were not acceptable.

2. On February 2, 2024, a deficiency letter was issued to AICMC related to the [REDACTED] Case. The deficiencies included:

- Failure to develop and authorize a service plan prior to the individual's admission to a residential care facility, deficiencies pertaining to continuity of client care, appropriate integration, and utilization of services, including no primary care provider (PCP) medication orders provided to the CCFFH upon admission and information pertaining to lack of documentation, including missing PCP orders, history and physical, 1147, and service plan.
- On October 9, 2024, an acceptable POC was received and accepted.
- Earlier POC submissions received on April 24, 2024, May 13, 2024, May 28, 2024, August 19, 2024, and September 27, 2024, were not acceptable.

3. On April 24, 2024, a letter of concern was issued to AICMC. The deficiencies identified in the letter included:

- Service plans were not in place on or before the date of placement into a CCFFH.
- Service plans were not client specific and included problems that were not relevant to the client, or specific areas of risk were not identified, and interventions were not put in place to prevent client harm.
- Admission documents were not completed and were not in the client record at the CCFFH.
- Client medication administration records (MAR) did not match PCP orders and/or prescription bottles.
- PCP orders were not present in the client records at the CCFFH.
- RN delegations were provided that were not relevant to the client or did not match the care needs of the client.
- No written POC was required at that time regarding the letter of concern.

4. On May 30, 2024, a deficiency letter was issued to AICMC related to the [REDACTED] Case. The deficiencies included:

- Failure to document per the HAR, including documents created after an event and not identified as late entries, and RN monthly visit notes completed 1-2 months after the visit.
- Failure to accurately document on required standardized assessment tools. (The health and functional assessment [HFA] included inaccurate information pertaining to the client's diet, equipment needs, and skin assessment.)
- Failure to provide a CMA admission contract and other required documents to the client's legal representative, including not involving the client's public guardian in service planning.
- Failure to comply with service plan regulatory requirements, including not providing the service plan to the CCFFH prior to or on admission of the client, failure to identify individualized, realistic, and obtainable goals for the client, and failure to identify appropriate interventions to prevent injury to the client related to skin breakdown.
- Failure to comply with service coordination regulatory requirements, including not

reconciling medications at the time of admission to align with the hospital discharge summary, not providing relevant RN delegations to the caregivers involving wound care and special diet training, and failure to follow up on delivery of specialty equipment needed for the client. (i.e. special mattress to prevent skin breakdown.)

- Failure to comply with service monitoring regulatory requirements, including ensuring the CCFFH could meet the service needs of the client, failure to monitor accurate medication administration and documentation each month, omission of documentation regarding new skin breakdown, and failure to monitor the provision of daily care to the client (i.e. daily bathing and vital sign monitoring were not being documented or completed as per the service plan).

- On March 21, 2025, an acceptable POC was received and accepted.
- POC was requested multiple times for nearly 9 months. CTA did not receive any POC from AICMC for this case until February 24, 2025.
- POC submission received on February 24, 2025, was not acceptable.

5. On April 22, 2025, a deficiency letter was issued to AICMC related to the [REDACTED] Case. The deficiencies included:

- Failure to provide the CCFFH with RN delegations for client care, deficiencies pertaining to developing and authorizing a service plan prior to the individual's admission to a CCFFH, providing the CCFFH with copies of the PCP admission orders and providing the CCFFH with an accurate MAR on admission/Failure to reconcile and monitor medications.
- A POC was received on May 21, 2025, and was not acceptable.
 - The POC was returned via email on September 23, 2025, with comments on why it was not accepted as written.

CMA's are responsible for knowing, understanding and complying with the requirements of the Hawaii Administrative Rules (HAR). Based on the HAR, Chapter 11-800, the CMA continues to be in violation of the HAR for similar deficiencies previously identified. The attached deficiency chart identifies the deficiencies found during CTA inspections performed from May 1, 2025, to September 23, 2025.

CTA has consulted with the Department of Health, Office of Health Care Assurance (DOH/OHCA) regarding continued repeat deficiencies. The prevention strategies that were supposed to be implemented by AICMC in October 2024, February 2025, and March 2025 have proven to be ineffective in preventing future deficiencies.

CTA has been directed by the DOH/OHCA to implement the following:

1. Immediately suspend new admissions and re-admissions to the CMA as of the date of this letter.
 - A. AICMC must cease any current or pending admissions immediately and assist those potential clients to find another CMA by giving those clients documented choice. AICMC will submit a list of those clients and their choice forms to CTA.
2. In addition, AICMC is prohibited from readmitting clients. This will remain in effect until the suspension is lifted. For any client currently admitted to a facility other than a

- CCFFH, ALF, or eARCH (i.e., hospital), those clients will need to choose another CMA.
3. The CMA will suspend new admissions and re-admissions of any client until the CMA meets all the following requirements and has received a letter lifting the CMA suspension.
- A. The CMA must submit an acceptable POC(s) within 30 days of receipt of this letter to include evidence of corrections. This includes submitting the POC from a previous deficiency letter regarding a client in the CCFFH of [REDACTED]
- i. The POC(s) and/or accompanying corrections must include specific measures including but not limited to the following:
- a. How oversight of staff or contractors will be completed particularly related to new client placement/admission requirements being completed per the HAR which relates to all items that need to be completed prior to or at the time (not day) of the admission;
- b. How nurses will determine the frequency of case management visits.
- c. How case management visits will be conducted to include
- 1) Oversight that client care needs are being adequately provided by caregivers including medication being administered correctly through a professional nurse medication reconciliation.
- 2) How RN delegations, Basic Skills Checks and necessary training such as diet orders will be performed/documented and how continued competency will be assessed.
- 3) A thorough skin assessment is performed and adequately documented for all mobility impaired clients.
- 4) How case managers will determine if clients are receiving adequate nutritional meals and adequate fluids are being provided per diet orders.
- d. How AICMC will oversee their employed and contracted nursing staff and what measures AICMC will take for continued non-compliance from nurses not following AICMC policy and procedures.
- B. Submit proof that the prevention strategies in the submitted POC have been implemented or state what date they will be implemented and how. This includes all case management staff and contracted staff have been or will be trained on all new policy, procedures, forms.
- C. Once CTA and the DOH/OHCA have approved the submitted POC, the suspension will be lifted.
- i. AICMC will then be required to notify CTA of the first five (5) admissions on each island of Maui, E. Hawaii and Oahu, for a total of fifteen (15). It would be preferable to have the notice prior to admission date, although day of admission will be sufficient. Notification will include the client's

name, the CCFFH the client is being placed into and the date/time of scheduled admission.

- D. CTA will be required to monitor for ongoing compliance for 3 months after the suspension is lifted.

The two written POCs must address all violations. Specific findings are listed on the attached deficiency chart and the previous deficiency letter identified in this letter. Both POCs must be submitted no later than close of business 30 days from receipt of this letter. Any delay could result in a longer suspension period or potential non-renewal of the CMA license that expires on December 31, 2025.

The CMA license will not be renewed until AICMC has proven continued compliance for three (3) months. Temporary licenses will be issued should AICMC cooperate and make all attempts to comply with the requirements in this letter and the HAR.

Both POCs must address what the CMA did or will do to correct the deficiencies listed. Many of the deficiencies have already been corrected. The specific timeframe in which the deficiencies were or will be corrected and how the CMA will specifically prevent those types of deficiencies from occurring in the future.

Previous prevention strategies listed on the above CTA accepted POCs from October 18, 2024, to March 21, 2025, cannot be used as those strategies have proven ineffective in preventing the deficiencies from re-occurring. Those POCs are being attached for reference.

CTA's website, www.comties.com, contains instructions, a blank fillable POC form, and a sample of a completed POC. The CMA must use this form when responding.

The CMA may mail, fax, or email the documents to a.England@comties.com. Note that email is the quickest way for CTA to receive the POC. Regardless of which method is used, please make sure no Personally Identifiable Health Information or client names are used in the POC.

HAR Violation	Applicable HAR(s)
1. Failure to provide appropriate RN delegations, skills competency and training to caregivers.	\$11-800-26 Service coordination. (a) The case management agency shall promote continuity of client care, appropriate integration, and utilization of services by: *** (2) Providing caregivers, prior to the admission of the client, with all necessary forms, records, and information about the client and the client's service plan to ensure timely and quality service delivery. **** (3) Assuring that the caregivers have the necessary skills to implement the service plan. **** (5) Conducting or coordinating caregiver training as necessary to ensure that the caregivers are skilled to care for the clients in their residential care facilities. **** (8) Advocating for clients.

	**** <u>§11-800-31 Records.</u> (c) Client records shall contain: **** (4) The initial skill competency of caregivers to perform the tasks necessary for implementation of each service plan and care of clients. Updates shall be documented as appropriate. *** <u>§11-800-43 Client care and services.</u> **** (c) Care and services provided to the client shall: *** (3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100. **** <u>§11-800-47 Medication and nutrition.</u> (a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100. (b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires. **** (e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.
2. Failure to provide a comprehensive and client-specific service plan and/or failure to provide a service plan to the CCFFH upon or prior to admission of a client. Not having a current service plan in client CCFFH record.	<u>§11-800-25 Service Plan.</u> (a) The service plan shall be based upon comprehensive assessments of the individual by appropriate care managers. (b) The case management agency shall develop and authorize a service plan prior to the individual's admission to a residential care facility. **** (d) The service plan shall: **** (1) Identify the problems and needs of the client, including any need to purchase specialized medical equipment and supplies. **** (2) Establish realistic measurable goals to be attained for each problem identified in the social and nursing assessment. **** (3) Identify specific interventions and tasks to be implemented to address each problem and to ensure achievement of the goals specified in the service plan. **** (6) Be agreed to by the client or the client's legal representative. ****

	§11-800-26 <u>Service coordination.</u> (a) The case management agency shall promote continuity of client care, appropriate integration, and utilization of services by: *** (2) Providing caregivers, prior to the admission of the client, with all necessary forms, records, and information about the client and the client's service plan to ensure timely and quality service delivery. **** §11-800-31 <u>Records.</u> **** (c) Client records shall contain: **** (3) Information documenting the case management agency's assessment, service planning, service coordination, monitoring, and reassessment activities. ****
3. Failure to adequately monitor medication orders and administration.	§11-800-26 <u>Service coordination.</u> (a) The case management agency shall promote continuity of client care, appropriate integration, and utilization of services by: *** (2) Providing caregivers, prior to the admission of the client, with all necessary forms, records, and information about the client and the client's service plan to ensure timely and quality service delivery. **** §11-800-27 <u>Service monitoring.</u> (a) The case management agency shall provide continuing, regular contact with the client, caregiver, and other service providers to ensure that: **** (1) Services are being provided in accordance with the service plan and continue to meet the client's needs. **** (b) The service monitoring process shall include: **** (2) Regular RN monitoring of the client who has a medically complex condition, as determined by a physician or RN. The frequency of this monitoring shall be specified in the service plan. **** (3) Ongoing evaluation of the appropriateness, timeliness, and adequacy, and quality of services, caregivers, and home-like environments provided.
4. Failure to document an assessment of a client prior to or at the time of admission to a CCFFH.	§11-800-26 <u>Service coordination.</u> (a) The case management agency shall promote continuity of client care, appropriate integration, and utilization of services by: **** (2) Providing caregivers, prior to the admission of the client, with all necessary forms, records, and information about the client and the client's service plan to ensure timely and quality service delivery. ****

	§11-800-31 Records. (a) The case management agency shall maintain individual client records in a manner which ensures legibility, order, and timely signing and dating of each entry in black ink. (b) Client records shall be kept in detail to: (1) Permit effective review; and (2) Provide information for necessary follow-up and care for the client (c) Client records shall contain: (1) Information relating to the client's status regarding application, eligibility, termination, admission, suspension, transfer, or discharge activities; *** (3) Information documenting the case management agency's assessment, service planning, service coordination, monitoring, and reassessment activities; ***
5. Failure to complete an 1147 and/or renew 1147 annually and/or have private pay client 1147's signed by a PCP to be considered certified.	§11-800-42 Client eligibility requirements. (a) To be admitted to the community care foster family home, the individual shall: (1) Be certified by a physician as requiring nursing facility level of care. The Medicaid agency medical consultant shall certify the individual who is a participant in a federally funded Medicaid program;

Respectfully,



Angel England, RN, LNCC
CTA Operations Manager