

Community Care Services (CCS)

**Request for Information
No. RFI-MQD-2026-001**

**Department of Human Services
Med-QUEST Division
September 2, 2025**

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REASON FOR THE RFI

The State of Hawai'i, through its Medicaid agency, the Department of Human Services (DHS), Med-QUEST Division (MQD), is issuing this Request for Information (RFI) to seek information and comments to prepare a Request for Proposal (RFP) for the Community Care Services (CCS) re-procurement of a managed care organization (MCO) or a behavioral health organization (BHO).

The information received through this RFI will assist MQD in preparing the RFP. Responses from all stakeholders – not just potential CCS MCOs or BHOs – will be considered in the preparation of the RFP. Information submitted by MCOs and BHOs in response to this RFI will not be considered in evaluation of subsequent proposals submitted in response to the RFP.

CCS provides specific behavioral healthcare and QUEST Integration (QI) provides the physical healthcare. Because these programs work in tandem, and because the integration of behavioral and physical healthcare is a focal point of the CCS program, it is important to understand and consider both in the context for this CCS RFI. Below, is a brief introduction to both programs.

BACKGROUND

MQD is the Division within DHS that administers the Medicaid program in Hawai'i. Medicaid, a federal and state partnership program created by Congress in 1965, provides medical assistance benefits to qualified uninsured and underinsured Hawai'i residents.

MQD provides most of its healthcare services in a managed care environment for Medicaid beneficiaries. The majority of the Medicaid beneficiaries receive medical, behavioral health, and long-term care services through the QUEST Integration (QI) program, implemented in 2015. QI currently serves approximately 394,000 individuals, the vast majority of Medicaid beneficiaries in Hawai'i. Medicaid beneficiaries include pregnant women, children, parents and caretakers, adults, and individuals who are aged, blind, and/or disabled.

One of key tenets of MQD's vision for transition aims to foster a comprehensive range of services for behavioral health. MQD remains committed to this vision of whole person care, even if service delivery for some behavioral health services exists outside of QI. MQD's delivery system for behavioral health has historically been focused on building capacity by leveraging organizations with specialized expertise, including:

- Department of Health (DOH) Child and Adolescent Mental Health Division (CAMHD) for children younger than 21 years old requiring support for emotional and behavioral disorder (SEBD).

- DOH – Adult Mental Health Division (AMHD) for adults 18 years old or older diagnosed with a serious mental illness (SMI) or serious and persistent mental illness (SMPI) who are uninsured or legally encumbered.
- Community Care Services (CCS) program a specialty behavioral health carve-out for adults, 18 years old or older, who are enrolled in Medicaid, diagnosed with a SMI and/or SMPI and meets eligibility requirements.

CCS is a behavioral health program that provides intensive behavioral health services, in addition to the basic behavioral health services provided by QI health plans, to adults diagnosed with a qualifying serious mental illness (SMI) and/or a serious and persistent mental illness (SPMI) and determined to meet specific CCS eligibility criteria by the Department of Human Services (DHS), Med-QUEST Division (MQD). Once a member is enrolled into the CCS program, all behavioral health services are covered and provided by the CCS BHO. All medical benefits and services continue to be provided by the member's QI health plan.

In addition to MQD's efforts, DOH oversees Hawai'i CARES 988 - a partnership between DOH and community-based mental health and substance abuse service providers statewide. They specialize in providing supportive counseling, screening for urgent or emergent mental health or substance use needs, and recommendations for behavioral health assessments and services and crisis intervention.

While DOH-CAMHD, DOH-AMHD, and Hawai'i CARES 988 are programs independent of the CCS program and are not part of the CCS contract procurement per se, MQD considers them key parts of the overall delivery system that CCS and QI must interact with and support.

RFI RESPONSES

The following inquiries have been grouped by topic. Please provide responses based on how your organization would propose to advance the strategies and objectives of behavioral health integration per the HOPE initiative in these areas. MQD encourages respondents to answer all questions but will consider responses that do not address all sections and questions.

Please note that participation in this RFI process is optional and is not required in order to respond to any subsequent procurement by MQD. Neither MQD nor the responding party has any obligation under this RFI. This is an RFI only, and as such, will NOT result in any award of contract.

QUESTIONS FOR RESPONDENTS

Standardization and Administrative Improvements

(Limit response to 1 page)

MQD supports increased standardization and reduced administrative burden at the MQD level, MCO/BHO level and the provider level in key areas such as quality assurance, quality improvement, billing, credentialing, prior authorization processes and tools, and other areas.

1. What recommendations should MQD consider adopting that would increase standardization, reduce administrative burden, and maintain program integrity?

Integration of Behavioral and Physical Healthcare

(Limit response to 4 pages)

MQD is interested in aligning incentives, strategies, and policies to create a health care system that better integrates the behavioral health services provided through the CCS program, and the physical and long-term services and supports provided by the QI MCOs.

2. What strategies should MQD consider adopting that support movement along the continuum of value-based care/payment models?
3. What strategies should MQD adopt that align incentives with the CCS and QI programs that improve outcomes, while better managing financial resources? Please suggest measures that would be effective and appropriate to include in the Performance Incentives for the CCS BHO. Include an explanation as to why these measures are suggested.

Health outcomes are optimal when physical healthcare and behavioral healthcare are integrated and addressed cohesively and in harmony.

4. What specific activities should the CCS BHO prioritize to meaningfully and proactively impact and facilitate such integration?

Promoting a Behavioral Health Continuum

(Limit response to 5 pages)

5. What are the best ways to align the CCS program with the QI program, Hawai'i CARES 988, DOH-AMHD, DOH-CAMHD, DOH – Hawaii State Hospital (HSH), Judiciary, and Department of Correction and Rehabilitation ?

6. What considerations should MQD be aware of in relationship to CCS eligibility determination and services access? Are there any contractual changes that could be made to support improvements in this area?
7. What are the key considerations and potential impacts of the new authorities, under the 1115 Waiver, listed below, on the CCS program.
 - a. Community Integration Services Plus
 - b. Contingency Management
 - c. Pre-Release Medicaid Services for Justice-Involved Individuals
8. What are the key considerations and potential impacts of the new authorities, under the 1115 Waiver, listed below, on the CCS program. In relation to our CCS members and the homeless population, what would be your approach and plan for addressing the goals outlined in the Executive Orders issued on July 24, 2025, regarding the initiative to End Crime and Disorder on America's Streets?

Reimbursement Considerations

(Limit response to 2 pages)

Currently, the CCS program has five service levels within a stepped care model, with level 5 being the most intensive service level. The current reimbursement system for the subcontracted community-based case management (CBCM) agencies is a single per member per month (PMPM) payment for all service levels 1 – 4, with level 5 members receiving services directly from the CCS BHO.

9. Provide recommendations for a case management reimbursement model that would produce best case management practices and services for CCS members.
10. How should the reimbursement model be structured to incentivize CCS providers to appropriately place members along the stepped care continuum?

Inquiry on the Integration and Utilization of Telehealth Services

(Limit response to 5 pages)

11. Please address the following questions:
 - a. How can the CCS BHO ensure choice, without outside influence, for in-person vs. telehealth services for CCS members?
 - b. In most cases, in-person care is considered more optimal for the SMI population. Beyond rural locations and member preference, please

explain how telehealth can be more advantageous than in-person care for CCS members.

- c. How can the BHO optimize telehealth platforms to ensure high-quality, continuous care, support long-term integration and support for providers?
- d. What quality assurance measures should be implemented to evaluate the effectiveness of telehealth in CCS services?

Miscellaneous

(Limit response to 3 pages)

- 12. What recommendations or considerations should MQD be aware of in relationship to behavioral health crisis management and response? Describe what works well and what can be improved.
- 13. What are your thoughts on how the CCS BHO can utilize CCS data to analyze health outcome? How can the CCS BHO and QI health plans integrate data to ensure whole person health care.
- 14. What recommendations or considerations should MQD be aware to prevent Fraud Waste and Abuse of the CCS program?

Additional Input from Stakeholders

(Limit response to 1 page)

Stakeholders may write one page on other issues concerning the procurement to provide input to MQD.

RESPONSE SUBMISSION

RFI submission must include the name, organization (if applicable), and contact information of the person/organization submitting the response. Each organization is limited to one response.

Responses to this RFI are due by 2:00 p.m. Hawai'i Standard Time (HST) on **September 15, 2025**. Please comply with the page limits indicated for each RFI section. Responses shall be submitted in size 12 Arial font or equivalent (also applies to tables and graphics). MQD accepts the following file types: Word (.doc or .docx); Excel (.xls or .xlsx); Portable Document format (.pdf). Page margins must be 1 inch.

Indicate "Community Care Services (CCS) [RFI-MQD-2026-001]" on the cover of the document or in the subject line on the email response. Responses should be e-mailed to QUEST_Integration@dhs.hawaii.gov.

Email responses are strongly encouraged, but responses may also be mailed or delivered to:

Mr. Jon Fujii
c/o Eric Nouchi
Department of Human Services/Med-QUEST Division
601 Kamokila Boulevard, Suite 511
Kapolei, HI 96707

CONFIDENTIAL INFORMATION

If respondents believe portions of their RFI response should remain confidential, respondents shall clearly identify those portions of their response and include a statement detailing the reasons the information should not be disclosed. There shall be no blanket labeling of the entire document as “proprietary” or “confidential.” This shall invalidate the confidentiality of the document, and it will not be reviewed as such.

The detailed reasons shall include the specific harm or perceived prejudice that may arise. The DHS Director, MQD Administrator, and the Health Care Services Branch Administrator shall determine whether the identified information should remain confidential. Notice shall be provided to the respondent prior to any information, which was requested to be confidential, becoming part of public distribution/information.

COST OF RESPONSE

DHS will not reimburse any respondent for the cost of preparing and submitting a response to this RFI.

USE OF INFORMATION

DHS reserves the right to incorporate in a solicitation, if issued for such a contract, any recommendations presented in response to this RFI.

Please submit any questions or clarifications pertaining to this RFI to QUEST_Integration@dhs.hawaii.gov.