



QUEST Integration Community Integration Services (CIS)

For: Medicaid 102: CIS Higher Needs Cases

July 11, 2022

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CIS EMAIL ADDRESS/QUESTIONS: cismqd@gmail.com

MQD Website: <https://medquest.hawaii.gov>

CDS Website: <https://www.cds.hawaii.edu/goinghome/> pick: housing



Agenda

- Terms and Definitions
- QI Health Plans
- QI Health Service Coordination
- CIS Referral
- HCBS Supportive Services
- Case Study
- Reference Information
 - CIS description
 - Medicaid application assistance



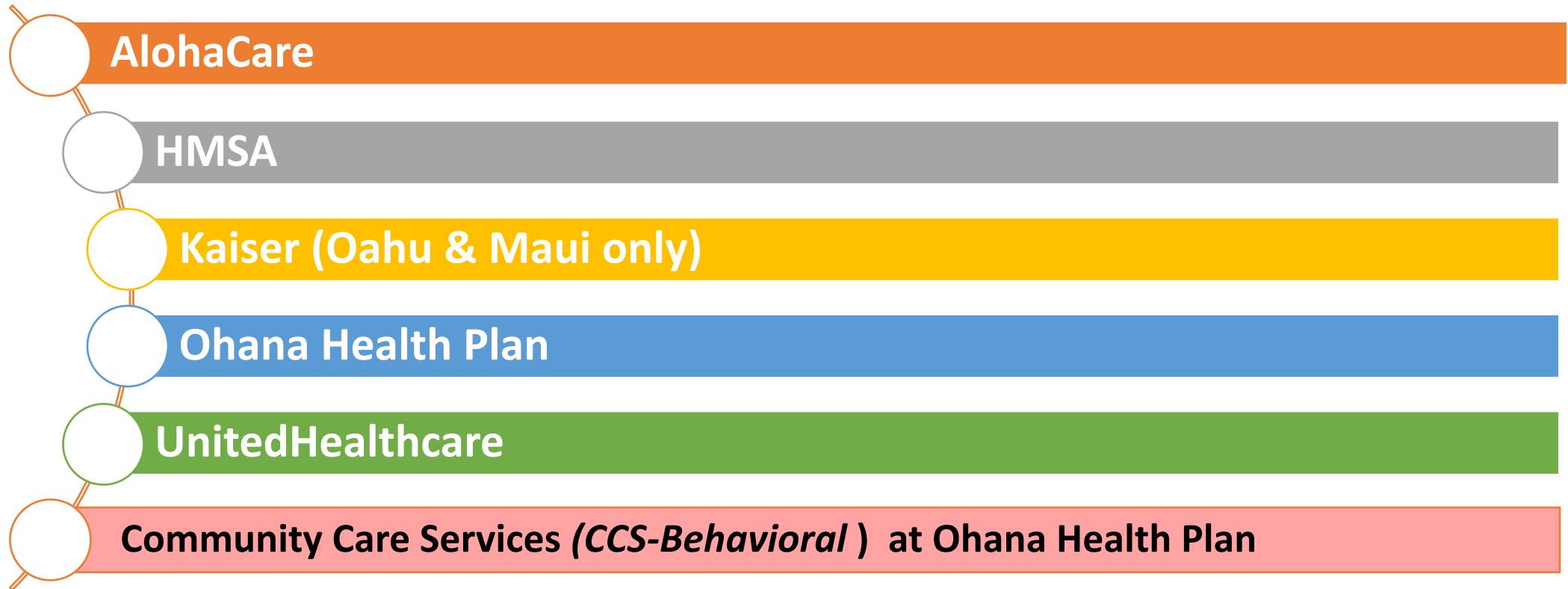
Terms & Definitions



- DHS: Department of Human Services
- MQD: Med-QUEST Division
- QI: QUEST Integration
- MCO: Managed Care Organization
- Medicaid: Medical coverage for low-income Hawai'i residents
- PCP: Primary Care Provider
- **CCS**: Community Care Services / Behavioral Health Organization (BHO)
- SMI/SPMI: Seriously Mentally Ill/ Serious & Persistent Mental Illness
- **DHS 1157 Form**: Referral for SMI CCS Program form
- ABD: Aged (65+), Blind or Disabled
- HCBS: Home and community Based Services
- **DHS 1147 Form**: QI Level of Care (LOC) and At Risk Evaluation Tool
- HSAG: QI contractor that administers the 1147 database & final 1147 approvals
- **LOC**: Level of Care
- **HILOC**: HI Level of Care web application
- **ADL**: Activities of Daily Living (ie Bathing, Dressing, Feeding)
- **IADL**: Instrumental Activities of Daily Living (i.e. Chore, Meal prep)
- **SDoH**: Social Determinants of Health (i.e. Food, Housing Employment, Education)
- **CIS**: Community Integration Services/Supportive Housing Services



CIS administered by QI Health Plans



Each QI-Health Plan has 1 Housing Coordinator for members who qualify for CIS



QI CIS Housing Coordinator Contact Information

Health Plan	Customer Service Number	Business Hours	Customer Fax Number
AlohaCare	(808) 973-0712	8 am - 5pm	(808) 973-0676
Kaiser	808-432-5330	8am-500pm	855-416-0995
HMSA	Provider: 808-948-5648 Member: 808-948-6486	8am – 4pm	808-948-8243
Ohana	888-846-4262	8Am-5PM	888-345-5275
Ohana - CCS	866-401-7540	8 am – 5 pm	813-464-8971
United	888-980-8728	M-F 7:45 a.m. to 4:30 p.m.	866-314-3005

DHS Med-QUEST

Madi 808-692-8166 msilverman@dhs.hawaii.gov

Alana 808-900-8653



Medicaid QUEST Integration (QI) Health (Service) Coordination

Every CIS member will have a Health Coordinator.

- Send CIS Referral form to the member's QI health plan
- If unsure of the member's QI health plan = contact MQD



QI Health Coordination Services

Special Health Care Needs (SHCN)	Expanded Health Care Needs (EHCN)	At Risk (DHS 1147)	Nursing Facility Level of Care (DHS 1147)
Chronic Health Problems	Complex Health Care Conditions	Limited HCBS (in community)	HCBS (in community)
			Going Home Plus (GHP)
			Nursing Facility
High Utilizers: Emergency Dept./Hospital			
CIS/Homeless			

Health Coordinator = Service Coordinator = Case Manager



QI CCS Case Management for SMI QI Members

- Coordinates all behavior health services for enrolled CCS SMI members
- CCS works with the members' health plan for all health care issues.

Behavior Health for SMI population		Health Care
CCS Ohana Behavior Plan	AND a	QI Health Plan (5 health plans)

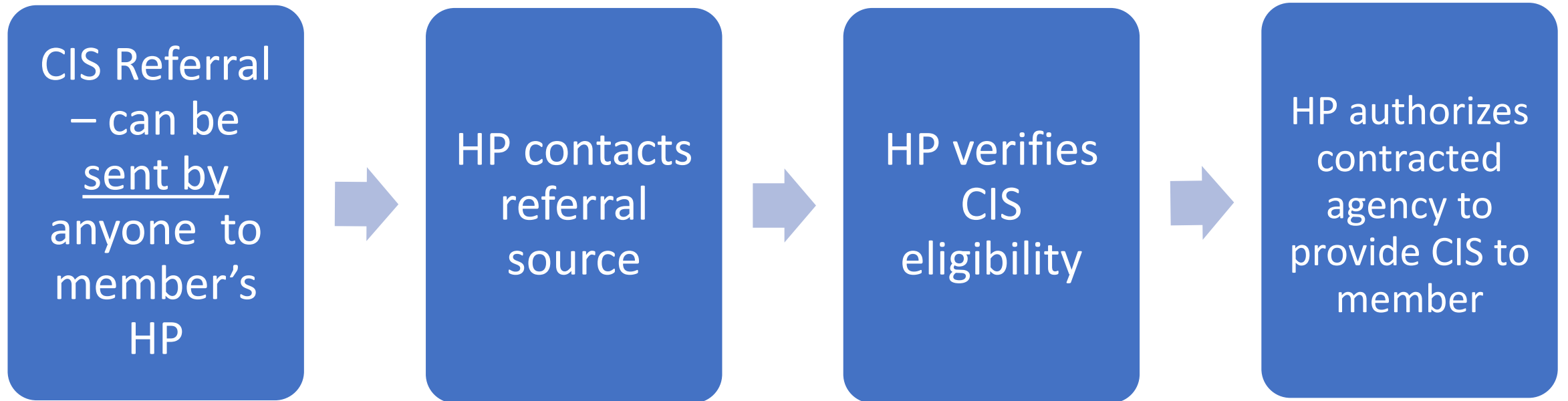
For CCS members:

- Send CIS Referrals for CCS enrolled members directly to CCS
- CCS will authorize and refer to CIS providers for housing services

- ****Applications (DHS 1157 form) to be enrolled in CCS are sent to the member's health plans**



CIS Flow



Goals:

1. Health Plan to support continued relationship with members' existing housing agencies as much as possible.
2. Current housing providers to enroll in the Medicaid Provider System (HOKU).
3. QI Health Coordinators conduct a quarterly HFA on all CIS members
4. Health plans establish relationships with all providers serving their members



CIS REFERRAL FORM (fillable)



STATE OF HAWAII Department of Human Services

Med-QUEST Division

[Clear Form](#)

QUEST Integration CIS Referral Form

Date: ___/___/___

PART 1: REFERRAL SOURCE

1. Who is referring this member to CIS? <input type="checkbox"/> Self <input type="checkbox"/> Family/Friend <input type="checkbox"/> Internal Referral <input type="checkbox"/> Another Health Plan <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Medical Provider <input type="checkbox"/> Nursing Home <input type="checkbox"/> Social/Housing Services Provider <input type="checkbox"/> Other Referral Source (specify): _____		
2. Referrer Name: _____		3. Referring Agency (if applicable): _____
4. Contact Person for Additional Information: _____		5. Referral Date: _____
6. Contact Phone Number: _____	7. Contact Fax Number: _____	8. Contact E-Mail Address: _____

PART 2: MEMBER INFORMATION

1. Member First Name: _____	2. Member Last Name: _____	3. MI: _____	4. Age (Years): _____	5. Date of Birth: _____
6. Member HMIS #: _____	7. Medicaid ID #: _____	8. CCS <input type="checkbox"/> No <input type="checkbox"/> Yes	9. Health Plan: <input type="checkbox"/> HMSA <input type="checkbox"/> Kaiser <input type="checkbox"/> AlohaCare <input type="checkbox"/> Ohana <input type="checkbox"/> United	
10. Current Location/Area Frequented/Address: _____		City: _____	Zip Code: _____	
11. Mailing Address (if different from above): _____		City and State: _____	Zip Code: _____	
12. Best Contact Phone Number: _____		13. Best Contact Email Address: _____		
14. Any friends or family who can help reach member? <input type="checkbox"/> No <input type="checkbox"/> Yes, Name/Phone: _____				
15. If deemed eligible for CIS, anyone the member would like present for the assessment and action planning steps? <input type="checkbox"/> No <input type="checkbox"/> Yes Name/Phone: _____				
16. Is the member currently a threat to self or others? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____				
17. Is the member in immediate danger, experiencing violence or abuse, or is fearful of another party? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____				
18. Does the member have interpretation needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, Language: _____				

PART 3: PRESUMPTIVE MEMBER ELIGIBILITY INFORMATION (Subject to Verification)

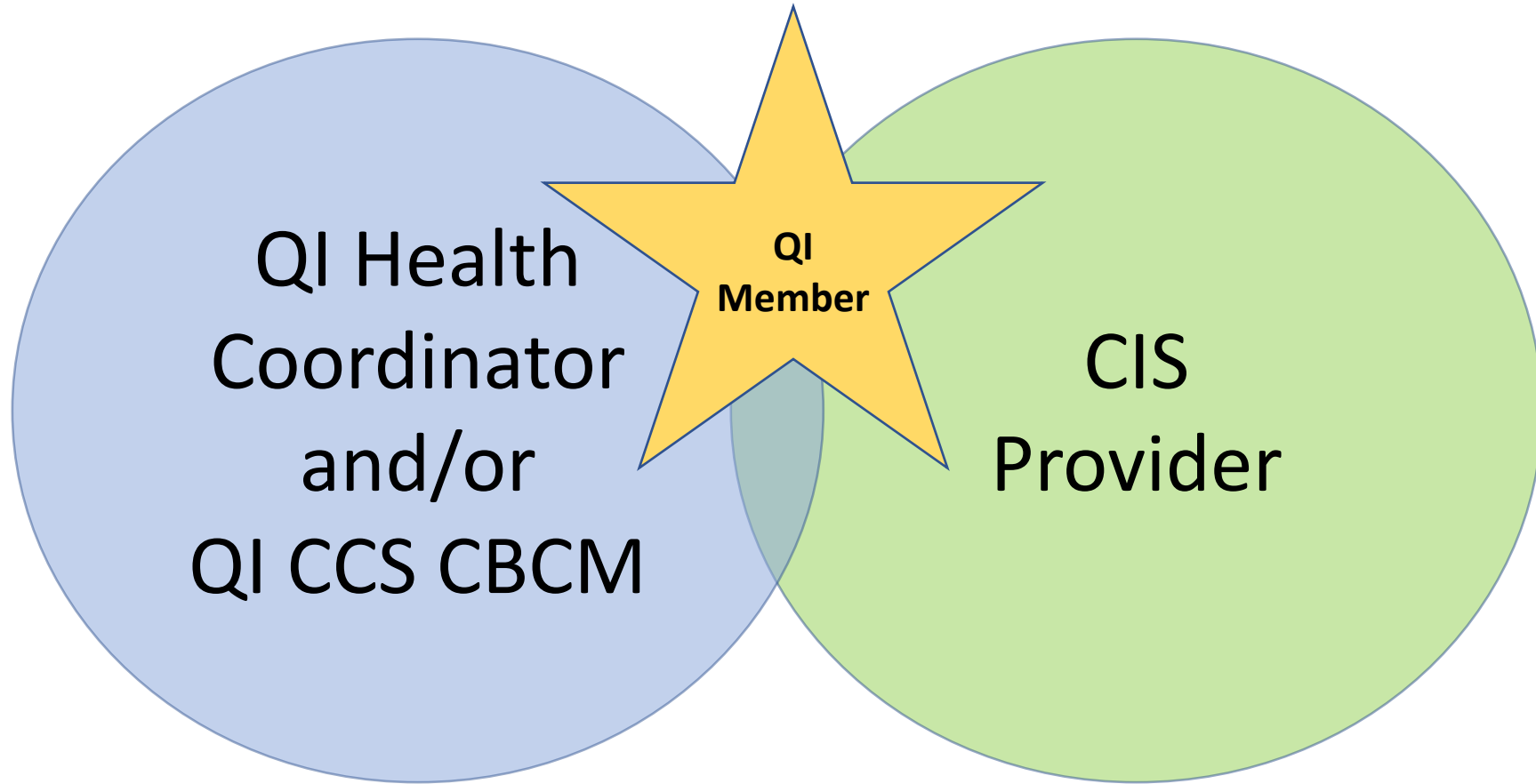
A member is eligible for CIS if they have both a health need and a homeless risk factor. Please indicate eligibility factors below.

ATTACH EVIDENCE OF CHECKED OFF HEALTH NEEDS and RISK FACTORS if known

1. Health Need (at least one health need must be selected):
<input type="checkbox"/> Mental health need: presence of a serious mental illness.
<input type="checkbox"/> Substance use need: has need for outpatient day treatment for substance use disorder (SUD) and assessed to meet ASAM level 2.1.
<input type="checkbox"/> Complex physical health need: a long continuing or indefinite physical condition requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support).
2. Homeless Risk Factors (at least one risk factor must be selected):
<input type="checkbox"/> Homeless: lacking a fixed, regular, and adequate nighttime residence. This includes: <input type="checkbox"/> Primary nighttime residence is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; <u>or</u> <input type="checkbox"/> Living in a supervised shelter that provides temporary living arrangements, including shelters, transitional housing, and hotels).
<input type="checkbox"/> At risk of homelessness: individual who will lose primary nighttime residence. <input type="checkbox"/> Member has written notification that their residence will be lost within 21 days of the date of CIS referral form; <u>and</u> <input type="checkbox"/> No subsequent residence has been identified; <u>and</u> <input type="checkbox"/> The individual does not have sufficient resources or support networks (e.g., family, friends, faith-based or other social networks), immediately available to prevent them from living in a place not meant for human habitation, a safe haven, or an emergency shelter.
<input type="checkbox"/> At risk or homelessness through history of frequent or lengthy institutional stays. <input type="checkbox"/> Two or more emergency room visits or hospitalizations in the past 12 months <u>or</u> <input type="checkbox"/> One or more institutional stays that has lasted 60 days or more <u>and</u> member is transitioning out without a residence. <i>If yes, select all that apply:</i> <input type="checkbox"/> Correctional program or institution <input type="checkbox"/> Inpatient medical hospital <input type="checkbox"/> Inpatient psychiatric hospital <input type="checkbox"/> Nursing facility



CIS Collaboration and Integration



Legend:
Orange-Member
Blue-Health Plan
Green-CIS

QI Health Coordination Levels: SHCN/EHCN/LTSS

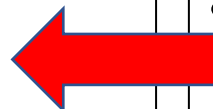
CIS Collaboration and Integration

QI Health Coordinator/Team

- Conducts HFA and service plan
- Identify homeless agency to provide CIS housing services
- Authorize all CIS services
- Link to health care: Identify PCP and behavioral/substance providers
 - Drug treatment, psych services
- Coordinate referrals to other medical and long-term care services/providers
- Order transportation, equipment and supplies as needed
- Initiate 1147 if applicable
- Approve CCS 1157 applications

CIS Provider

- Outreach
- Housing Navigation (Pre-Tenancy)
 - Housing Assessment and Housing Support/Crisis Plans
 - Finding Housing
 - Housing Applications/other benefits
 - Independent Living Skills
 - Financial Literacy/ Budgeting
 - Assist to move in new residence
- Housing Stabilization (Tenancy)
 - Education for rental responsibilities
 - Tenant-Landlord Relations
 - Employment
- Refer health care needs/ problems to QI Health Coordination Team





Medicaid
QUEST Integration (QI)
Home and Community Based (HCBS)
Supportive Services Overview
Part 1- 1147

- <https://medquest.hawaii.gov/>



Continuum of Long Term Care

Starts with Independent Living

Remain at home with minimal assistance from neighbors, family, friends, etc.

At-Risk-HCBS at home or possible move to an adult residential care home (ARCH)

Nursing Facility Level of Care-HCBS at home or in the community based residential alternative (CCFFH, E-ARCH, or ALF)

Nursing Facility Placement is the last resort



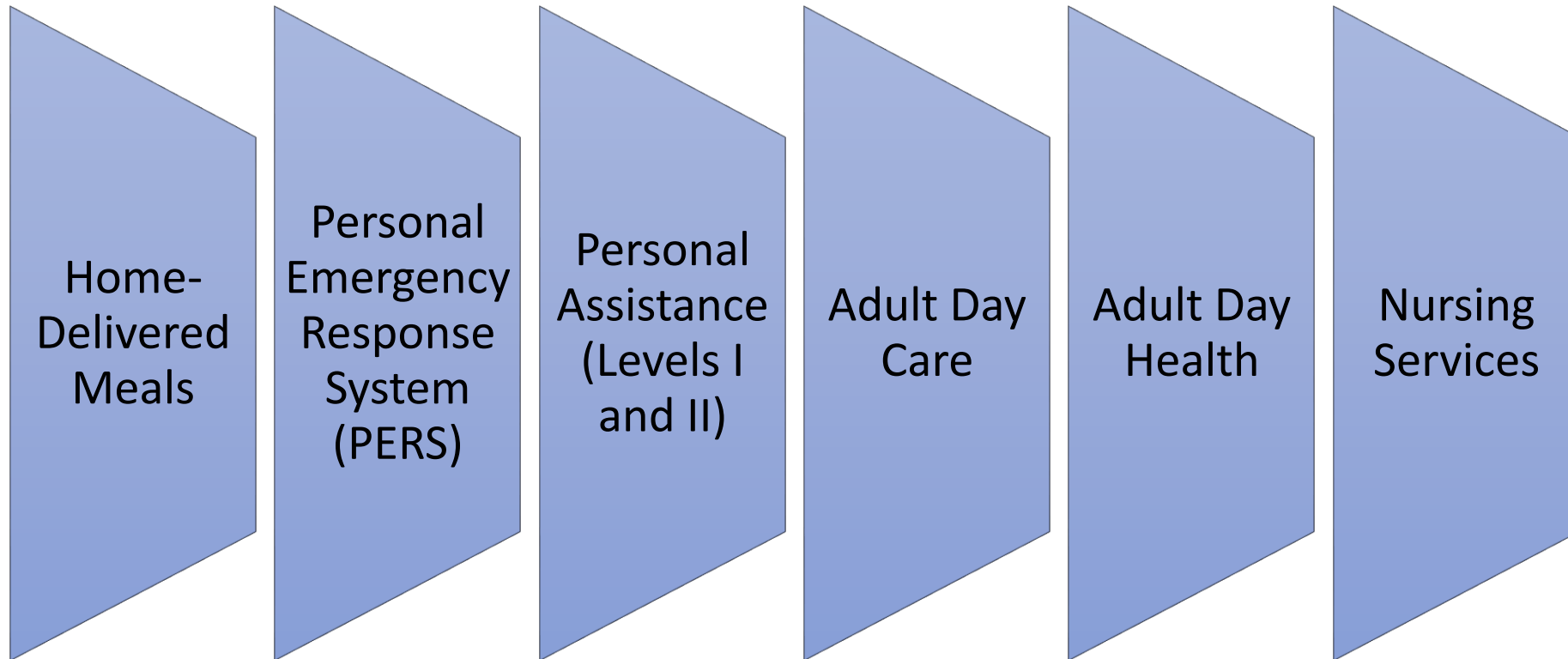
Who Completes the DHS 1147 for a QI Member to Receive At Risk or NF LOC HCBS?

- The Member's QI Health Coordinator completes the DHS 1147 and the Health and Functional Assessment (HFA) in order to authorize HCBS for Member
- The 3-page DHS 1147 Form is used to determine both "At Risk" or "Nursing Facility Level of Care"
- The DHS 1147 form must be completed by a physician, APRN or RN



At Risk HCBS Services (6)

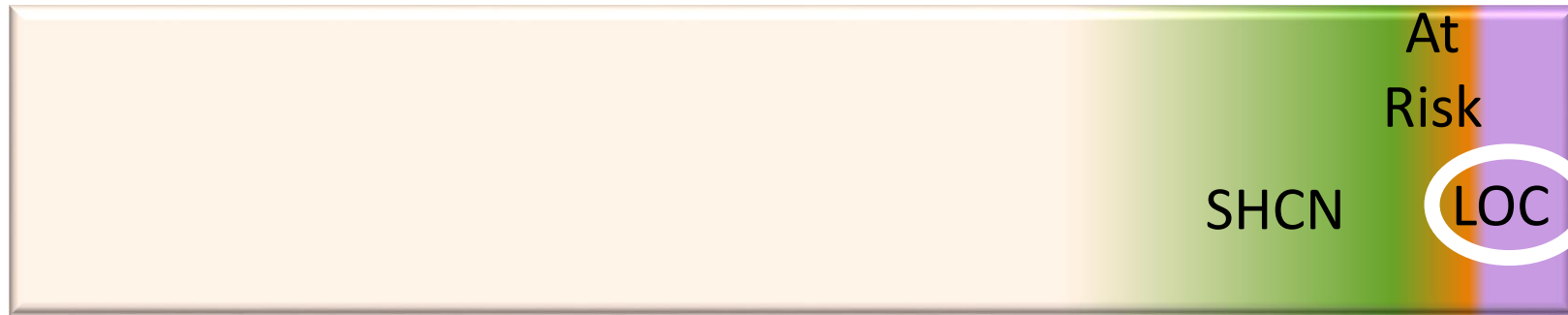
- A Medicaid beneficiary who meets at-risk criteria may be eligible to receive the following home and community based services:



*Eligibility for specific services will be based on the functional assessment score through the DHS Form 1147



Nursing Facility Level of Care (NF LOC)



QI Members must be :

- Aged, Blind or Disabled (ABD);
 - Qualify for NF LOC on the DHS 1147 form; and
 - Be given Choice of Community HCB Services or Institutional Services
-
- **Cost Share/Spenddown:** Member payment to be eligible for Medicaid Long Term Care (LTC), if needed.
 - **Spousal for Married couples-** May be available when couple has high income /assets and only the one NF LOC spouse is Medicaid eligible, if needed.



NF LOC

Home and Community Based Services (18)

- **Case Management**
- **Personal Assistance***
- **Personal Assistance/Chore***
- **Adult Day Care**
- **Adult Day Health**
- **Private Duty Nursing**
- **Non-Med Transportation**
- **Counseling and Training**
- **Respite***
- **Home Delivered Meals**
- **Moving Assistance**
- **Assisted Living Facility**
- **Foster Home**
- **Expanded - ARCH**
- **Environmental Accessibility Adaptations**
- **Home Maintenance**
- **Specialized Medical Equipment and Supplies**
- **Personal Emergency Response System**

***Can be Self Directed**

NF LOC= Nursing Facility Level of Care



Housing Considerations for 1147 eligibles

Any available apartment will not work for a physically disabled individual:

- Resident must be able to evacuate in an emergency.
- Resident must be able to participate in community integration/socialization.
 - Housing Accommodations must be at ground level or
 - Building must have a safe working elevator.
- Housing must be close to public transportation [bus stop, van pick up]
- Housing cannot be rural –
 - Limited service providers for home care
 - Service providers use public transportation
- Housing must be close to the residents' medical home* [MD, Psychiatrist, clinic]

*The Emergency Room is not a Medical Home



Case Studies

- Momi is homeless
- Hospitalized and released back to street
- Requires housing, wound care, personal care assistance, unable to walk
- Staying in park or street OR lawn/ bushes near hospital.
- Homeless agency finds her or is referred to locate and help her



Outreach Considerations for Disabled Homeless

Member appears to be physically or mentally disabled. Cannot/difficulty walking, smells of urine or feces, has open dirty sores, still in hospital clothes, needs medications

Identify if individual is on Medicaid.

- Which Medicaid health plan do they have .
- Add/Correct Health plan name in HMIS.
- Contact the Medicaid Housing Coordinator or MQD if health plan not known. (see attached Medicaid contacts)
- Send CIS Referral Form to the member's health plan housing coordinator
- Health coordinator will assess the individual to determine their eligibility for HCBS support services

Independent Apartment	Foster Care
CIS	not CIS

***The Emergency Room is not a Medical Home**

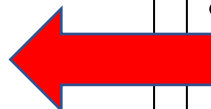
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- Refer health care needs/ problems to QI Health Coordination Team





Discussion Questions

- How can health plans best collaborate with the housing agencies?

Other issues:

- Limited health related/ housing resources neighbor islands
- All the health plan CIS contracts are not finalized



Medicaid
QUEST Integration (QI)
REFERENCE
INFORMATION

- <https://medquest.hawaii.gov/>



Community Integration Services (CIS)

GOAL:

- To improve health outcomes for Medicaid members who needs housing (SDoH)
 - To support the member's transition into housing
 - Increase long-term stability in housing in the community
 - Avoid future periods of homelessness and institutionalization

CIS target populations:

- Homeless Individuals
- Individuals at risk of homelessness (eviction)
- Individuals transitioning from institutions back to the community who do not have housing

What are the QI Community Integration Services?

- Pre-Tenancy and Tenancy Services that support the member to be successful tenants in housing that is owned, rented or leased to the member



Community Integration Services (CIS) cont.

**WHO IS
ELIGIBLE FOR
CIS:**

QI members eighteen
(18) years of age or
older who:

1. Meet at least: 1 Health Need Criteria

- A. Behavioral Health Need:
SMI and/or Substance Use meeting at
least ASAM level 2.1
- B. Complex Physical Health Need

AND

2. Meet at least: 1 Risk Criteria

- A. Homelessness
- B. At risk of Homelessness
- C. History of frequent and/or lengthy
stays in an institution (nursing
facility, hospital)



QI Enrollment Assistance

Contracted **COMMUNITY PARTNERS**

[SEE HANDOUT]

[Link: Community Resources \(hawaii.gov\)](#)



Assistance to Apply for Medicaid

<https://medquest.hawaii.gov/en/resources/community-partners.html>

Contact

COMMUNITY PARTNERS

for in-person assistance with health insurance applications for Medicaid or HealthCare.gov

OAHU

KALIHI-PĀLAMA HEALTH CENTER
915 North King Street | Honolulu, HI 96817 | (808) 848 1438

KŌKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES (KKV)
2239 North School Street | Honolulu, HI 96819 | (808) 791 9400

KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTER (HAU'ULA)
54-316 Kamehameha Highway | Hau'ula, HI 96717 | (808) 293 9216

KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTER (KAHUKU)
56-119 Pualalea Street | Kahuku, HI 96731 | (808) 293 9231

LEGAL AID SOCIETY OF HAWAII
924 Bethel Street | Honolulu, HI 96813 | (808) 536 4302 option #2

WAI'ANAE COAST COMPREHENSIVE HEALTH CENTER
86-260 Farrington Highway | Wai'anae, HI 96792 | (808) 697 3405

WAIKIKI HEALTH CENTER
277 Ohua Avenue | Honolulu, HI 96815 | (808) 922 4787

WAIMĀNALO HEALTH CENTER
41-1347 Kalaniana'ole Highway | Waimānalo, HI 96795 | (808) 954 7113

WE ARE OCEANIA (PARTNERS IN DEVELOPMENT)
720 N. King Street | Honolulu, HI 96817 | (808) 754-7303

MAUI COUNTY

MĀLAMA I KE OLA
1881 Nani Street | Wailuku, HI 96793 | (808) 872 4007

HĀNA HEALTH
4590 Hāna Highway | Hāna, HI 96713 | (808) 248 8294

IMUA FAMILY HEALTH SERVICES
161 S Wakea Avenue | Kahului, HI 96732 | (808) 244-7467

LANA'I COMMUNITY HEALTH CENTER
478 Lauhala Place | Lāna'i City, HI 96763 | (808) 565 6919

MOLOKAI COMMUNITY HEALTH CENTER
28 Kamoi Street, Suite 600 | Kaunakakai, HI 96748 | (808) 553 5038

KAUAI

HO'OLA LAHUI HAWAII, OUTREACH & ELIGIBILITY
4491 Rice Street | Lihue, HI 96766 | (808) 240 0160

HAWAII ISLAND

BAY CLINIC - HILO CLINIC
1178 Kino'ole Street – Bldg. B | Hilo, HI 96720 | (808) 969 1427

HAMAKUA HEALTH CENTER
45-549 Plumeria Street | Honokaa, HI 96727 | (808) 775 7204

HAWAII ISLAND HIV/AIDS FOUNDATION (HIHAF)
KAILUA-KONA LOCATION:
74-5620 Palani Road, Ste. 101 | Kailua-Kona, HI 96740 | (808) 896-5051
KEA'AU LOCATION:
16-204 Melekahiwa Place #1 | Kea'au, HI 96749 | (808) 896-5051

HAWAII ISLAND YMCA
300 W Lanikaula St. | Hilo, HI 96720 | (808) 935-3721

KALANIHAE
(808) 937-1310

WEST HAWAII COMMUNITY HEALTH CENTER
75-5751 Kuakini Highway, Suite 203 | Kailua-Kona, HI 96740 | (808) 326 3882



Medicaid Links

HOKU ONLINE-Medicaid Provider Applications: Become A New Provider

<https://medquest.hawaii.gov/en/plans-providers/Provider-Management-System-Upgrade.html>

1. Select “Training”, review slides and videos
2. *Register for HOKU (additional training to follow)*
3. *Log on: 14 steps to complete the HOKU application. Have documents to upload ready*

Medicaid Eligibility Offices

<https://medquest.hawaii.gov/en/resources/med-quest-offices.html>

Community Partners-Medicaid Application Assistance:

<https://medquest.hawaii.gov/en/resources/community-partners.html>