

State Profile

Summary of Care Coordination Contract Provisions for Hawaii QUEST Expanded Access (QExA)^{1, 2}

This summary was prepared for a study of care coordination in managed long-term services and supports programs, conducted by Truven Health Analytics for the AARP Public Policy Institute.³ Contracts from the following states were included in the study: AZ, CA, DE, FL, HI, IL, KS, MA, MN, NJ, NM, NY, OH, RI, TN, TX, VA, and WI. The full report and contract summaries from the 18 states are available at www.aarp.org/carecoordination. The full report includes a compilation of findings across the states.

Hawaii Contract Provisions

Element	Contract Requirement	Summary and Notes
Care Coordination Eligibility and Choice		
1) Which members are eligible for care coordination?	All	All members receive care coordination. QExA is a program for older persons and persons with disabilities.
2) Can eligible members opt out of care coordination?	Not addressed in contract	
3) Can members choose or change care coordinators?	Yes	Members may request to change care coordinators at any time, in writing or verbally.
Care Coordinator Qualifications		
4) Are care coordinators required to have college or nursing degrees?	Other	Education is specified only for care coordinators working with members who meet the nursing facility level-of-care criteria. Those care coordinators must meet state certification and licensure requirements for a social worker, licensed nurse, or other health care professional. Other care coordinators must meet qualifications established by the contractor, and documented in its Service Coordination System policy.

(continued)



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Element	Contract Requirement	Summary and Notes
Care Coordinator Qualifications (continued)		
5) Are care coordinators required to have experience in long-term services and supports or disability?	Other	Experience is specified only for care coordinators working with members who meet the nursing facility level-of-care criteria. Those care coordinators must have a minimum of 3 years in a relevant health care field, preferably in long-term care. Other care coordinators must meet qualifications established by the contractor, and documented in its Service Coordination System policy.
6) Are care coordinators required to receive training?	Yes	Contractor must provide ongoing training to service coordinators about their roles and responsibilities. Information about the ongoing training must be included in the Service Coordination System policy.
Cultural Competency of Care Coordination		
7) Are care coordinators required to speak languages other than English when the other language is used by members?	No	Care coordinators are not required to speak non-English languages.
8) Are translation/interpretation services required when a care coordinator does not speak a member's language?	Yes	Oral interpretation and written translation services must be available without cost to all members who request them. Contractor must report all such requests to the State quarterly.
Care Coordinator Assignments, Contact Requirements, and Role		
9) Are care coordinators with certain specialties (e.g., nursing, social work, behavioral health) assigned based on the needs of members?	Not addressed in contract	
10) Is in-person contact required and at what frequency?	Yes	Members receiving home- and community-based services (HCBS) or institutional services or self-directing services must receive a face-to-face health and functional assessment every 90 days. Other members must receive a face-to-face assessment annually (unless the member requests that it be by phone).
11) Is telephonic or other remote contact required?	Yes	Contractor must mail enrollment packets within the first 10 days of enrollment. Additional contact is not specified, beyond the in-person contacts described above.
12) Must initial contact with a new member be made within a specified time period?	Yes	An in-person Health and Functional Assessment (HFA) must be completed within 15 business days of enrollment.
13) Is an assessment required at initial enrollment?	Yes	An in-person HFA must be completed within 15 business days of enrollment.
(continued)		

Element	Contract Requirement	Summary and Notes
Care Coordinator Assignments, Contact Requirements, and Role (continued)		
14) Is reassessment required and at what frequency?	Yes	<p>Members receiving HCBS or institutional services or self-directing services must receive a face-to-face health and functional assessment every 90 days.</p> <p>Other members must receive a face-to-face assessment annually.</p> <p>Reassessments must also be completed when the needs of a member change.</p>
15) Does the care coordinator authorize long-term services and supports?	Not addressed in contract	
16) If the member chooses a participant-directed option, does the care coordinator continue to provide coordination?	Yes	Care coordinator must assist the member in facilitating self-direction and in accessing available resources and supports. Care coordinator is also responsible for monitoring the care plan to ensure that assessed needs are addressed and to ensure members' overall well-being.
17) Does the care coordinator play a role when members use a transition program such as Money Follows the Person to move out of institutional settings?	Yes	Contractor must offer transition services and ensure that the members receive appropriate care.
18) Does the member have a single point of contact who coordinates across specialized coordinators when needed (e.g., coordinates across long-term services and supports, behavioral, medical specialists)?	Not addressed in contract	
Care Coordination Role with Family Caregivers		
19) Are family caregivers asked directly about (a) their own health and well-being; (b) level of stress and feelings of being overwhelmed; (c) need for training in assisting the member; and (d) any additional services or supports needed to better carry out their roles?	Other	The contract requires that, as appropriate and to the extent desired by the member, caregivers, other family members, and significant others must be allowed to participate in service planning.
20) Does the plan of care address needs of the family caregiver raised during the assessment process?	Other	Counseling and training of caregivers must be provided when needed.
21) Are family caregivers given care coordinator contact information?	Not addressed in contract	
(continued)		

Element	Contract Requirement	Summary and Notes
Care Coordination Information Tools		
22) Does the care coordinator have access to centralized member records?	Yes	Contractor must specify its information systems and how they are interoperable and available to staff to coordinate care. Care coordinators must be able to utilize compiled data received from member encounters to ensure the services being provided meet member needs.
23) Does the care coordinator have access to an electronic care coordination program?	Not addressed in contract	
Care Coordination Structures, Policy, and Oversight		
24) Are care coordination caseload ratios required?	Yes	Contractor must meet four different ratios based on members' level of care needs, as follows: <ul style="list-style-type: none"> • Nursing facility level of care in facility: 120 • Nursing facility level of care in the community: 50 • Members choosing self-direction: 40
25) Does state program monitoring include a specific focus on care coordination?	Yes	Contractor must submit a monthly care coordination report that includes at least: <ul style="list-style-type: none"> • The number and percentage of new members (those enrolled during the past 30 days) who met with their service coordinator; • The number and percentage of new members who received an assessment; • The number and percentage of new members who had a care plan developed; and • The number of all members who requested a change in care coordinators.
26) Outcomes measurement: Does the model include an evaluative component, through which the outcomes of the care coordination are periodically measured?	Yes	Contractor must address in its Quality Assessment and Performance Improvement plan how it will address, evaluate, and review the quality of coordination and continuity of care.
27) Care coordination entity	Partners permitted	The contract neither requires nor prohibits the contractor from using subcontractors to perform care coordination. Care coordinators must be located in Hawaii.

Contract Reviewed: QUEST Expanded Access (QExA) Managed Care Plans to Cover Eligible Individuals Who Are Aged, Blind, or Disabled (RFP dated October 10, 2007, which became the contract by reference upon award).

- 1 On 1/1/15, the QExA program was replaced with the QUEST Integration program. Some of the specifications reported here have changed under the new program.
- 2 Hawaii refers to care coordinators as service coordinators.
- 3 Saucier, P. and B. Burwell. 2015. *Care Coordination in Managed Long-Term Services and Supports*. AARP Public Policy Institute.

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