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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: HI-26-0006

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Children and Adults Health Programs Group

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

September 14, 2026

Meredith Nichols
Med-QUEST Division Administrator
Hawaii Department of Human Services
601 Kamokila Boulevard, Room 518
PO Box 700190
Kapolei, HI 96709-0190

Dear Administrator Nichols:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) HI-26-0006, submitted on June 30, 2026, has been approved. The SPA has an effective date of January 1, 2026.

Hawaii's SPA HI-26-0006 implements a CHIP Health Services Initiative (HSI) to improve the health of low-income children by increasing their access to oral health screenings and referrals to dental care through a targeted school-based initiative. The school-based oral health program will also provide oral health education and resources for students. Oral health screenings, and education will be provided on-site at Title I schools in Hawaii in which at least 51 percent of the student body receives free or reduced-price meals.

The HSI approval is based on section 2105(a)(l)(D)(ii) of the Social Security Act (the Act) and 42 CFR §§457.10 and 457.618, which authorize use of title XXI administrative funding for expenditures for HSIs that improve the health of children, including targeted low-income children and other low-income children. Consistent with section 2105(c)(6)(B) of the Act and 42 CFR §457.626, title XXI funds used to support an HSI cannot supplant Medicaid or other sources of federal funding. The state's total title XXI administrative expenditures may not exceed 10 percent of its total annual title XXI computable expenditures. The state shall ensure that the available title XXI administrative funding is sufficient to continue the proper administration of the CHIP program, and if such funds become less than sufficient, the state agrees to redirect title XXI funds from the support of this HSI to the administration of the CHIP state plan. In addition, the state must annually report to CMS the expenditures funded by the HSI for each federal fiscal year.

Your Project Officer is Ticia Jones. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at Ticia.Jones@cms.hhs.gov.

If you have additional questions, please contact Mary Beth Hance, Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Jessica Stephens/

Jessica Stephens
Acting Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: State of Hawaii (Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, **(42 CFR, 457.40(b))**

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight

(42 CFR 457.40(c)):

Name: Meredith Nichols Position/Title: **Med-QUEST Division Administrator**
Name: Position/Title:
Name: Position/Title:

Disclosure Statement: This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1.2 ☒ Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. **(42 CFR 457.40(d))**

1.3 ☒ Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. **(42CFR 457.130)**

1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA **(42 CFR 457.65)**. A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective date: January 1, 2026 [~~January 1, 2024~~]

Implementation date: January 1, 2026 [~~January 1, 2024~~]

Effective Date of State Plan Amendment described in Section 1.1 of this document: No earlier than January 1, 2008.

SPA #26-0006

Purpose of SPA: Allows the State of Hawaii to use administrative funds available under Section 2105(a)(1)(D)(ii) of the Act and regulations at 42 CFR 457.10 to offer oral health screenings, education and outreach using an opt-out consent process to maximize reach. As appropriate, referrals will be made for identified urgent oral health needs.

Proposed effective date: January 1, 2026 [~~January 1, 2024~~]

Proposed implementation date: January 1, 2026 [~~January 1, 2024~~]

1.4 – TC **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

TN No: Approval Date: Effective Date:

Hawaii Med-QUEST Division/Policy & Program Development Office- Our Urban Indian Organization partner ended its contract with Indian Health Services on 04/01/2023. Attached email correspondence in "Document Demonstrating Good Faith Tribal Engagement". Hawaii does not plan to send tribal consultation for future SPA submissions until contract is renewed.

07/04/2026 Urban Indian Organization partner confirmed that there are no plans as this time to renew contract with Indian Health Services.

Section 2. General Background and Description of Approach to Children's Health Insurance Coverage and Coordination

Section 2.2. Health Services Initiatives – Describe if the State will use the health services initiative option as allowed at 42 CFR § 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii); 42 CFR § 457.10)

Pursuant to Section 2105(a)(1)(D)(ii) of the Social Security Act, Hawaii will use administrative funds to offer a Health Services Initiative (HSI) under this Plan with the goal of improving the health of children, defined as "individual(s) under the age of 19," per 42 CFR § 457.10. Hawaii assures that it will use no more than 10 percent of the total expenditure under this Plan, as specified in 42 CFR § 457.618, to fund the State's HSI and other administrative costs. The HSI will not supplant or match CHIP Federal funds with other Federal funds, nor allow other Federal funds to supplant or match CHIP Federal funds.

Additionally, Hawaii assures that reporting metrics designed to evaluate and monitor the effectiveness and outcomes of this HSI initiative will be included in the CHIP Annual Report Template System (CARTS). At a minimum, these metrics will include the percentage of children who received an oral health screening, those identified as needing routine care or those needing urgent dental care and were referred to a community dental provider for urgent dental care.

Hawaii seeks to use the HSI option to deliver needed oral health screenings, prevention education, and referrals for low-income children through a targeted school-based initiative. [vi]

I. *Background*

Dental caries, or tooth decay, are the most common chronic disease among children, but it is largely preventable. Unfortunately, Hawaii ranks among the states with the highest rates of dental issues in children. According to the Hawaii State Department of Health, 70.6% of third graders in the state have experienced tooth decay.[1] Historically, Hawaii has placed near the bottom compared to 47 other reporting states, significantly above the national average of 52% for similar cases.[2]

Additionally, 9.7% of children aged 1 to 17 had cavities or decayed teeth in the past year, which is slightly lower than the U.S. average of 11.8%. Moreover, 10.7% of children reported oral health problems in the last year. Overall, Hawaii faces high rates of oral disease among both children and adults.[3]

Neighbor islands and rural communities have few dentists. They also have fewer dental visits. Only 8.8% of Hawaii's public water is fluoridated.[4] The national target is 77.1%.

Poor oral health has several causes. These include environmental issues, policy limitations, limited access to dental care, lack of awareness and education, fear related to COVID-19 and unhealthy lifestyles.

[1] Hawaii's third graders have the highest rate of dental decay in the nation (70.6%).
[2] Native Hawaiian, Pacific Islander, and Filipino students have more than double the rate of untreated decay compared to White and Japanese peers.
[3] 9.7% of children aged 1–17 had cavities in the past year; 10.7% reported oral health problems.
[4] Only 8.8% of Hawaii's public water supply is fluoridated.

Even with local dentists, families face challenges. Transportation, scheduling, and work conflicts make it hard to get kids to appointments. Economic hardship also plays a role. Preventive dental care may be less of a priority for families. Many adults are unemployed. They have limited funds for basic needs.[5]

Untreated dental problems cause pain. They also lead to missed school days and long-term health issues. Poor oral health causes pain, eating difficulties, and low self-esteem. It can also cause severe infections. Academic performance and development are negatively impacted. The US Department of Health and Human Services reports that over 51 million school hours are missed each year due to dental problems.

Hawaii intends to contract with qualified oral health service providers to offer these services onsite at Hawaii schools. To date, Hawaii Keiki (HK) and Project Vision Hawaii (PVH) have implemented Dental Programs in the Title I Schools as described below:

- The HK Oral Health Program started in 2019 and has continued to grow with services being provided to over 90 Title 1 Elementary schools per year. The HK Oral Health Program is the largest school-based oral health program providing statewide services in medically underserved communities by a team of licensed dentists, dental hygienists and health technicians.

- The HK Oral Health program enhanced the HK program by supporting the states' effort in documenting oral health status of children and providing a much-needed service for those that have limited access to dental care.

- The HK Oral Health Program began a pilot project providing Kindergarten oral assessments and education in the Fall 2025 with plans to expand to additional schools and islands in the coming years, similar to the expansion of the assessment/sealant school-based program. Since 2019 the HK Oral Health Program has identified over 220 keiki during oral health screenings with urgent dental needs. These keiki were successfully referred to community dental providers and received the necessary dental care.

- PVH is the state's largest mobile health provider, operating for over a decade and delivering school-based vision and hearing screenings to students across all islands. PVH manages Hawaii's largest mobile health fleet and operates the state's only HRSA-designated free clinic, ensuring access to care for medically underserved communities. Since 2013, PVH has provided preventive health services in schools, community centers, and rural areas, with a proven track record of effective outreach and care coordination for children and adolescents.

- The qualified school-based oral health program has a list of all providers state-wide available with contact information at time of referral available by phone at 808 792-1070 or toll free at 1-888-792-1070 and will also have information available online.

[5] Only 46.7% of Native Hawaiian children in high-density zip codes had a dental visit in the past year.

Access to care remains a significant challenge for many Hawai'i families, particularly in rural and neighbor island communities. The Health Resources and Services Administration (HRSA, 2025) identifies numerous areas throughout Hawai'i, including communities on Hawai'i Island, Moloka'i, Lāna'i, portions of Maui, and rural O'ahu, as Dental Health Professional Shortage Areas (HPSAs). These designations indicate a shortage of dental providers and highlight barriers such as transportation challenges, geographic isolation, and limited access to preventive dental services.[viii]

HRSA (2025) reports that more than 60 million Americans live in areas with inadequate access to dental care, contributing to higher rates of untreated oral disease and preventable health complications.[viii]

Pilot events conducted within Title I school populations identified nearly 80% of middle school students as needing follow-up dental care. By expanding school-based oral health screenings, education, outreach, and referral services to Hawaii's title one students, we will address a critical gap in preventive care and ensure continuity of oral health support throughout childhood and adolescence.

Approximately 14% of Hawai'i children experienced tooth decay or cavities. This remains higher than the U.S. average. [ix]

These local disparities mirror national trends. The Centers for Disease Control and Prevention (CDC) Oral Health Surveillance Report (2024) found that children living in high-poverty households experience untreated tooth decay at more than twice the rate of children living in low-poverty households.

National data from the National Institute of Dental and Craniofacial Research (NIDCR, 2024) indicate that nearly 57% of adolescents ages 12–19 have experienced dental caries in their permanent teeth, demonstrating that oral health challenges persist well beyond elementary school.

The Hawaii Keiki Dental Sealant, which serves Hawaii Public Schools with dental assessment and sealants since 2019 has documented their screening outcomes of over 8,900 elementary school students (2nd/3rd graders) in greater than 90 Title 1 schools. Data from school year 2025-2026 consists of 1,941 students screened with 88 of those students requiring urgent dental needs and 66% needing sealants.[6]

Pilot events conducted by PVH in Title 1 populations during 2025-2026 identified nearly 80% of middle school students in need of follow up care. By expanding school-based oral health screenings and education to middle and high school students, PVH will fill a critical gap and ensure continuity of preventive care throughout adolescence.

6

Partnership with Med-QUEST under this HSI will increase resources to provide dental screenings, outreach and referrals to more Keiki across the State.

According to the **2023 Hawai'i Youth Risk Behavior Survey (YRBS)**, **79.6%** of public high school students reported seeing a dentist for a check-up, teeth cleaning, or other dental care within the previous 12 months, meaning that approximately **20% of students did not receive preventive dental care during the past year**. These findings suggest that access to routine oral healthcare remains a challenge for a significant proportion of Hawai'i adolescents.[ix]

II. Operational Details

The oral health CHIP HSI will operate as follows.

Process for Identifying and Providing Services to Children in Need of referral for Immediate & Urgent Oral Health Conditions.

- The qualified school-based oral health program will work to serve Hawaii's low-income children in Title I schools in which at least 51 percent of the student body receives free or reduced price meals ("target schools") from families experiencing financial hardship with a focus on low-income families.

- In these schools:
    - The qualified school-based oral health program will provide children with parent/guardian consent forms that provide information about the services and allow a parent/guardian to opt-out of, or decline, the services. The parent or guardian will have two opportunities to opt out of the oral health screening service. The consent form will be sent at 2 weeks and at 1 month prior to screening

    - An opt-out consent process is consistent with Hawaii law with respect to these types of services and settings. The school will maintain a list of children whose parents consented to the services.

    - The qualified oral screening provider will conduct an oral screening ONLY for all participating children to identify which children require an urgent exam and potentially restorative treatment for caries.

    - If the screening results in identifying additional urgent dental needs the parent will be notified to ensure they have access to follow-up care.

    - All students who do not opt out will receive:
        - Individual hands-off visual oral health screening by a qualified dental provider or supervised health technician.
        - Oral health education delivered in a group or classroom setting.
        - A toothbrush, toothpaste, and educational materials/resources to take home.

- Students identified with urgent or routine dental needs will be referred to community dental providers for care. For referrals families are offered the option of calling Community Case Management Corp. (CCMC) which helps locate a local dentist and provides a list of local Federally Qualified Health Centers (FQHCs) and dentists able to serve the student's needs. They can assist Medicaid Beneficiaries with finding a local dentist in coordination with Hawaii Dental Service (HDS) to help Medicaid recipients across all islands find participating dentists, understand covered benefits, and schedule appointments. Additionally, the program will provide families with a list of the local FQHCs and dentists that can service these students' needs.
  Call Community Case Management Corp. (CCMC)
- **O'ahu:** (808) 792-1070
- **Neighbor Islands:** 1-888-792-1070 (toll-free)

As part of the referral process a return call to the parents of a student who needed the referral is contacted to confirm that an appointment was made and that the student was provided with the dental services needed.

The program's dental team is a close-knit group with local connections to help ensure all keiki with dental needs are served in a timely manner.

Process for Billing and Reimbursement for Services Covered by the CHIP HSI

Oral Screenings

Collecting insurance information, becoming credentialed as in-network providers, and billing insurers for oral health screenings provided to children in school-based settings poses a substantial administrative burden and diminishes access to oral screenings. As such, Hawaii plans to reimburse qualified providers such as Hawaii Keiki Oral Health Program (University Health Partner) and Project Vision Hawaii for screening exams (which include oral health education) provided to children in targeted schools statewide.

- The qualified provider shall send a monthly invoice to Hawaii's Medicaid agency, the Med-QUEST Division, that reflects all oral health screening services ONLY furnished by the qualified oral health dental providers for children under the age of 19.

- Med-QUEST will reimburse the provider using CHIP HSI funding. This rate includes hands-off oral health screening, follow-up care coordination/referral, and provision of oral health supplies (toothbrush, toothpaste) and educational materials, and follow-up care coordination if a child is referred.

- CHIP HSI funding will be used to reimburse only oral health screenings for all children by the programs' dental providers. If additional services are needed for the child, they are provided with a referral to assist with services needed.

"Qualified provider" refers to the contracted school-based oral health program (e.g., Hawai'i Keiki, Project Vision Hawai'i), not an individual dental provider.

HSI Reimbursement

- The qualified oral health provider will then prepare an invoice describing services (all inclusive oral screenings) provided to children under age 19 enrolled in Medicaid, CHIP or private insurance and send the invoice to the appropriate Med-QUEST/MCO.

- Med-QUEST will reimburse the qualified oral health provider for the bill using CHIP HSI funding.

A budget is included in Section 9.10.

9.10. Provide a 1-year projected budget that satisfies requirements under Section 2107(d) of the Social Security Act and 42 CFR § 457.140.

STATE: Hawaii	FFY Budget
Federal Fiscal Year	**2026-2027**[xi]
State's enhanced FMAP rate	~~**71.36%xii**~~ **71.78%xii**[xiii]
Benefit Costs	
Insurance payments	
Managed care	61,000,000
per member/per month rate	141
Fee for Service	8,000,000
Total Benefit Costs	69,000,000
(Offsetting beneficiary cost sharing payments)	2,000,000
Net Benefit Costs	67,000,000
Cost of Proposed SPA Changes – Benefit	
Administration Costs	
Personnel	1,200,000
General administration	1,200,000
Contractors/Brokers	
Claims Processing	
Outreach/marketing costs	
Health Services Initiatives	
Hearing Services	690,000
Vision Services	462,000
Dental Services (K-12)	**Total-778,884**
Other	
Total Administration Costs	4,330,883
10% Administrative Cap	7,133,088
Cost of Proposed SPA Changes	778,884
Federal Share	~~50,901,718~~ 51,201,308
State Share	~~20, 429, 165~~ 20,129,575
Total Costs of Approved CHIP Plan	71,330,883

NOTE: Include the costs associated with the current SPA.

The Source of State Share Funds: State General Funds

[i] Hawaii State Department of Health. Hawaii Smiles: 2015. https://health.hawaii.gov/fhsd/files/2015/04/2015-Oral-Health-Data-Report.pdf

[ii] Hawaii Department of Health. Oral Health Among Public Middle School Students, YRBS Fact Sheet, 2017. https://health.hawaii.gov/fhsd/files/2018/07/Fact-Sheet_YRBS_OralHealth_MiddleSchool.pdf

[iii] Hawaii Dental Service. Presentation to the Commission on Native Hawaiian Children, 2024. https://nni.arizona.edu/sites/default/files/2024-04/PRESENTATION_Hawaii-Dental-Services_D.-Paloma_v2_PANEL-1.pdf

[iv] Hawaii Public Health Institute. Hawaii Oral Health Data Tracker, 2023. https://www.hiphi.org/hawaii-oral-health-data-tracker/

[v] Hawaii State Department of Education. Public school enrollment data, 2022–23 school year. https://www.hawaiipublicschools.org/DOE%20Forms/Enrollment/HIDOEenrollment2022-23.pdf

[vi] Hawaii State Department of Health. The Oral Health of Hawaii's Low-Income Head Start Children. Published online Jun 1, 2022. https://health.hawaii.gov/about/files/2022/04/The-Oral-Health-of-Hawaiis-Low-Income-Head-Start-Children.pdf

[vii] Hawaii Department of Health. Oral Health Among Public High School Students, YRBS Fact Sheet, 2017. https://health.hawaii.gov/fhsd/files/2018/07/Fact-Sheet_YRBS_OralHealth_HighSchool.pdf

[viii] Health Resources and Services Administration. (2025). National Survey of Children's Health, 2023–2024. Maternal and Child Health Bureau. https://mchb.hrsa.gov/data-research/national-survey-childrens-health

[ix] Kaiser Family Foundation. (2024). Percent of children (ages 1–17) with oral health problems. https://www.kff.org/state-health-policy-data/state-indicator/children-with-oral-health-problems/

[x] Hawai'i Health Data Warehouse. (2024). 2023 Hawai'i Youth Risk Behavior Survey (YRBS): State results. University of Hawai'i at Mānoa, Hawai'i Department of Health, and Hawai'i Department of Education.

[xi] The Federal Fiscal Year (FFY) runs from October 1st through September 30th.

[xii] Kaiser Family Foundation. Enhanced FMAP for CHIP (FY 2023). https://www.kff.org/other/state-indicator/enhancedfederal-matching-rate-chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[xiii] Federal Register: https://www.federalregister.gov/documents/2024/11/29/2024-27910/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for

[xiv] Hawaii Oral Health Coalition. (2022).