

Hawai`i Homelessness & Housing Conference: Med-QUEST Update

November 3, 2023

Jon Fujii
Health Care Services Branch Administrator
Med-QUEST Division



Med-QUEST,
DHS

Agenda

- Overview of Med-QUEST
- Community Integration Services (CIS) program 'reboot'
- Proposed Section 1115 Demonstration Renewal
 - Community Integration Services Plus (CIS+)
 - Pre-release Medicaid Services for Justice-Involved Individuals



OVERVIEW OF MED-QUEST





Med-QUEST: MQD sits under the State of Hawai'i Department of Human Services and administers the Medicaid program to provide eligible low-income adults and children access to health coverage through QUEST Integration Health Plans.

QUEST: *Q*uality care
*U*niversal access
*E*fficient utilization
*S*tabilizing costs
*T*ransform health care for members



VISION: The people of Hawai'i embrace health and wellness.

MISSION: Empower Hawaii's residents to improve and sustain wellbeing by developing, promoting and administering innovative and high-quality healthcare programs with aloha.

VALUES: Hi'iola – Embracing Wellness

*H*ealthy outcomes *I*ntegrity 'Ohana Nui *I*nnovation *O*ptimism *L*eadership Aloha



Hawai'i 'Ohana Nui Project (HOPE) Framework Highlights

The **HOPE framework serves as a roadmap** to achieve a vision of healthy families and healthy communities. It drives Medicaid innovation and delivery system reform in Hawai'i, including the Section 1115 Demonstration.

Innovation framework - Whole Person, Whole Family, Whole Community

- ✓ Social Drivers of Health (Health-Related Social needs) ←
- ✓ Integration of behavioral health across the continuum
- ✓ Build on family and community strengths
- ✓ Work together with diverse community partners for system transformation ←
- ✓ Health Equity and addressing health disparities



Key Goals

- ✓ Healthy families and healthy communities
- ✓ Better health, better care, and sustainable costs



Strategies

- ✓ Invest in primary care, prevention, and health promotion
- ✓ Improve outcomes for high-need, high-cost individuals
- ✓ Implement payment reform
- ✓ Support community driven initiatives



Foundational Building Blocks

- ✓ Health information technology that drives transformation
- ✓ Increase workforce capacity and flexibility
- ✓ Performance measurement and evaluation



CIS PROGRAM 'REBOOT'



MQD CIS Team

- Alana Souza, Contracts
- Cathy Makishima, Contracts
- Vic Tolentino, Quality and Member Relations
- Doug Forsell, Project Manager
- Jon Fujii, Administrator HCSB



Program Overview

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Program Changes: QI-2314 Published April 14, 2023

Input from stakeholders	Program Change
Billing and Payment: “Why do my claims keep getting denied? Why do we have to submit so many things to get paid?”	Removed pre-payment document submission requirement. Simplified billing code set for providers. Ongoing guidance to health plans regarding implementation of billing requirements.
Time vs. task: “Not every members needs 240 minutes of engagement per month.”	Time requirement removed and replaced by person-centered task-based check list.
Roles/responsibilities: “Who is responsible for what?”	Health plans responsible for CIS program implementation and health coordination, providers deliver outreach, pre/tenancy services. Team-based care approach: Collaboration between plans and providers emphasized (case conferences)
Provider enrollment time: “Too complicated to enroll.”	Process streamlined. < 10 days to approve in HOKU (average).



Program Changes: QI-2314A Published August 1, 2023

Input from stakeholders	Program Change
Forms: “Too long and redundant. Clients can’t sit through 17 pages.”	Forms are shorter and more housing-focused. referral and consent = 1 page each. CIS Assessment = 4 pages. CIS action plan = 5 pages.
Timeline for activities is confusing and doesn’t match.	Activity timeline streamlined and aligned. Activity/timeline table added to memo QI-2314A.
“Can we get forms that are fillable to ease use?”	Created pdf fillable versions of CIS templates. Made available on MQD website.



Program Changes: QI-2314B Published November 3, 2023

Input from stakeholders	Program Change
“The CIS member status codes are not granular enough to evaluate the success or failure of the program.”	Revised CIS member status codes and process
“Do I have to report everything that the provider delivers to me? And how will you measure our compliance with the CIS policies?”	Updated CIS reporting template
“I’m confused about when I need to submit paperwork to the plans to get paid for my CIS work.”	Aligned documentation submission and payment timelines



The Road Ahead

- MQD continues to host monthly CIS meetings for MCOs and Provider Agencies
- MQD continues cross-collaboration with other government agencies
 - City and County
 - DHS/BESSD/Homeless Programs Office
 - Governor's Office on Homelessness
 - Etc.



PROPOSED SECTION 1115 DEMONSTRATION RENEWAL



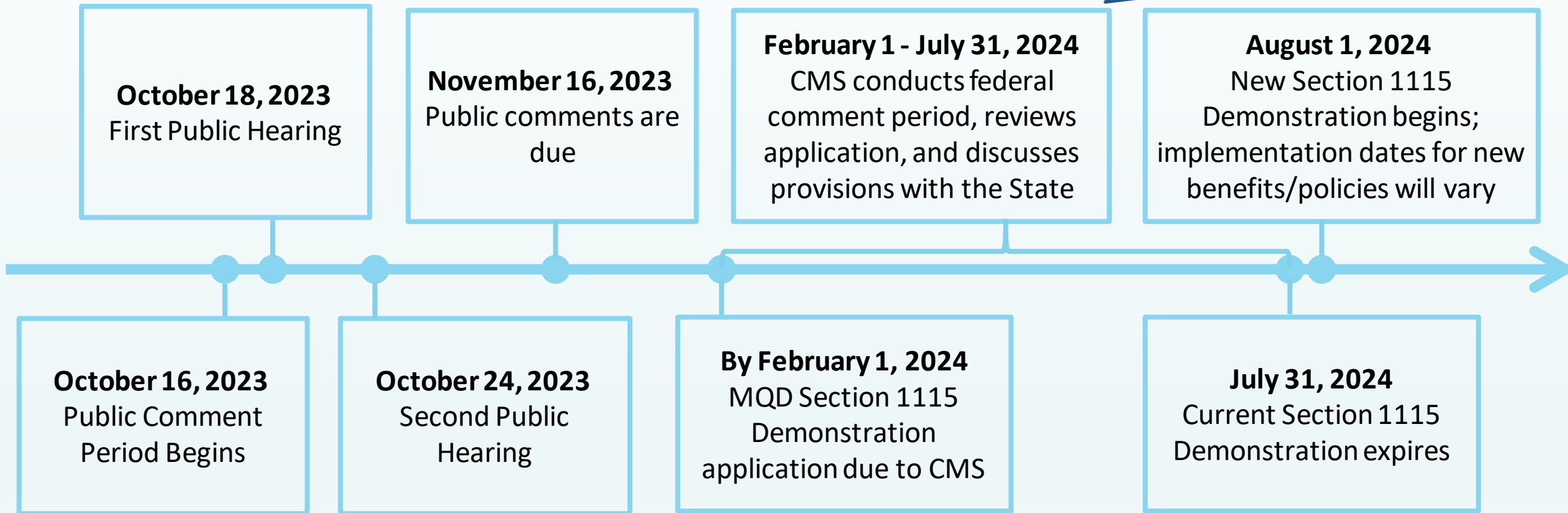
What is a Section 1115 Demonstration?

- Under Section 1115 of the Social Security Act, the **Secretary of the U.S. Department of Health and Human Services** can waive almost any Medicaid state plan requirement under Section 1902 of the Social Security Act.
- A Section 1115 Demonstration is **type of Medicaid authority** that enables states to waive certain federal requirements (e.g., who is eligible for services) or authorize new initiatives that support the objectives of the Medicaid program (e.g., new Medicaid benefits not allowable under the State Plan).
- Section 1115 Demonstrations must be **budget-neutral**, meaning federal spending cannot exceed what it would have been in absence of the Section 1115 Demonstration.
- Section 1115 Demonstrations must be **externally evaluated** to demonstrate that they help improve healthcare outcomes and decrease healthcare costs.
- Section 1115 Demonstrations **must be approved** by the Centers for Medicare and Medicaid Services (CMS); CMS may grant none, some, or all of the authorities requested.



Hawaii's Section 1115 Demonstration Renewal Timeline

After obtaining CMS approval, the State must develop and gain approval of evaluation approaches, implementation plans, and other operational details.



HAWAII'S CURRENT SECTION 1115 DEMONSTRATION



Section 1115 Demonstration Objectives

Building on the HOPE vision and accomplishments of the existing Section 1115 Demonstration, this renewal introduces new strategies to execute on the same overarching objectives.



Improve health outcomes for Medicaid enrolled individuals covered under the Section 1115 Demonstration



Maintain a managed care delivery system that leads to more appropriate utilization of the health care system and a slower rate of expenditure growth



Address health determinants to improve health outcomes and lower healthcare costs



Hawaii's Section 1115 Demonstration and Authorities

Hawai'i implemented its Section 1115 Demonstration on August 1, 1994 and has since renewed six times. QUEST was designed to increase access to health care, control the rate of annual increases in expenditures, and serve as a mechanism for delivery system innovation. The current Section 1115 Demonstration authorizes the following:

Quest Integration Mandatory Managed Care

Hawai'i provides coverage to its beneficiaries through mandatory managed care. MQD makes capitated payments to five managed care organizations currently operating in the state.

Behavioral Health

Beneficiaries have access to standard behavioral health services through QI health plans. For some individuals, behavioral health services are provided through Community Care Services (CCS).

Home and Community Based Services (HCBS)

Hawai'i provides HCBS eligible beneficiaries to support their ability to live safely in the community in the least restrictive setting of their choice.

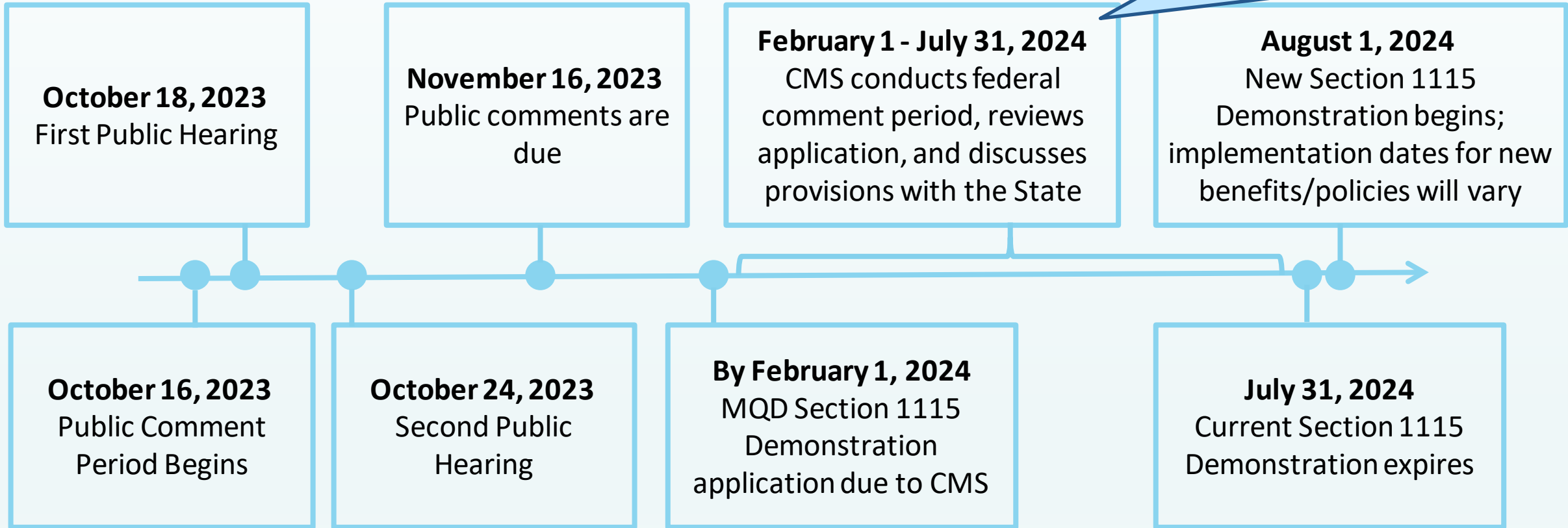
Community Integration Services (CIS)

Hawai'i provides eligible individuals with housing supports, including pre-tenancy supports, tenancy sustaining supports, and limited financial housing assistance (e.g., security deposit, one month rent).



Recap: Section 1115 Demonstration Renewal Timeline

After obtaining CMS approval, the State must develop and gain approval of evaluation approaches, implementation plans, and other operational details.



Community Integration Services (CIS) – Context



Homelessness Is a Major Challenge

Hawai‘i experiences one of the highest rates of homelessness in the nation, with 41 out of every 10,000 people being homeless as of 2022.



Addressing Homelessness Is a State Priority

Hawai‘i aims to reduce homelessness through a variety of strategies, including through the Section 1115 Demonstration renewal. Hawai‘i also recently created the State Office on Homelessness and Housing Solutions.



Addressing Homelessness Reduces Medicaid Costs

Most chronically homeless individuals in Hawai‘i are enrolled in Medicaid. They have significantly higher health care costs and are more likely to be hospitalized than individuals who have stable housing.



CMS Has Approved Similar Housing Services in Other States

Hawai‘i is seeking to expand the scope of housing-related services it offers. Similar Section 1115 Demonstration services have been approved in Oregon and Massachusetts, for example.



Community Integration Services Plus (CIS+) – *Current Authority, Proposed Changes*

Current CIS Benefits

The current CIS benefit offers a continuum of service including:

- ✓ Outreach
- ✓ Pre-tenancy supports
- ✓ Tenancy sustaining supports
- ✓ Transitional case management
- ✓ Limited rental assistance, including:
 - One-time security deposit and/or first month's rent
 - Utility set up and one-time utility payment



Proposed Changes

Renamed Community Integration Services Plus (CIS+)

Expand the scope and duration of Rental Assistance to newly include:

- ✓ Housing **application costs**, including document recovery and application fees;
- ✓ Utility set up and up to **6 months of utility payments**, including past due utility payments; and
- ✓ Up to **6 months of rent**, including past due payments.

Expanded benefits above are in addition to existing rental supports, like moving costs.

Add Medical Respite including:

- ✓ **Recuperative Care** for up to 90 days of short-term residential care that provides for ongoing medical and psychiatric needs.
- ✓ **Short-Term Post-Hospitalization Housing** for up to 6 months of short-term housing for individuals who do not have a residence to continue recovery for physical or behavioral health conditions following exit from an institution.

Transitional case management will continue under a **non-1115 authority**.



Pre-Release Medicaid Services for Justice-Involved Individuals – *Context*



Justice-Involved Individuals Are Often Discharged Without Necessary Medications or Supports

A large proportion of justice-involved individuals reenter the community without necessary medications. Additionally, gaps in coverage at the time of release, including gaps in Medicaid coverage due to suspension/termination of benefits, have been associated with decreased rates of filling prescriptions and increased rates of emergency department use/hospitalization for chronic illnesses.



Justice-Involved Individuals Have Significant Health Needs

Hawai'i currently has about 4,000 individuals incarcerated in state prisons. This group is comprised primarily of low-income adults who are disproportionately from racial or ethnic minority populations (particularly Native Hawaiians) and experiences higher rates of health and health-related social needs, for example, hypertension, asthma, tuberculosis, HIV, Hepatitis B and C, and arthritis.



CMS Has Shared Guidance on and Approved Pre-Release Services

CMS has shared guidance with states on how to leverage pre-release services and has approved these services in other states, such as California and Washington.



Pre-Release Medicaid Services for Justice-Involved Individuals – *Proposed New Authority & Benefits*

Proposed Pre-Release Benefits

For up to the **90-day period prior to release** from a State prison, local jail, and/or youth correctional facility, eligible Medicaid enrolled justice-involved individuals will receive, as appropriate:¹

- ✓ **Case management and care coordination;**
- ✓ Physical and behavioral health **clinical consultation** services provided by carceral or in-reach community-based providers;
- ✓ **Laboratory and radiology** services;
- ✓ Durable Medical Equipment (**DME**); and
- ✓ A **30-day supply of medications**, including Medication Assisted Treatment (MAT), for use post-release.

CMS Guidance

- ✓ Outside of the **minimum benefit package** CMS outlines (case management, MAT, and a 30-day support of clinically appropriate prescriptions), services are **not intended to shift current carceral health care costs to Medicaid.**
- ✓ Services **do not absolve carceral authorities** of their obligation to ensure incarcerated persons receive needed healthcare.
- ✓ Services covered should aim to **improve access to community resources** that address healthcare and HRSNs upon release.

1. An individual would be eligible for pre-release services if they meet the qualifying criteria:

- ✓ Meet the definition of an inmate of a public institution, as specified in 42 CFR 435.1010, and be incarcerated in a state prison, local jail, or youth correctional facility, regardless of trial status; and,
- ✓ Be enrolled in Medicaid or CHIP, or otherwise eligible for Medicaid or CHIP if not for their incarceration status.



We want to hear from you!



Submit Written Comments

By **November 16, 2023**, submit written comments to:

PPDO@dhs.hawaii.gov

OR

Med-QUEST Division, Attn: PPDO

P.O. Box 700190

Kapolei, HI, 96709

The draft Section 1115 Demonstration application is online

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

For a printed copy and/or special accommodations (e.g., interpreter, large print, etc.), please call (808) 692-8058 or email

PPDO@dhs.hawaii.gov by November 7, 2023.



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