



Medicaid Advisory Committee (MAC) Meeting

May 28, 2026

OUR AGENDA FOR TODAY May 28, 2026



- 1. Med-QUEST Application and Enrollment Numbers**
- 2. MQD Administrator Updates**
 - H.R. 1 information and activities**
- 3. Ohana Health Plan Transition**
- 4. Review Health Plan Ads**
- 5. 1115 Demonstration**
 - Reentry**
 - CIS+**
 - Nutrition Supports**
- 6. State Plan Amendment (SPA) Presentations**
- 7. Next Steps**



Meeting Guidelines

During the Meeting

- This meeting is being **recorded** for internal minutes only and **will not be shared or posted**.
- Please remain **muted** until acknowledged by the host.
- Please raise your **virtual hand** to speak or write your question in the chat.
- When called on, you may share **your name** and **turn on your camera**, if comfortable.

Questions and Comments

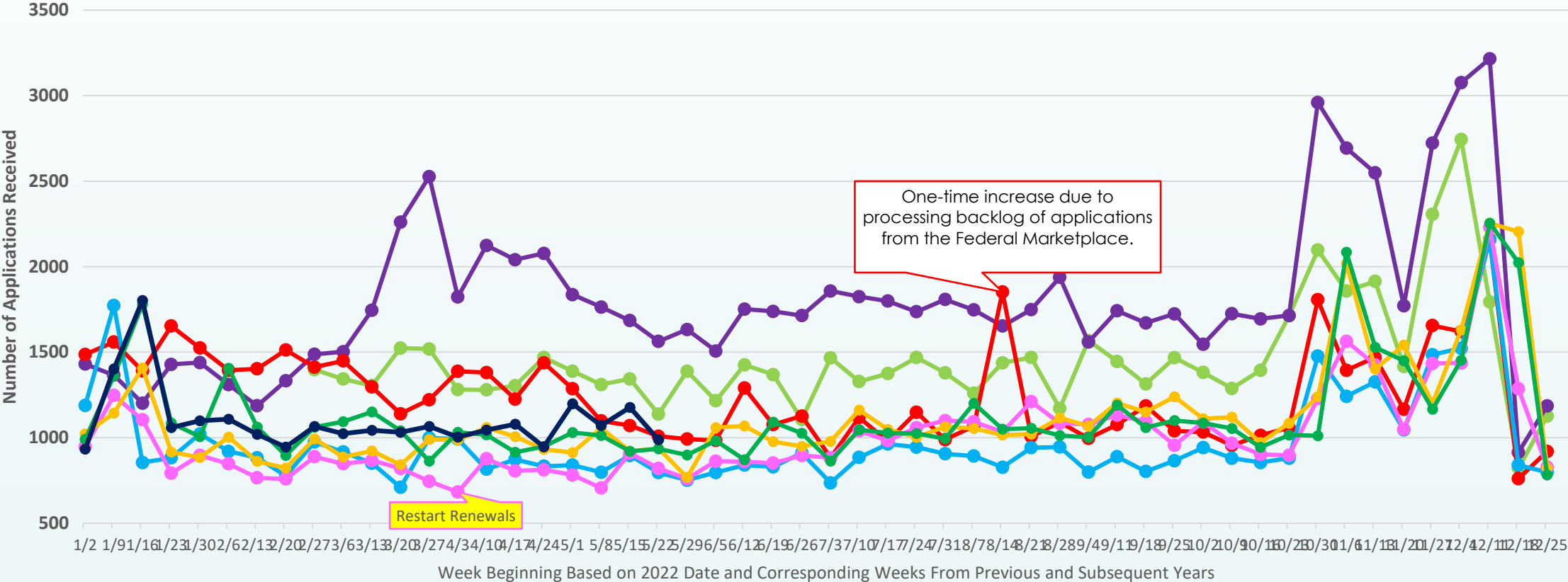
- Members are encouraged to ask questions and share feedback throughout the meeting.
- Questions and comments can also be confidentially submitted after the meeting to MQDMAC@dhs.hawaii.gov



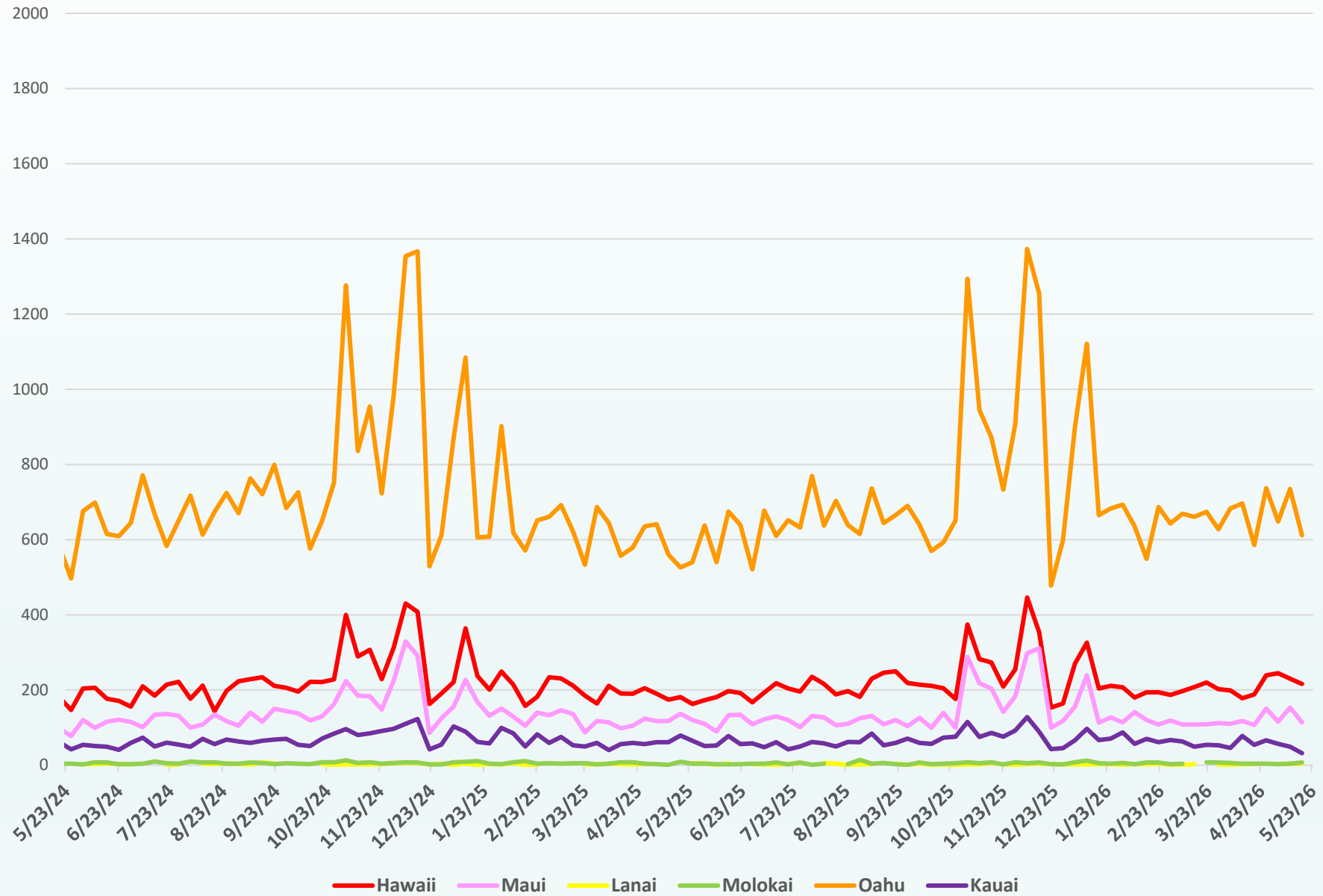


Med-QUEST Application and Enrollment Numbers

Hawai'i Medicaid Applications Received:
March 2020 to March 2023 MQD Received 209,251 Applications
As of April 2023 - May 23, 2026 MQD has received 180,854 Applications



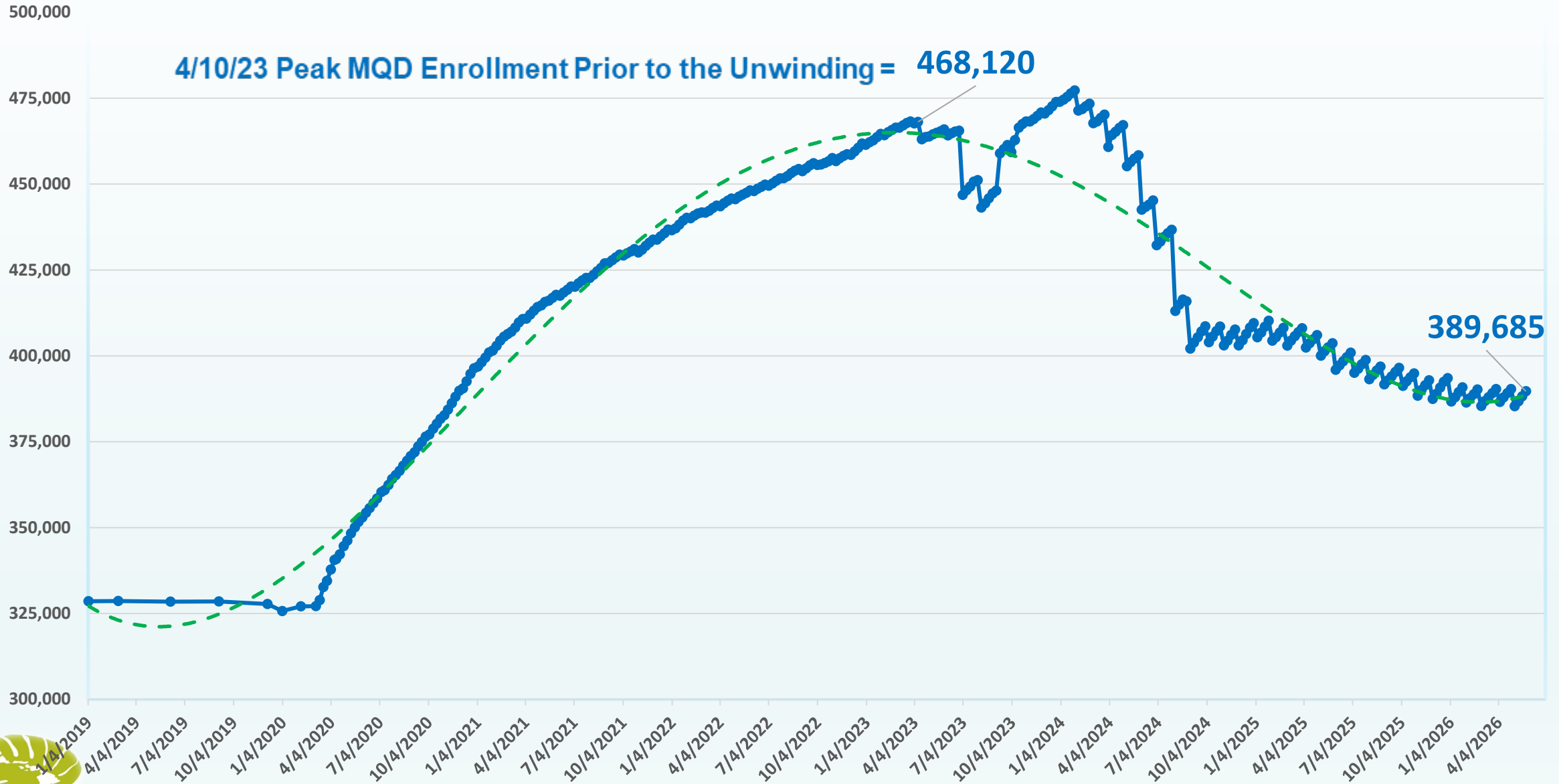
Applications by Island for past 2 years, 5/23/24- 5/23/26



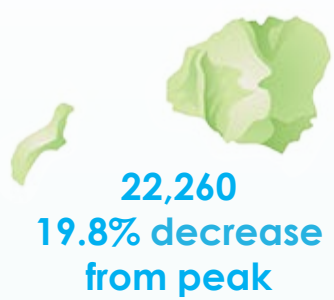
Hawai'i Medicaid Monthly Enrollment and Trend: January 2019 to May 25, 2026

141,001 New Enrollments from 3/6/2020 – 4/10/2023 (43% Increase)

78,435 fewer enrollments from 4/10/23 to 5/25/26 (16.7% decrease from peak enrollment prior to unwinding)



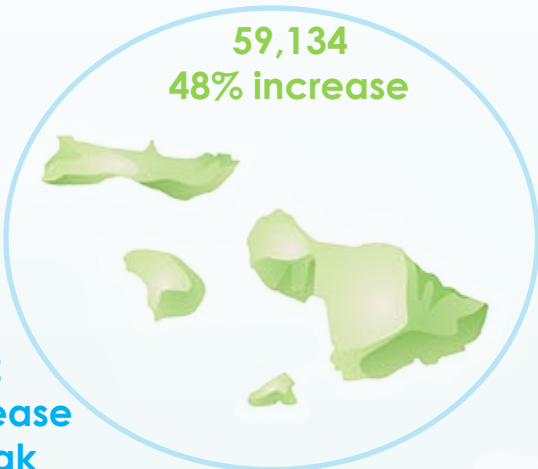
Peak Medicaid enrollment by County on April 10, 2023 and percent increase in enrollments from March 6, 2020 – April 10, 2023



27,746
44% increase



285,577
44% increase



95,663
37% increase

Current Medicaid enrollment by County as of May 25, 2026 and percent change from April 10, 2023 peak to present



COMMENTS OR QUESTIONS





MQD Administrator Updates

H. R. 1 UPDATES

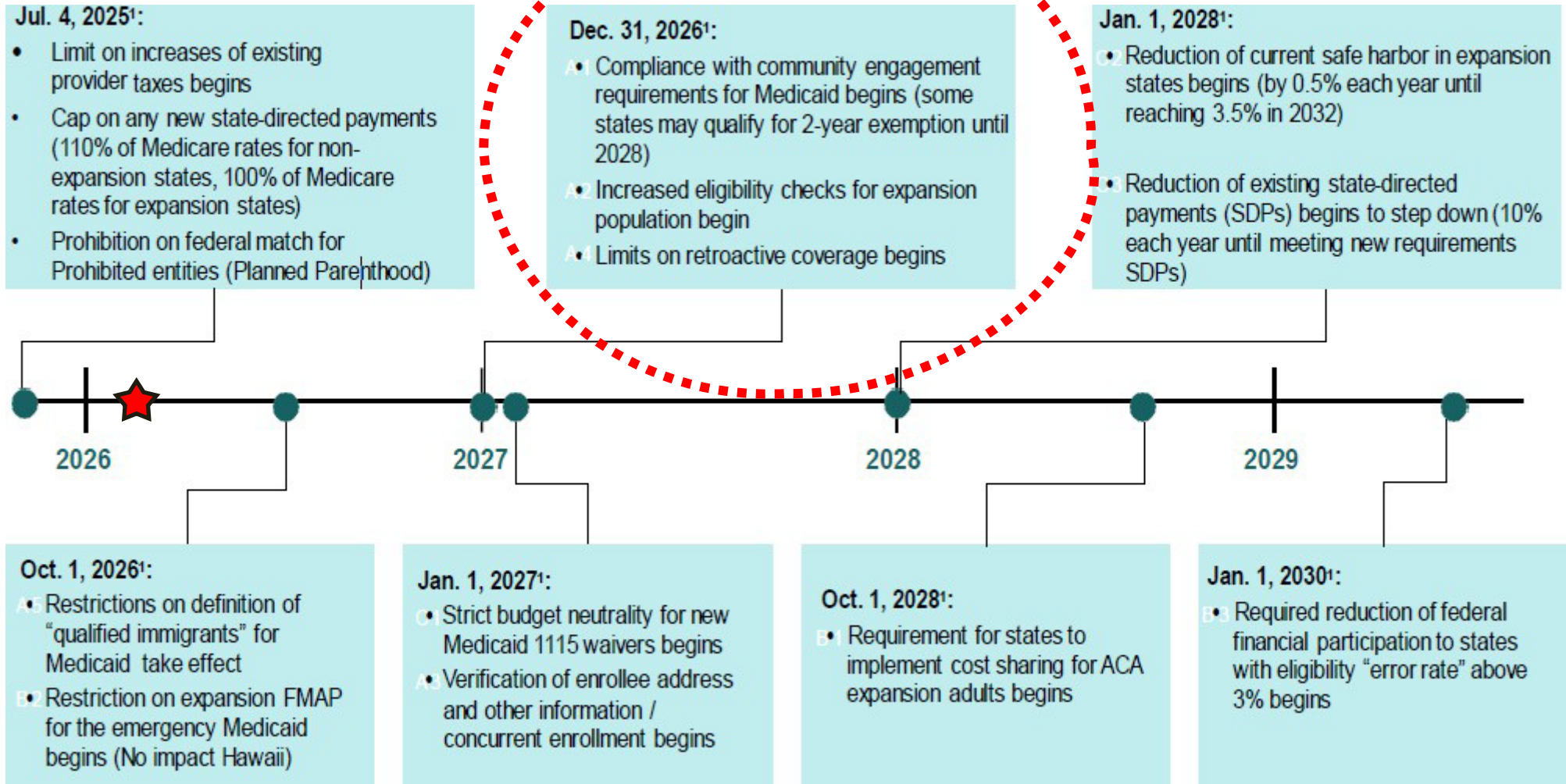


Hawaii Med-QUEST: by the numbers (May, 2026)

Hawaii residents on QUEST	389,000; 28% of Hawaii population
Non-disabled adults	179,000 46% of the QUEST population
<i>Affordable Care Act (ACA) Expansion Adults</i>	127,000
<i>Parents/Caretaker relatives</i>	52,000
Children	153,000 Nearly 1 in 2 HI pop 39% of the QUEST pop.
Aged, Blind, or Disabled (ABD)	57,000 – 15% of the QUEST pop.
Base Federal Matching rate FFY 25	59.08%
Delivery System	99.9% enrolled in QUEST Integration Health Plans



Timeline for effective dates of H.R.1's Medicaid policies



- The 2025 budget reconciliation bill (H.R. 1), signed into law on July 4, 2025, introduces new work requirements, also referred to as community engagement requirements, for certain Medicaid enrollees.
- H.R. 1 mandates that Medicaid members aged 19-64 who are covered through the Affordable Care Act Medicaid expansion or an 1115 demonstration waiver that provides minimum essential coverage must engage in employment, education, a work program, or community service to maintain their Medicaid eligibility.
- This policy change has significant implications for Medicaid members, state agencies, health care providers, and managed care organizations.
- **States are required to implement work requirements by January 1, 2027**



Exemptions:

Foster care youth: Foster youth and former foster youth under the age of 26.

Indian Health Service members: Individuals recognized as American Indians or Alaska Natives and eligible for health services through the Indian Health Service.

Caregivers: Defined as “parent, guardian, caretaker relative, or family caregiver of a dependent child 13 years of age and under or a disabled individual.”

Disabled veterans: Defined as a veteran “with a disability rated as total under section 1155 of Title 38, United States Code” (section of law that establishes the schedule for rating veterans' disabilities and governs how compensation is determined).

Medically frail individuals: Including people who are blind or disabled, have a substance use disorder, a disabling mental disorder, a physical, intellectual, or developmental disability, or who have a serious or complex medical condition.

Individuals already meeting work requirements: Including under Temporary Assistance for Needy Families or the Supplemental Nutrition Assistance Program (SNAP).

Individuals participating in a qualifying substance use disorder (SUD) treatment program: Defined as SUD programs that meet SNAP-related federal requirements, run by nonprofit organizations or public community mental health centers.

Incarcerated or recently incarcerated individuals: Including individuals who are currently incarcerated or have left incarceration within the prior three months.

Pregnant and postpartum individuals: Defined as “pregnant or entitled to postpartum medical assistance under paragraph (5) or (16) of subsection (e)” (the 12-month Medicaid continuous postpartum extension).

Short-term hardship: States may allow exemptions for certain extenuating circumstances, including individuals receiving care in hospitals, nursing facilities, psychiatric facilities, or other intensive care settings, individuals in a federally declared disaster area, individuals living in counties with unemployment rates higher than eight percent, or 1.5 times the national unemployment rate (pending permission from HHS secretary), and individuals or their dependents who are required to travel outside their home for medical care for an extended time.



Outreach:

State Medicaid agencies are required to conduct member outreach between June 30 and August 31, 2026, through regular mail and one or more additional forms, such as by telephone, text message, website, and “other commonly available electronic means.”

Outreach is required to contain information on work requirement compliance, an explanation of exemptions, consequences of non-compliance, and reporting instructions.

States are also required to conduct outreach to impacted members at least once every six months after implementation.

Med-QUEST is working on outreach materials and member notices and is seeking community input to ensure materials make sense to the communities we serve while also meeting CMS required messaging.

Verification Process:

Look-back period: At application, states must perform a “look-back” review to determine whether a Medicaid member met the work requirement in a period of at least one and up to three months before their application. States must also verify that current enrollees meet the requirements for at least one month within each six-month eligibility review period. **(MQD will use only the previous month at application and will review any one month of the past six months at renewal)**

Data matching: States are required to use available data, such as payroll data, or Medicaid payment and encounter data, to verify compliance before requesting additional information from applicants. **(MQD already has a robust data matching system and is procuring new system vendors to enhance available data sources to include new sources that can help verify compliance with new requirements)**

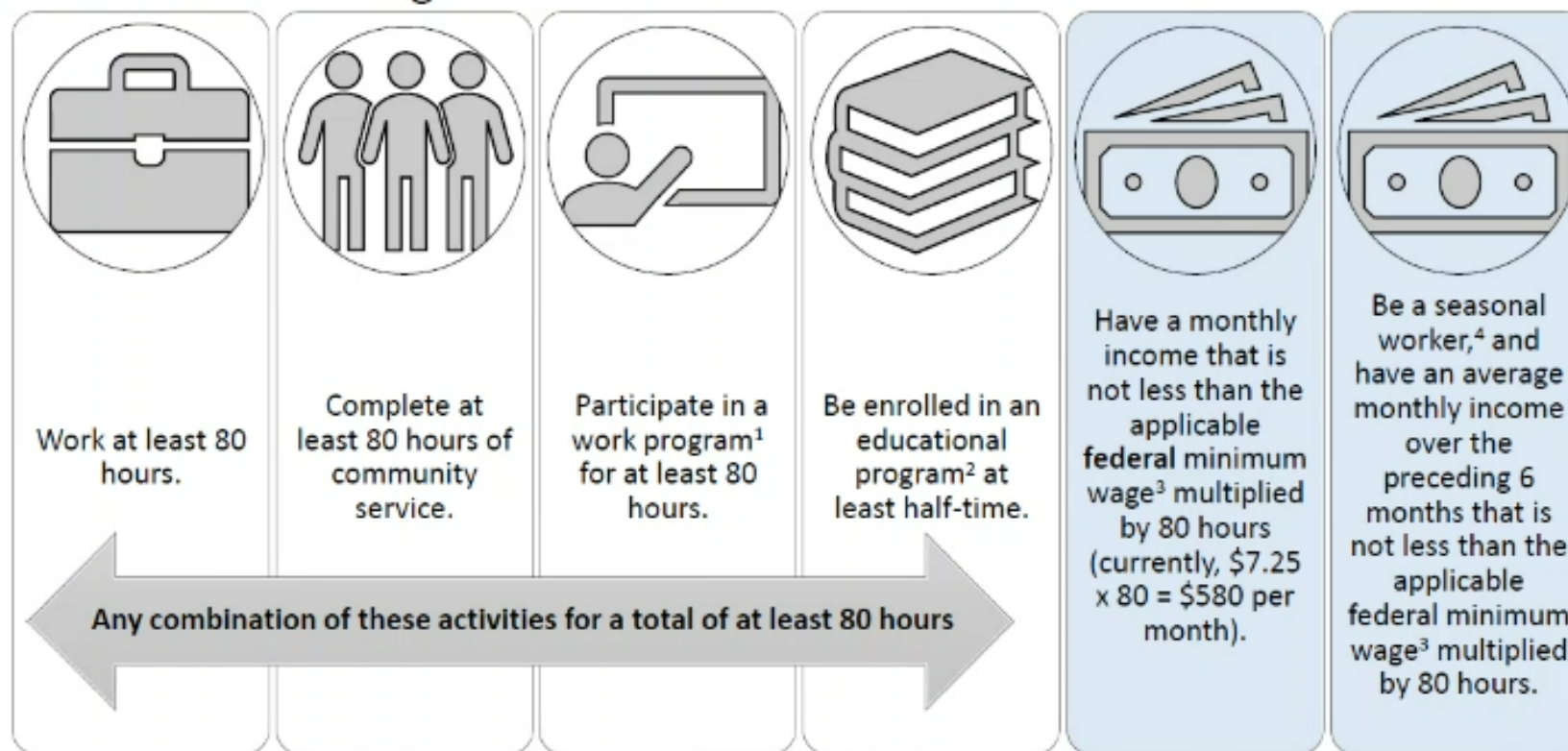
Consequences for Non-Compliance:

Notice of non-compliance: States must issue notice of non-compliance (via mail and at least one other form of contact) to the Medicaid member or applicant if verification fails.

Disenrollment: After receiving a notice of non-compliance, members have 30 days to show compliance before disenrollment.

Definition of Community Engagement

To meet community engagement requirements in a given month, applicable individuals must do one or more of the following:



Section 1902(xx)(2) of the Act.

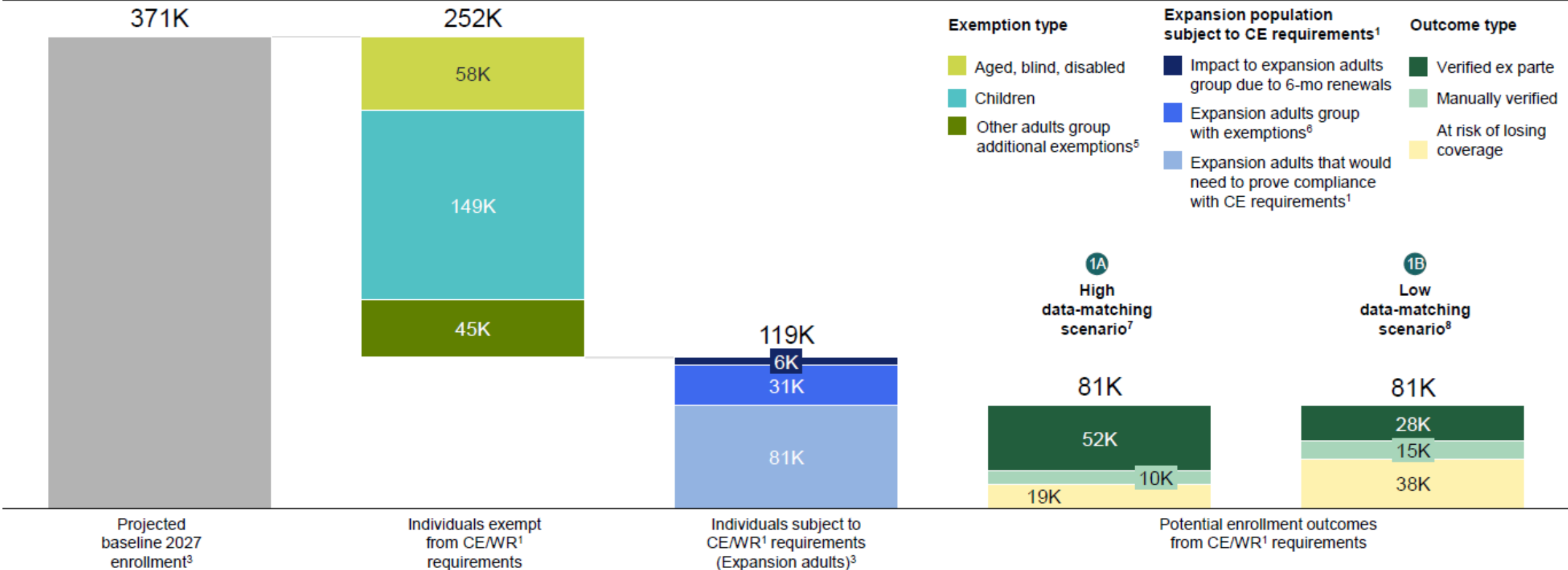
1. A work program is defined by section 6(o)(1) of the Food and Nutrition Act of 2008.
2. Including an institution of higher education (as defined in section 101 of the Higher Education Act of 1965) and a program of career and technical education (as defined in section 3 of the Carl D. Perkins Career and Technical Education Act of 2006).
3. Federal minimum wage is defined by section 6 of the Fair Labor Standards Act of 1938, 29 U.S.C. § 206(a)(1)(C).
4. A seasonal worker is described in section 45R(d)(5)(B) of the Internal Revenue Code of 1986.

An estimated 19K to 38K members are potentially at risk of losing Medicaid coverage in 2027 due to CE / WR¹ requirements

Assumes Med-QUEST would invest to automatically verify full-time and part-time working adults on Medicaid²

DRAFT FOR DISCUSSION

Preliminary view of potential enrollment change over one year due to community engagement requirements, # in thousands (K)



Source: 1. Community engagement / work requirements; 2. Based on Hawai'i's full-time and part-time employment rate within Medicaid adult population as of May 2025 (KFF); 3. Projected 2027 enrollment absent of any H.R. 1 policy changes, derived Hawai'i year-to-date enrollment, annualizing rate of change in enrollment following Unwinding (Med-QUEST enrollment reports from June-August 2025); 4. Reflects excluded eligibility and demographic groups as defined in H.R. 1 legislation (H.R. 1); 5. Includes pregnant women, caretaking, and former foster care beneficiaries in other adult group; 6. Includes caretaking, SUD-diagnosed members, and American Indian or Alaskan native beneficiaries in expansion adult group; 7. Assumes improved data integration and IT systems—64% of individuals subject to work requirements are assumed ex parte verified given either full time or part-time employment, with a 10-point increase in manual verification success relative to the low-data scenario, based on Arkansas outcomes (KFF, Urban Institute); 8. Assumes low ex parte and manual verification rates due to limited data integration and system capacity—only Medicaid adults working full time are assumed ex parte verified (~34%), and 72% of individuals required to manually verify are assumed disenrolled, based on Arkansas outcomes (Urban Institute)



Impacts of these changes on enrollment

Given current enrollment trends of slow decline, estimate 119,000 Expansion adults as of January 1 2027.

Our estimates of coverage loss from the 6 - month renewals and community engagement requirements are 16% to 32%, or **19,000 to 38,000**, of current Med-QUEST expansion adult members could lose coverage.

Changes coming to Med-QUEST Eligibility for Adults!

- When?** Starting on January 1, 2027
- Why?** Congress passed a Bill (HR1) that President Trump signed into law on 7/4/25 that changes Medicaid eligibility rules for some adults.
- Who?** These changes only impact **adults between 19-64 who are not Blind, Disabled or Pregnant.**
- What?** Two main new requirements that will start in 2027:
- 1) For individuals described above, eligibility renewals will happen every six months instead of once per year
 - 2) To keep Med-QUEST coverage, this adult group will need to demonstrate that they are either working or volunteering at least 80 hours per month or earning a minimum of \$580 per month or are enrolled at least half-time in an educational program.
- How?** CMS will publish their final rules on Monday, June 1st!

Here are some ways Med-QUEST members can prepare:

- 1) **Set up online access to your existing Med-QUEST account and mybenefits.hawaii.gov Click [here](#) to do it now! It is fast and easy and is the BEST way to ensure Med-QUEST has the information it needs to help you stay enrolled.**
- 2) **If you work, make sure you save your paystubs**
- 3) **If you don't have a paystub, but have proof of \$580 income per month, save that evidence of income.**
- 4) **If you are enrolled in an educational program at least half time, ask your school for official proof of enrollment.**



If you have a medical emergency or you're in labor, you have rights

In an emergency room you have the right to:

1 An appropriate medical screening exam to check for an emergency medical condition, and if you have one,

2 Stabilizing treatment until your emergency medical condition is stabilized, or

3 An appropriate transfer to another hospital with higher capabilities if you need it

You can't be denied your rights for any reason, including:

 If you have health insurance or not

 Your race, color, national origin, sex, religion, disability, or age

 If you can't pay for treatment

 If you aren't a U.S. citizen

Everyone in the U.S. is protected by a federal law called the Emergency Medical Treatment and Labor Act or "EMTALA."

If you believe your rights have been violated, you can file a complaint with the federal government or your State Survey Agency.

The Emergency Medical Treatment and Labor Act (EMTALA) ensures everyone has access to emergency screening and stabilizing services, without regard to ability to pay.

- How will our Hospitals and healthcare providers be impacted by the increase in uninsured individuals?
 - Hospitals will bear an increase in uncompensated care costs when people are uninsured and cannot afford to pay for services out of pocket.
 - Rural hospitals are more vulnerable to costs of uncompensated care.
 - People will be sicker when they seek medical attention due to lack of access to preventative care which leads to increased costs in emergency treatment.



Announcement:

Med-QUEST is analyzing HR 1 and the impact this bill will have on how we currently operate our Medicaid program. As we move through understanding the details and timelines of the new rules and requirements, please know that the Department of Human Services and its Med-QUEST division remains true to our dedication to the health and wellbeing of our people. We encourage all of our members to continue to access healthcare by making and keeping appointments with your health care professional and picking up any medications that are prescribed. We will provide notice to any member of any changes to their coverage well in advance of any change being implemented.

Aloha and be well.

COMMENTS OR QUESTIONS





Ohana Health Plan Transition



- CCS Transition
- QI Transition



COMMENTS OR QUESTIONS



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Review Health Plans Ads

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Medicaid Advisory Committee



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Medicaid Advisory Committee



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COMMENTS OR QUESTIONS



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1115 Demonstration

1115 DEMONSTRATION UPDATES

- Reentry
- CIS+
- Nutrition Supports



Hawai'i Medicaid Reentry Program:

Preparing for Implementation of Limited Medicaid Services Prior to Release from Incarceration

- Why Medicaid Reentry Matters in Hawai'i
- Overview of Hawai'i's Medicaid Reentry Program
- Covered Services and Member Supports
- Implementation Timeline and What to Expect
- How MAC Members Can Stay Engaged and Share Feedback
- Questions and Discussion



Med-QUEST,
DHS

Hawai'i's Foundation for Medicaid Reentry

Over the past decade, Hawai'i has advanced a series of justice and Medicaid policy reforms focused on reducing incarceration, improving community reintegration, and strengthening integrated care and supportive services.

Hawai'i Has a Strong History of Justice Reform

Over the past decade, Hawai'i implemented major reforms focused on reducing incarceration, strengthening behavioral health services, and supporting successful community reintegration.

Hawai'i Already Built the Foundation for Medicaid Reentry

State policy changes, including suspending rather than terminating Medicaid coverage during incarceration, create the operational groundwork needed to support continuity of coverage upon release.

The Reentry Program Creates a Sustainable, Whole-Person Model

The Medicaid Reentry Program builds on prior reform efforts by creating sustainable funding and cross-agency coordination to support health, behavioral health, and social needs during reentry.



Why Do Medicaid Reentry Services Matter?

People leaving incarceration experience significant health and health-related challenges upon release.



Unstable Housing

Formerly incarcerated individuals are almost **10x** more likely to experience homelessness following release.¹



Chronic Health Conditions

40% reported having a chronic health condition²
4x the rate of active TB²
9x the rate of Hepatitis C²
8x the rate of HIV infection²



Behavioral Health

44% of those in jail and **37%** of those in prison have a diagnosed mental illness.³
10–40x higher overdose death risk in 2 weeks post-release.⁴



Substance Use

2 out of 3 meet clinical criteria for a substance use disorder.⁵



Increased ED Use

People recently released experience higher ED use in the first 30 days post-release.⁶



Recidivism Rates

Over **53%** of individuals incarcerated in Hawai'i eventually return to incarceration.

Sources: **1.** Couloute, L. (2018). [Nowhere To Go: Homelessness among Formerly Incarcerated People](#). **2.** L. Maruschak, M. Bersofsky, and J. Unangst. [Medical Problems of State and Federal Prisoners and Jail Inmates](#). Bureau of Justice Statistics Special Report (NCJ 248491), U.S. Department of Justice, February 2015. **3.** SAMHSA. [About Criminal and Juvenile Justice](#). 2024. **4.** Ranapurwala et al., [Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015](#), American Journal of Public Health, 2018. **5.** [Behind Bars II: Substance Abuse and America's Prison Population](#), The National Center on Addiction and Substance Abuse (CASA). 2010. **6.** Andrews, C. [Emergency department use for preventable behavioral health-related disorders among ex-prisoners in Rhode Island](#). Emergency Medicine. 2013. **7.** Wong, T. [State of Hawaii, FY 2016 Cohort, 2019 Recidivism Update](#), March 2021.



Medicaid Reentry: What is Changing?

For the first time, states will be able to **leverage Medicaid to create a more meaningful continuum of care** to support successful transitions from incarceration to the community.

Historically
Limited Medicaid Coverage During Incarceration

Under federal law, **Medicaid cannot pay for services provided to inmates of public institutions**, except for inpatient care in a medical institution.²

Note: Per 42 CFR § 435.1010,¹ an inmate is defined as "a **person living in a public institution**". A public institution is "an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control."

Going Forward
Medicaid-Funded Reentry Transition Services

Through Hawai'i's approved Section 1115 Demonstration, Hawai'i is authorized to provide Medicaid-covered reentry services during the 90 day pre-release period, advancing a more sustainable, whole-person reentry model.

Hawai'i is also implementing new pre-release services for justice-involved youth required under the Consolidated Appropriations Act of 2023.³



Who is Eligible for the Medicaid Reentry Program?

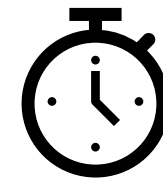
To qualify to receive reentry services, an individual must meet the following qualifying criteria:



Meet the definition of an inmate of a public institution, as specified in 42 CFR 435.1010, and be incarcerated in a correctional facility specified in STC 15.11



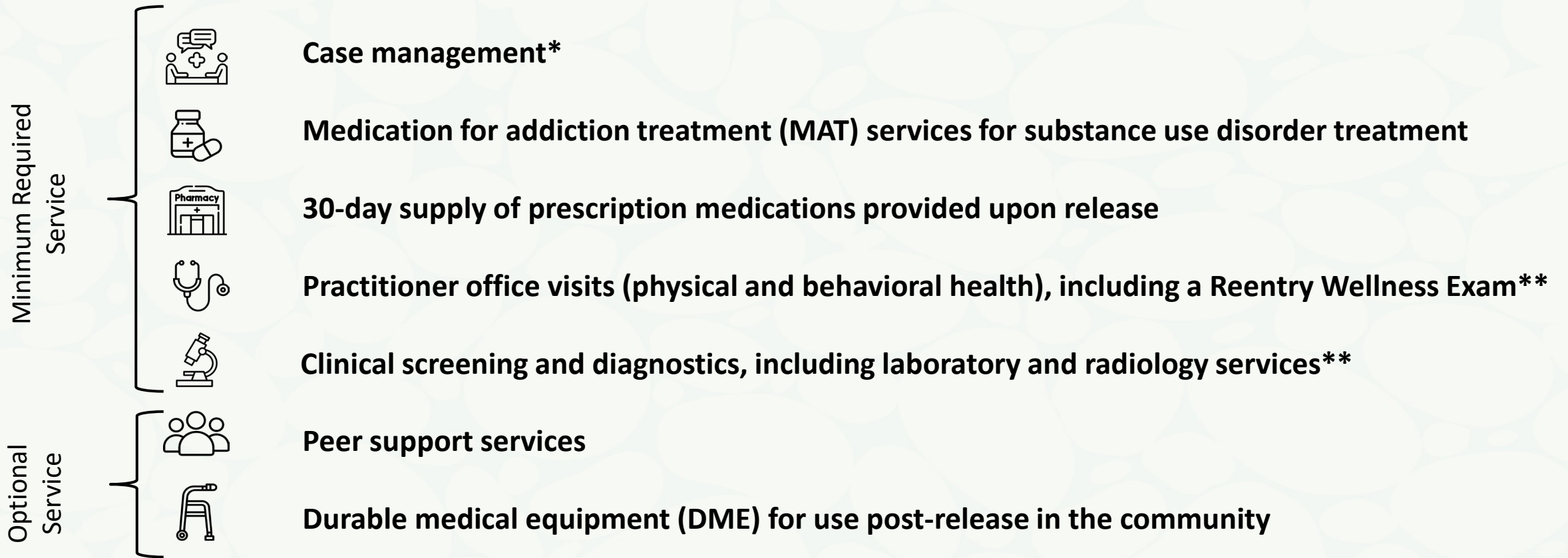
Have been determined **eligible for Medicaid**



Have an expected **release date within 90 days**

What Services Will Be Available?

Hawai'i's reentry program allows for Medicaid reimbursement for the following **limited set of services prior to release**. Other medical services provided in the 90-day pre-release period may not be reimbursed by Medicaid.



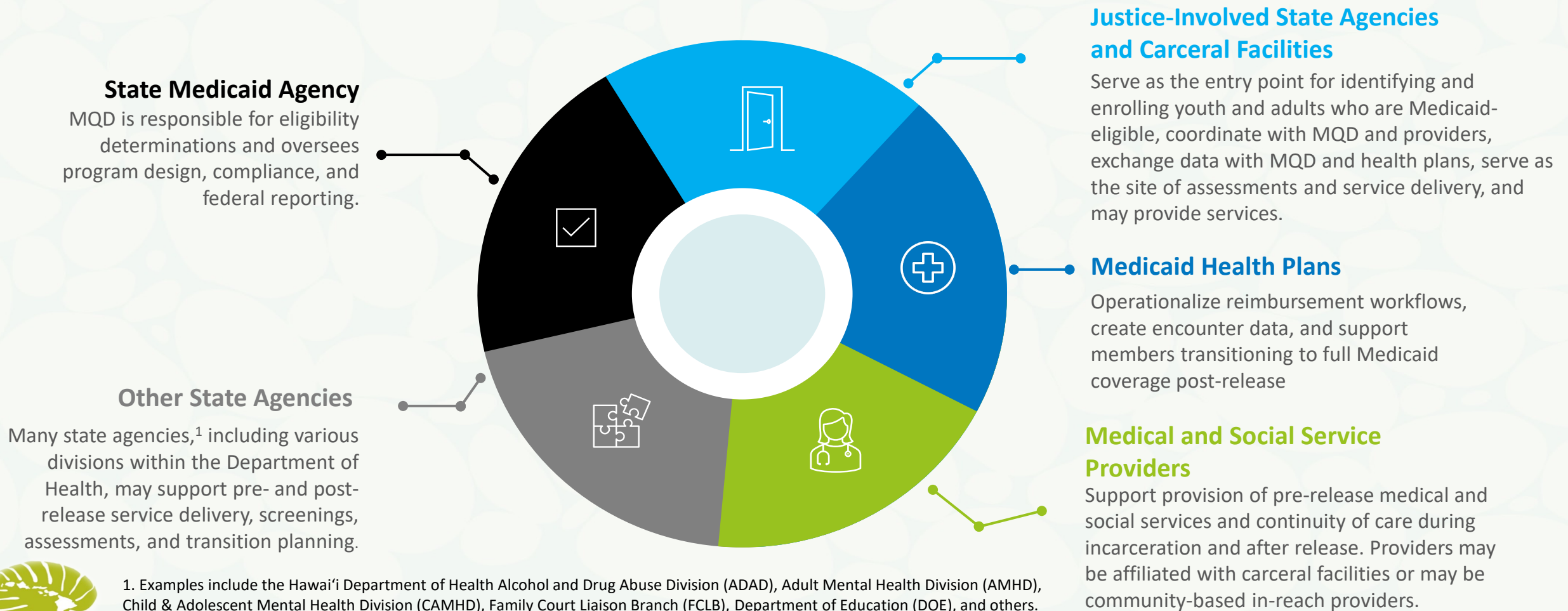
*In addition to pre-release case management, 30-days of post-release case management will also be provided. Post-release case management will be the responsibility of the health plans.

**For youth under age 21, required screenings and diagnostic services, including those part of the Reentry Wellness Exam, must be provided in accordance with the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, constituting an EPSDT visit.



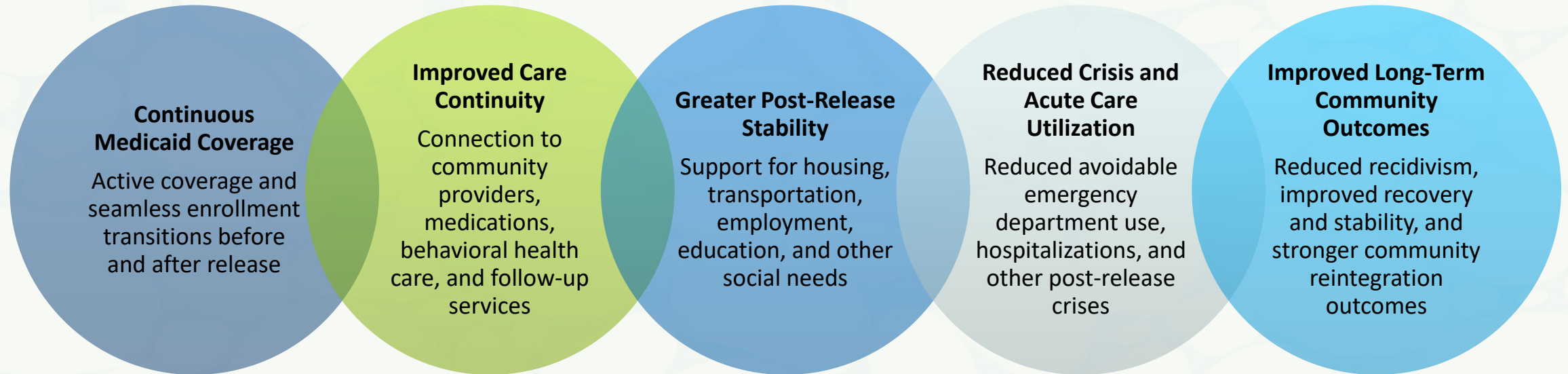
Who are the Key Stakeholders needed to Operationalize the Medicaid Reentry Program?

Medicaid reentry programs rely on coordinated operations and service delivery across stakeholders.



What Does Success Look Like?

Success means members leave incarceration with the coverage, supports, and community connections needed for healthy, stable transitions back to the community.



How Can MAC Members Help?

MAC members bring valuable lived experience, community insight, and trusted relationships that can help strengthen implementation across Hawai'i.

Share Information

Connect community partners to Medicaid reentry updates and resources.

Elevate Community Perspectives

Bring forward lived experiences from members, families, and providers.

Explore Implementation Resources

Review MQD's Medicaid Reentry guidance, operational tools, and stakeholder resources



COMMENTS OR QUESTIONS



COMMUNITY INTEGRATION SERVICES PLUS (CIS+)



1115 Demonstration Initiatives: Housing











Health Related Social Needs

This authority allows Hawai'i to expand housing supports and implement new HRSN initiatives including housing, nutrition, transportation, and infrastructure.

CIS+




- Housing Navigation Supports – *Operational*
 - Pre-tenancy supports
 - Tenancy sustaining services
- Medical Respite – *Launched 1/1/26*
 - Short-term pre-procedure housing
 - Short-term recuperative care
 - Short-term post-hospitalization housing
- Housing Expense Supports – *Implementation underway, guidance planned Q3 2026, Go-live 2027*
 - Short-Term Rental Assistance
 - Utility Costs
 - One-Time Transition and Moving Costs and Housing Deposits
 - Medically Necessary Repairs, Remediation, and Home Accessibility Modifications (*Implementation postponed*)



Update to CIS+ Guidance	Description
<i>MQD plans to require that Medical Respite updates are implemented by August 1, 2026 (guidance published July 1, 2026)</i>	
Expand Access Pathways	 <p>Members may now enter Short-Term Recuperative Care from settings other than institutions (e.g., PCP, street medicine team, emergency department, etc.)</p>
Continued Clinical Appropriateness Confirmation	 <p>Requires Medical Respite Facilities to submit Parts 1-3 of Appendix I (Medical Respite Authorization Form) to Health Plans for review every 30 days.</p>
Allow Retroactive Authorization	 <p>Permits up to 7 days of retroactive authorization for Medical Respite.</p>
Add Site Visit Requirements	 <p>Requires Health Plans to conduct at least one annual site visit of Medical Respite facilities for program fidelity purposes.</p>
Establish Provider Attestation Process	 <p>Establishes a new pathway for providers to attest to meeting Medicaid HOKU registration requirements; see Appendix K (Medical Respite Provider Attestation Form).</p>
Clarify Conflict of Interest	 <p>Clarifies that for the initial Medical Respite authorization, qualifying health professionals must be free from conflicts of interest, including but not limited to being employed by or having a financial relationship with the Medical Respite facility.</p>
Standardize Reporting	 <p>New Appendix L (Medical Respite Provider Discharge Reporting Form) standardizes information collected from Medical Respite Providers.</p>
Clarify Setting Definition	 <p>Clarifies the CMS definition of a semi-private setting (rooms of 2-4 individuals with private sleeping spaces).</p>



Housing Expense Support Benefit Details

CIS+ Benefit	Description	Benefit Limits
Short-Term Rental Assistance 	Payment for rent and/or short-term program/facility stays, storage fees, renter's insurance, and landlord-paid utilities.	Limited to up to six-months per 5-year demonstration period. Monthly rent maximum will be determined by the Department of Housing and Urban Development (HUD) Small Area Fair Market Rent (SAFMR) standards, which account for geography and household size.
Utility Costs 	Payment for recurring and non-recurring utilities, including garbage, water, sewage, recycling, gas, electric, internet, and phone.	Limited to up to six-months per 5-year demonstration period. Monthly utility costs maximums are described in the Hawaii Housing Choice Voucher (Section 8) Utility Allowance Schedule or are described in the CIS+ Guidance.
Move-In Assistance 	One-time expenses to establish housing, including move-in and basic household costs, for example, the security deposit and mover costs.	Limited to once per 5-year demonstration period. There is a \$5,000 total cost cap on all Move-In Assistance expenses.

COMMENTS OR QUESTIONS



NUTRITION SUPPORTS



Nutrition Supports Service	Description
<p><i>New!</i> Nutrition Instruction</p>	<p>Education-based strategies to motivate healthy food and nutrition behaviors <i>Implementation underway: Guidance issued Q4 2026, Benefit go-live target Q1, 2027</i></p>
<p><i>New!</i> Fruit and Vegetable Prescription or Protein Boxes</p>	<p>Boxes or vouchers for fruits, vegetables, proteins, or supplies to grow fruits and vegetables <i>Implementation underway: Pilot 11/17/25-1/19/26, Guidance issued Q4 2026, Benefit go-live target Q1, 2027</i></p>
<p><i>New! (for a later date)</i> Medically Tailored Meals</p>	<p>Tailored meals to support individuals with health condition(s), informed by a nutrition plan developed by a nutrition counselor</p>
<p><i>Implementation Postponed</i> Meals or Pantry Stocking</p>	<p>Healthy meals, groceries, or supplies to grow fruits and vegetables</p>
<p><i>Implementation Postponed</i> Cooking Supplies</p>	<p>Cooking supplies (e.g., pots and pans, utensils, or a refrigerator) that are necessary for meal preparation and nutritional welfare</p>



COMMENTS OR QUESTIONS





STATE PLAN AMENDMENT (SPA) PRESENTATIONS AND DISCUSSIONS:

Updates 05/28/26



**STATE PLAN AMENDMENT: UPDATES
- PRESENTATION ON THE STATUS
OF STATE PLAN AMENDMENTS
PREVIOUSLY REVIEWED BY THE
MAC**



State Plan Updates:

- SPA 25-0012 Clinic Services –**Approved 04/29/26, Effective 10/01/25**
- SPA 26-0001 Optional State Supplemental Payment-**Approved 05/05/26 Effective 01/01/26**
- SPA 26-0005 Medicare Application Requirement- **Packet Moving through clearance process.**
- SPA 26-0002 Licensed non-nurse midwives: **Under CMS Review**
- SPA 23-0007 Medicaid Application-**In RAI, responded to CMS comments for the paper version**



**NEW - PRESENTATION OF STATE
PLAN AMENDMENTS CURRENTLY
BEING SUBMITTED FOR CMS
APPROVAL**

CHIP SPA 26-0006 Dental Services Health Services Initiative (HSI)

Background:

Under Children's Health Insurance Program (CHIP) Section 2105(a)(1)(D)(ii) and 42 CFR 457.10 regulations, allows the state to use administrative funds available to offer "health services initiatives" (HSI's) . These are state designed programs funded with a small portion of CHIP dollars to improve children's health beyond direct insurance coverage. We currently have a vision and hearing HSI and we would like to provide a dental HSI.

The Dental Services HSI will focus on oral health screenings, education and outreach. As appropriate, referrals will be made for identified urgent oral health needs. Hawaii intends to contract with Qualified oral health service providers to offer these services onsite at Hawaii schools.

Submission to CMS: Before 06/30/26

Effective Date: 01/01/2026



SPA 26-0004 School Based Health Services

Background:

Hawaii is submitting SPA 26-0004 “School Based Health Services” to adhere to *Section 11003(a)(1) of the Bipartisan Safer Communities Act (BSCA)*, effective 05/01/26.

Supplement to Attachment 3.1-A and 3.1-B pg. 1.1-1.4

§Includes requirement for services to be listed in the student’s Individualized Education Plan (IEP)

§Service Provider licensure requirements

§Summary of covered services and providers approved for those services.

§Evaluation and Documentation requirements

§Administrative Claiming will be done pursuant to the current School-Based Program Time Study Implementation Plan (TSIP) for Medicaid Administrative Claiming (MAC) upon approval and based on terms in the Interagency Agreement.

Submission to CMS: Before 06/30/26 Effective Date: 05/01/2026

SPA 26-0004 School Based Health Services

cont.

Attachment 4.19-B pg. 5.6 is updated to clarify Direct Services and Administrative Claiming Methodology.

Supplement 4 to Attachment 4.19-B pg. 1-5 describes the Administrative Claiming Methodology for School Based Health Related Services in detail.

Submission to CMS: Before 06/30/26 Effective Date: 05/01/2026



SPA 26-0008 Lab Fees and Durable Medical Equipment (DME) Payment Methodology Alignment

Background:

Current language for lab fees is at 60% of the current Medicare fee schedule. We are updating the percentage to 100% of the current Medicare fee schedule effective 7/1/26.

We also removed “Medical Supplies” listed on the same page as it is duplicative language and can be found on Attachment 4.19-B pg. 2.

Attachment 4.19-B pg. 2.1

1. “Medical Supplies” has been removed.
2. Payment for X rays shall be at 60% of the Medicare Fee Schedule.
3. Payment for (rural/non-rural) laboratory services shall be paid at no less than 100% of the Medicare Fee Schedule.

Submission to CMS: Before 06/30/26

Effective Date: 07/01/2026



STATE PLAN AMENDMENTS: Coming Soon

- **SPA 26-0003 TARGETED CASE MANAGEMENT SERVICES FOR JUVENILE JUSTICE INDIVIDUALS**
- **STATE PLAN AMENDMENTS RELATED TO H.R.1.**

COMMENTS OR QUESTIONS





Next Steps

NEXT Steps

- The next MAC meeting is scheduled on Thursday, August 20, 2026, from 5:00 pm – 7:00 pm.





MAHALO!

MAC TEAM