MEMORANDUM OF UNDERSTANDING BETWEEN THE STATE OF HAWAI'I DEPARTMENT OF HUMAN SERVICES AND DEPARTMENT OF HEALTH

I. INTRODUCTION AND PURPOSE

This Memorandum of Understanding (MOU) between the State of Hawai'i Department of Human Services (DHS) Med-QUEST Division (MQD) and Department of Health (DOH) Family Health Services Division (FHSD) 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. The purpose of this MOU is to document the process under which FHSD will request summary reports and submit data to MQD.

This MOU covers the period from July 1, 2025, through June 30, 2030.

II. BACKGROUND

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

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 eligible 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.

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 continues to employ the Hawaii 'Ohana Nui Project Expansion (HOPE) framework within the Hawai'i Quality Strategy to implement 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.

DOH Family Health Services Division

FHSD is a Title V Administrative Agency. 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..."

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.

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.

III. DEFINITIONS

- **A.** Behavioral Health Integration approach to integrating physical and behavioral/mental health care to improve health outcomes for individuals with behavioral health conditions.
- B. Health Equity assuring equal opportunity for all people in the State to attain their full health potential (definition from Hawaii Revised Statutes (HRS) §321-1(j)).
- C. Life Course a framework that considers broad social, economic, and environmental factors that impact an individual's health over time.
- D. 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.
- E. Social Determinants of Health the 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:

- A. Submit all summary report requests using a form provided by MQD.
- B. Submission of the summary report request shall be by electronic mail directly to mqd-datarequests@dhs.hawaii.gov at least 90 days prior to a requested due date.
- C. Not use or release the summary report provided to FHSD by MQD other than as described in the request, unless authorized by MQD in writing.

- D. Submit summary reports requests for Title V or other federal grant reporting requirements that may include administrative enrollment data as well as health indicators that are broadly focused on health status, service utilization, and demographics.
- E. 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:

- A. Provide FHSD with a form (such as the DHS 1183 form) to coordinate data summary report requests with FHSD.
- B. Clarify and finalize the requested summary report from FHSD,
- C. Review the data request in its final form to determine whether providing the requested summary report furthers the Hawaii Medicaid State Plan.
- D. Provide the data to FHSD within 90 days after deciding the requested summary report furthers the Hawaii Medicaid State Plan. The requested summary report of aggregate deidentified data should not disclose protected health information and/or personally identifiable information at an individual client/beneficiary level.
- E. Inform FHSD of its decision not to provide the requested summary report if MQD determines that the requested summary report does not further the Hawaii Medicaid State Plan.

VI. SHARED RESPONSIBILITIES

DOH FHSD and DHS MQD shall:

A. 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 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.

- B. Work together to promote maternal/perinatal care for women of reproductive age, 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.
- C. Work together to promote Early and 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.
- D. Work together on issues or services impacting the health of children and youth including CSHCN and their families.
- E. Collaborate and coordinate on program initiatives, as appropriate.
- F. Participate in advisory or planning meetings convened by DOH FHSD or DHS MQD, as available and appropriate.
- G. Consider future development of a Data Use Agreement for sharing data files which disclose protected health information or personally identifiable information at an individual beneficiary level, to be used for selected mutually relevant indicators for DOH FHSD or DHS MQD reports.
- H. Review this MOU periodically to determine if any changes are needed.
- I. 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

- A. Prior to the end of this MOU, DOH FHSD and DHS MQD shall have the option to renew the MOU for another defined term.
- B. Either party for any reason may terminate this MOU upon ninety (90) calendar days written notice to the other party.
- C. 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	STATE OF HAWAII
MED-QUEST DIVISION	DEPARTMENT OF HEALTH
July Mohn Pite	Oworah K morikana
Judy Mohr Peterson, Ph.D.	Deborah K. Morikawa
Administrator	Deputy Director, Health Resources Administration
Jun 23, 2025	Jun 23, 2025
Date	Date