

**MEMORANDUM OF UNDERSTANDING  
BETWEEN HAWAII STATE  
DEPARTMENT OF HUMAN SERVICES AND DEPARTMENT OF HEALTH**

**I. INTRODUCTION AND PURPOSE**

This Memorandum of Understanding (MOU) between the Hawaii State Department of Health (DOH) Family Health Services Division (FHSD) and Department of Human Services (DHS) Med-QUEST Division (MQD) establishes a collaborative relationship to improve the overall health of Hawaii's women, infants, children, and youth, including those children with special health care needs (CSHCN) and their families. For the purposes of this MOU, DOH FHSD is a Title V Administrative Agency and DHS MQD is a Title XIX Medicaid Administrative Agency. This MOU covers the period from August 15, 2021 through June 30, 2025.

**II. BACKGROUND**

Both FHSD and MQD have key roles for the State of Hawaii in improving the overall health of women, infants, children, and youth, including CSHCN, and their families.

DOH Family Health Services Division

FHSD is in the Health Resources Administration within the DOH. FHSD has three branches – Maternal and Child Health, Children with Special Health Needs, and Women, Infants & Children (WIC) Services.

FHSD uses the federal Title V Maternal and Child Health Block Grant (Title V) to improve the health of women, infants, and children, including CSHCN, and to assure their access to quality maternal and child health services. FHSD works to promote health equity and uses both life course and multi-generational approaches. To expand its capacity and reach to address population needs, FHSD leverages state, federal grant funds, and community partnerships.

The Vision of Title V is “a nation where all mothers, infants, children aged 1 through 21 years, including CSHCN, and their families are healthy and thriving.” The Mission of Title V is “to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.”

Title V is part of the Social Security Act. Section 509(a)(2) of Title V cites the need to promote “coordination at the Federal level of the activities authorized under this title [Title V] and under title XIX...”

DHS Med-QUEST Division

The DHS Med-QUEST (Quality, Universal Access, Efficiency, Sustainability, Transformation) Division administers the Title XIX Medicaid program in Hawaii. Medicaid provides medical assistance benefits to qualified uninsured and underinsured Hawaii residents. Medicaid

beneficiaries include pregnant women (including postpartum care), children, parents and caretakers, adults, and individuals who are aged, blind, and/or disabled, and individuals who have been in the U.S. less than five years.

MQD's vision is that "the people of Hawaii embrace health and wellness." MQD's mission is to "empower Hawaii's residents to improve and sustain wellbeing by developing, promoting, and administering innovative and high-quality healthcare programs with aloha."

MQD is building the Hawaii 'Ohana Nui Project Expansion (HOPE) program, a five-year initiative to develop and implement a roadmap to achieve the vision of healthy families and healthy communities. HOPE activities are focused on four strategic areas: invest in primary care, prevention, and health promotion; improve outcomes for high-need, high-cost individuals; payment reform and alignment; and support community driven initiatives to improve population health.

Title XIX is part of the Social Security Act. Section 1902(a)(11) of Title XIX requires state Medicaid agencies to enter into Inter-Agency Agreements (IAAs) with state Title V agencies.

### **III. DEFINITIONS**

1. Behavioral Health Integration – approach to integrating physical and behavioral/mental health care to improve health outcomes for individuals with behavioral health conditions.
2. Health Equity – assuring equal opportunity for all people in the State to attain their full health potential (definition from HRS §321-1(j)).
3. Life Course – a framework that considers broad social, economic, and environmental factors that impact an individual's health over time.
4. Multi-Generational Approach – an approach to improving outcomes by focusing on the needs of the whole family, including children, their parents, and their extended family.
5. Social Determinants of Health – complex, integrated, and overlapping social structures and economic systems that contribute to health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors (definition from HRS §321-1(j)).

#### **IV. DOH FAMILY HEALTH SERVICES DIVISION RESPONSIBILITIES**

FHSD shall:

1. Submit all data requests in writing to the MQD Director at least 60 days prior to a requested due date. Any use/release of data provided to FHSD by MQD other than described in the request will be provided in writing for vetting and approval by MQD.
2. Submit data requests for Title V or other federal grant reporting requirements on health indicators that are broadly focused on health status, service utilization, and demographics. Other federal grants include the Childhood Lead Poisoning Prevention Program.
3. Limit data requests to summary reports of aggregate de-identified data which do not disclose protected health information and/or personally identifiable information at an individual client/beneficiary level. FHSD shall not use the de-identified data provided by MQD, alone or in combination with other available information, to identify an individual who is a subject of the information.

#### **V. DHS MED-QUEST DIVISION RESPONSIBILITIES**

MQD shall:

1. Assign a MQD representative to accept and coordinate data requests from FHSD.
2. Provide to FHSD the requested summary report of aggregate de-identified data which do not disclose protected health information and/or personally identifiable information at an individual client/beneficiary level.
3. Provide the data requested within 60 days of the date of the request.

#### **VI. SHARED RESPONSIBILITIES**

DOH FHSD and DHS MQD shall:

1. Collaborate and coordinate planning to ensure and support a comprehensive health services delivery system for women, infants, children, including CSHCN and their families. Guiding principles for the health services delivery system that focuses on healthy families and healthy communities include Behavioral Health Integration, Health Equity, Life Course, Multi-Generational Approach, and Social Determinants of Health. Improving the health of individuals and their families requires a “whole family” approach that includes addressing access to health care, health behaviors, physical environment, and social determinants of health. This must be done over an individual’s life course, with a multi-generational approach that addresses the needs

of individuals and their families. This will contribute to the opportunity for people to attain their full health potential.

2. Work together to promote perinatal care for pregnant women, their fetuses, and their newborn infants, according to the standards set by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics.
3. Work together to promote Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services for all eligible children enrolled in Medicaid, and ensure infants, children, and youth up to age 21 receive a comprehensive examination including screenings according to the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care.
4. Work together on issues or services impacting the health of children and youth including CSHCN and their families.
5. Collaborate and coordinate on program initiatives, as appropriate.
6. Participate in advisory or planning meetings convened by DOH FHSD or DHS MQD, as appropriate.
7. Develop a Data Use Agreement for the sharing of data files which disclose protected health information and/or personally identifiable information at an individual client/beneficiary level, to be used for selected mutually-relevant indicators for DOH FHSD or DHS MQD reports.
8. Review this MOU on an annual basis to determine if any changes are needed.
9. Work together toward resolving any interagency disputes on matters related to this MOU. If an agreement is not reached, respective agency liaisons at the state level shall be brought into the process to resolve issues and achieve agreement.

## **VII. PAYMENT**

No payment shall be made to either party by the other party as a result of this MOU.

## **VIII. GENERAL TERMS**


1. Prior to the end of this MOU, DOH FHSD and DHS MQD shall have the option to renew the MOU for another defined term.
2. Either party for any reason may terminate this MOU upon ninety (90) calendar days written notice to the other party.

3. Amendments, as mutually agreed upon, may be made as appropriate in writing and approved by both parties.

Each agency, by the signature below of its authorized representative, hereby acknowledges understanding of this MOU and agrees to be bound by its terms. This interagency MOU will remain binding on all successors in interest of the signatories of this agreement and the agencies they represent.

IN WITNESS WHEREOF, the Parties have executed this MOU on the dates specified below.

DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION



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Judy Mohr Peterson, PhD  
Administrator

Aug 3, 2021  
Date

DEPARTMENT OF HEALTH  
FAMILY HEALTH SERVICES DIVISION



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Matthew J. Shim, PhD, MPH  
Chief

Aug 3, 2021  
Date