

Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 1) Hawaii Compliance Express Certificate (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds ([Link](#))
 - b) Personnel salaries and wages ([Link](#))
 - c) Equipment and motor vehicles ([Link](#))
 - d) Capital project details ([Link](#))
 - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing

 Paula Arcena, VP of External Affairs 01/23/2026

AUTHORIZED SIGNATURE (Jan 23, 2026 12:19:27 HST) PRINT NAME AND TITLE DATE

**THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating Capital

Legal Name of Requesting Organization or Individual: Db:

AlohaCare

Amount of State Funds Requested: \$ 1,000,000.00

Brief Description of Request (Please attach word document to back of page if extra space is needed):

AlohaCare is steadfast in its mission to support wellness and community access to quality care in collaboration with Community Health Centers and community partners who share this commitment. As Hawai'i's only health plan exclusively dedicated to Medicaid and dual eligible Medicare beneficiaries, AlohaCare is a critical lifeline for medically vulnerable residents in Hawai'i, particularly rural and culturally diverse communities.

As state and federal policies related to Medicaid continue to shift, AlohaCare seeks to strengthen Hawai'i's healthcare infrastructure by safeguarding coverage/access to care, reducing incidences of uncompensated care, mitigating the loss of federal funding (\$.3-.5 billion annually) to the State, and continuing to offer/support culturally appropriate care such as Native Hawaiian healing. This request equips AlohaCare and its partners to meet this moment to support vulnerable residents with meeting the new requirements--via education, work, and volunteer pathways instead of dropping them from coverage--as well as offering beneficiaries with culturally grounded Native Hawaiian healing and social supports.

Amount of Other Funds Available:

State: \$ 405,000,000.00

Federal: \$ 57,000,000.00

County: \$ 0.00

Private/Other: \$ 0.00

Total amount of State Grants Received in the Past 5 Fiscal Years:

\$ 0.00

Unrestricted Assets:

\$ 63,155,256.00

New Service (Presently Does Not Exist): Existing Service (Presently in Operation):

Type of Business Entity:

- 501(C)(3) Non Profit Corporation
- Other Non Profit
- Other

Mailing Address:

1357 KAPIOLANI BLVD SUITE G101

City: State: Zip:
Honolulu HI 96814

Contact Person for Matters Involving this Application

Name:
Mike Nguyen

Title:
Public Policy Director

Email:
grantproposals@alohacare.org

Phone:
(808) 973-1495


Paula Arcena (Jan 23, 2026 12:17:54 HST)

Authorized Signature

Paula Arcena, VP External Affairs

Name and Title

01/23/2026

Date Signed



STATE OF HAWAII
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

Vendor Name: ALOHACARE

Issue Date: 12/10/2025

Status: **Compliant**

Hawaii Tax#: [REDACTED]

New Hawaii Tax#:

FEIN/SSN#: [REDACTED]

UI#: XXXXXX5663

DCCA FILE#: 94103

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
8821	Internal Revenue Service	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	A status determination has not yet been made
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided; and
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Francoise Culley-Trotman, AlohaCare

(Typed Name of Individual or Organization)


francoise.culley-trotman (Jan 20, 2026 17:10:33 HST)

(Signature)

Francoise Culley-Trotman

(Typed Name)

Rev 8/30/23

01/20/2026

(Date)

Chief Executive Officer

(Title)



PURPOSE STATEMENT

This grant serves a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes, and as a direct response to protect Hawai'i residents, specifically Medicaid and dual eligible Medicaid/Medicare beneficiaries, from losing health coverage and access to health care as a direct result of federal changes under Congressional H.R. 1. As new community engagement and eligibility reporting requirements take effect, thousands of low-income adults including Native Hawaiian and Pacific Islander families are at heightened risk of losing their government health insurance, not because they are ineligible, but because the new rules are complex and burdensome for beneficiaries to meet. This request equips AlohaCare and its community partners to meet this moment by supporting eligible members enrolled in Medicaid or dual Medicaid/Medicare coverage with administrative support for meeting the new requirements, connecting them to education, work, and volunteer pathways instead of dropping them from coverage, as well as offering beneficiaries with culturally grounded Native Hawaiian healing and social supports. In doing so, the State safeguards its public health infrastructure, preserves federal Medicaid dollars flowing into Hawai'i's health and social safety-net system, ensuring its commitment to health equity for communities who have historically borne the brunt of disruption due to federal policy shifts.

Paula Arcena

Paula Arcena (Jan 22, 2026 21:10:14 HST)

01/22/2026

Paula Arcena, Vice President

Date

Application for Grants

If any item is not applicable to the request, the applicant should enter “not applicable”.

I. Certification – Please attach immediately after cover page

1. Hawaii Compliance Express Certificate (If the Applicant is an Organization)

SEE ATTACHED.

2. Declaration Statement

SEE ATTACHED.

3. Public Purpose

SEE ATTACHED.

II. Background and Summary

1. Brief Description of the Applicant's Background

AlohaCare, established in 1994, is a locally founded and governed nonprofit health plan created by Hawai‘i’s Community Health Centers and the Queen Emma Clinics in response to the state’s launch of its managed care Medicaid QUEST program for low-income families. Our mission is to support individual wellness and promote community access to quality care in collaboration with community health centers and others who share our commitment.

This year, AlohaCare proudly celebrates its 32nd anniversary as the only health plan in Hawai‘i exclusively dedicated to Medicaid (QUEST) and Medicare dual-eligible beneficiaries. AlohaCare is the state’s second-largest Medicaid plan, currently covering approximately 70,000 member lives across all major islands. Rooted in Hawai‘i’s diverse communities, AlohaCare is primarily governed by its founders, the leaders of Hawai‘i’s Community Health Centers, bringing extensive knowledge and experience in addressing the health and social determinant of health needs of Hawai‘i’s underserved populations. AlohaCare is proud to offer comprehensive, whole person care to medically underserved individuals and families with benefits and services that exceed its government contract requirements, in order to ensure equitable access to coordinated, culturally responsive care with community-based support.

2. Goals and Objectives Related to the Request

AlohaCare is steadfast in its mission to support individual wellness and promote community access to quality care in collaboration with Community Health Centers and community partners who share this commitment across Hawai‘i. As the only health plan in Hawai‘i exclusively dedicated to Medicaid and dual eligible Medicare beneficiaries, AlohaCare is a critical lifeline for medically vulnerable people in Hawai‘i, particularly those who reside in rural and culturally diverse communities.

As federal and state Medicaid policies continue to shift, AlohaCare seeks to strengthen Hawai‘i’s healthcare infrastructure by safeguarding coverage and access to care, reducing the incidence of uncompensated care, mitigating the loss of federal funding (\$330-\$550 million annually) to the State, and continuing to offer and support culturally appropriate care such as Native Hawaiian healing.

The primary goals and objectives related to this request include:

- **Goal 1: Prevent loss of Medicaid coverage** by proactively assisting beneficiaries to meet new federal work requirements and to avoid procedural terminations resulting from more frequent eligibility and documentation reviews.
 - **Objective 1.1: A Promise of Hope** (Coverage Retention & Workforce Readiness program)
Implement and expand the *A Promise of Hope* educational and workforce readiness program so Medicaid beneficiaries can understand and meet work requirements through outreach, education, and career preparedness. In partnership with Waipahu Community School for Adults and the Hawai‘i State Department of Education, AlohaCare will offer:
 - High School Equivalency (HSE) preparation and test fee coverage for GED®/HiSET®
 - English Language Acquisition (ELA) for non-native English speakers
 - The Individualized Career Achievement Network (iCAN) to build college readiness, workplace skills, and employability

AlohaCare will extend this benefit to additional Medicaid enrollees through targeted outreach and education in collaboration with community-based organizations.

- **Objective 1.2: Statewide Community Engagement**
 - Lead statewide outreach and educational sessions, community events to inform CBOs and residents about new Medicaid requirements and available support
 - Build and maintain relationships with over 100 Community Based Organizations (CBOs), leveraging existing networks and expanding referral pathways for volunteer and work opportunities.
 - Train partner organizations to use social care coordination platform, Unite Us Hawai'i, increasing opportunities for AlohaCare Medicaid beneficiaries to engage in qualifying activities (e.g. workforce, volunteer) and access education benefits.

- **Goal 2: Connect Medicaid beneficiaries to essential social supports** including food, stable housing and shelter, transportation, and other non-medical services that directly impact health outcomes and the ability to maintain coverage and engage in care.
 - **Objective 2.1: Social Care Expansion (Housing, Behavioral Health, and Food Security)**

Scale AlohaCare's *Social Care* initiatives by deploying an interdisciplinary team of nurses, social workers, and certified peer specialists to:

 - Conduct daily rounds to identify members recently admitted to the ER or hospital
 - Engage members face-to-face, build trust, and link them quickly to behavioral health or substance use treatment and housing supports
 - Expand use of the Unite Us referral platform and strengthen partnerships with housing agencies, food banks, mental health clinics, community kitchens, and volunteer organizations
 - Respond to reduced SNAP benefits by expanding food support services, including integrating the Farm Fresh Friday fresh produce initiative and culturally responsive food programs

 - Staff and community partners will be trained on Unite Us platform to ensure members have improved, coordinated access to social supports across all regions

- **Goal 3: Sustain culturally grounded Native Hawaiian healing to protect health and resilience during federal policy shifts.**

As federal policies such as H.R. 1 create new pressures on Medicaid members and reduce funding for Medicaid providers and programs, AlohaCare seeks to secure funding to

continue to offer and support Native Hawaiian-led, culturally grounded healing services that keep members connected to care, community, and their own wellness practices.

○ **Objective 3.1: Ke Aloha Mau Native Hawaiian Healing Program**

Sustain and expand the Ke Aloha Maui Native Hawaiian Healing program as a core component of AlohaCare’s whole-person approach for Medicaid members. Statewide. Launched in 2022 in response to the State’s 1115 waiver under Med-QUEST, Ke Aloha Mau was originally developed in partnership with Papa Ola Lokahi as part of a statewide strategic plan to advance Native Hawaiian health services and supported as a value-added service, guided by the Kupuna Councils offering covered access to:

- **‘Ai Pono** - traditional, culturally grounded nutrition and food-as-medicine practices
- **Hula** - movement, identity, and connection to ‘āina and community
- **Ho’oponopono** - relational and family-based healing and conflict resolution
- **Lomilomi** – traditional Native Hawaiian bodywork and massage

3. Public Purpose and Need to Be Served

This proposal serves a clear public purpose: to keep eligible Hawai‘i residents covered and connected to care, safeguard our hospitals and community health centers from the financial burden of uncompensated care, and mitigate the loss of \$330-550 million in annual federal funding to the state thereby avoiding preventable cost shifts to the State. Federal policy changes and new administrative requirements have the high potential of disqualifying otherwise-eligible residents from coverage. As a result, loss of coverage will disrupt care for our most vulnerable neighbors, increase preventable emergency room use and increase uncompensated care for our safety-net providers. Acting now will help the State prevent a surge in uninsured residents that further strain community health centers, hospitals and other community providers. Additionally, those most likely to be disenrolled draw down the highest federal match, funded at 90 percent federal and 10 percent non-federal funds.

As a nonprofit Medicaid health plan, AlohaCare receives a fixed capitation payment per enrolled member. When policy changes trigger disenrollment, funding for both the State and AlohaCare declines. This request allows AlohaCare to sustain and strengthen critical programs that help Medicaid members to retain their coverage and support communities to weather the impact of federal cuts and new requirements imposed on health and social services. This request also supports state priorities by maintaining access to care for maternal and child health, healthy aging, behavioral health, and chronic disease management services. Without healthcare coverage, access to medications, follow-up visits, and care coordination will be disrupted.

AlohaCare’s \$1 million grant award in ACT 310 funds will help to establish programs, but they are time-limited and fund only a portion of its true cost. Without a complementary state

investment, we risk losing momentum just as the work begins to show results. This GIA request helps to sustain AlohaCare’s program goals and protects and extends Act 310’s investment so the State does not lose ground on its own health priorities for kūpuna, families, and rural communities.

The need for this work is immediate and practical. Through this proposal, AlohaCare will:

- **Prevent avoidable loss of healthcare coverage.** For the population most impacted by the Medicaid provisions in H.R. 1, every Medicaid Expansion member who stays enrolled continues to bring 90% federal matching dollars (higher than the program’s overall 60% federal match) into Hawai‘i’s health system relied upon by all Hawai‘i patients, including those with commercial or employer sponsored health insurance. Preventing the loss of Medicaid coverage also avoids gaps in care that lead to worse health outcomes and higher uncompensated costs, such as uninsured emergency room visits.
- **Protect and uplift Native Hawaiian and other vulnerable communities.** This work centers Native Hawaiian members and other low-income communities who are most at risk of being left behind as federal policies change. Through the *Ke Aloha Mau Native Hawaiian Healing* program, offering ‘Ai Pono, Hula, Ho‘oponopono, and Lomilomi, AlohaCare promotes access to culturally grounded healing that supports physical, mental, and spiritual health for Medicaid members and their ‘ohana. Paired with outreach, care coordination, and education around new requirements, these services help members stay covered, stay connected to care, and stay rooted in culture rather than disengaging from the health system when stress and confusion rise.
- **Reach Medicaid beneficiaries with complex needs.** Individuals with multiple chronic conditions, disabilities, or behavioral health challenges are often the most difficult to serve and the easiest to overlook. AlohaCare will make a focused effort to identify these members and increase their access to care, including intensifying efforts to qualify eligible beneficiaries for home and community-based services.
- **Advance health and socioeconomic outcomes together.** Health and economic stability are intertwined. Someone who loses Medicaid due to an administrative hurdle may also lose access to essential medications and become too sick to work. By contrast, helping Medicaid members engage in employment, education, or volunteering, rather than simply dropping them from coverage, turns a federal mandate into an opportunity to build skills, stability, community connection, improve mental and heart health, and combat isolation.

In short, this proposal helps the State protect coverage, protect people, and protect the capacity of Hawai‘i’s safety-net system at a time of significant policy change.

4. Target Population to be Served

Across all components, this proposal serves **Hawai‘i’s low-income, medically underserved residents enrolled in Medicaid** who are vulnerable to losing coverage or falling behind in care due to new federal policies and existing social and economic challenges. This includes both

working-age adults subject to new community engagement requirements as well as Native Hawaiian and other communities who need culturally grounded supports to stay healthy and connected to care.

- **Medicaid Beneficiaries at Risk of Coverage Loss**

Our primary target group is adult Medicaid enrollees approximately 19–64 years old who are impacted by new community engagement/work requirements and more frequent eligibility checks. In AlohaCare’s membership, this represents **about one-third or 22,000 of its members**. Across the state, MedQUEST similarly reports one-third or **127,000 residents** in the target population; we plan to outreach both AlohaCare and non-AlohaCare Medicaid recipients. Many are caregivers or low-wage workers in hospitality, agriculture, and service industries, or adults actively seeking work.

Within this group, we will focus on those at highest risk of losing coverage:

- Members with limited English proficiency (about **50%** of affected AlohaCare members)
- Members living in rural areas (**8,500** affected members)
- Members experiencing housing instability or homelessness (**1,400** affected members)

Outreach will prioritize communities such as rural communities in Wahiawā, Hāna, Ka‘u and Molokai; immigrant families in Kalihi, Kahului, Waipahu and ‘Ewa Beach; farmworkers in Maui’s upcountry and central O‘ahu; and Pacific Islander communities on Kauai, Lanai, and Hawai‘i Island—areas AlohaCare has already identified as high-need through prior projects

- **Native Hawaiian and Culturally Aligned Healers and Members (Ke Aloha Mau)**

A second core target group is **Native Hawaiian and other AlohaCare QUEST (Medicaid) members** who seek healing approaches aligned with their cultural values and traditions. The **Ke Aloha Mau Native Hawaiian Healing** program addresses a critical need for culturally relevant healthcare options, recognizing the central role of traditional healing in holistic wellness and health equity.

Ke Aloha Mau is available at no cost to eligible AlohaCare members and supports whole-person care - medical, behavioral, emotional, spiritual, and social—through four core healing modalities: **‘Ai Pono, Ho‘oponopono, Hula, and Lomilomi**. The program is statewide and delivered through a network of community health centers and providers, including Waikīkī Health, Waimānalo Health Center, Kōkua Kalihi Valley, Wai‘anae Coast Comprehensive Health Center, Hāna Health, Mindful Living Group, Hāmākua-Kohala Health Center, Hui Malama Ola Na ‘Ōiwi, Kīpuka o Ke Ola – Five Mountains, and Moloka‘i Mālama Wellness Center.

Through this grant, Ke Aloha Mau will continue to serve Native Hawaiian and other Medicaid members across all counties, ensuring they do not lose access to culturally grounded healing as federal funding and waiver-based value-added services expire.

5. Geographic Coverage

This proposal will serve Medicaid members in **all counties of Hawai‘i**. AlohaCare’s membership spans the entire state, and a core objective of this request is to ensure that **neighbor islands, rural communities, and Native Hawaiian communities** are not left behind as federal policies shift

- **O‘ahu** will serve as the initial base for many activities. Our three *Promise of Hope* campus sites (such as Waipahu Community School for Adults) will continue to operate and grow enrollment. O‘ahu is also home to several **Ke Aloha Mau Native Hawaiian Healing** providers, including Waikīkī Health, Waimānalo Health Center, Kōkua Kalihi Valley, and Wai‘anae Coast Comprehensive Health Center, ensuring access to ‘Ai Pono, Hula, Ho‘oponopono, and Lomilomi for Native Hawaiian and other Medicaid members. The communities these health centers serve are among the most economically distressed and are heavily populated by Native Hawaiian and other Pacific Islander families. Social care outreach will focus on high-need communities such as urban Honolulu, West O‘ahu (Wai‘anae, Waipahu, Ewa Beach, Kapolei), as well as central and North Shore communities (Wahiawā, Waialua).
- **Hawai‘i Island** will see a significant expansion of services. Two in-person *Promise of Hope* class sites are already established, and we will increase enrollment through local outreach tied to H.R.1 and coverage changes. Ke Aloha Mau services are delivered through partners such as Hāmākua-Kohala Health Center, Hui Malama Ola Na ‘Ōiwi, and Kīpuka o Ke Ola – Five Mountains, providing culturally grounded care across the island. Community engagement around Medicaid requirements will focus on rural areas such as Puna, Ka‘ū, and Hāmākua, working with existing community partners.
- **Maui County** will gain new in-person adult education options and kupuna supports. By 2026, we plan to launch *A Promise of Hope* in-person courses on Maui (beyond current virtual-only options) and deploy a Kūpuna Care team. Outreach and compliance support will be coordinated with faith-based and community organizations in Central and West Maui, with attention to multicultural needs, including large Filipino and Pacific Islander communities such as Wailuku. Moloka‘i and Lāna‘i will be served with on-island staff and in coordination with local clinics and nonprofits. Ke Aloha Mau in Maui County is delivered through Hāna Health and Mindful Living Group on Maui and Moloka‘i Mālama Wellness Center on Moloka‘i, ensuring Native Hawaiian healing services remain accessible.
- **Kaua‘i** will gain an adult education site so members can attend GED, adult education, and workforce development classes in person. A Kūpuna Care interdisciplinary team will also be deployed on island, with outreach coordinated through Kaua‘i’s clinics and community groups. Ke Aloha Mau providers and community partners on Kaua‘i will be

engaged with the goal of ensuring Native Hawaiian healing remains available to QUEST members and integrated into outreach, care coordination, and social care referrals.

By the end of the grant period, each county will see tangible benefits: more residents keeping their Medicaid coverage, more adults gaining education credentials and access to the resources they need to stay healthy and secure, and stabilized access to culturally relevant and preventative healing modalities provided through the Ke Aloha Mau healing program.

III. Service Summary and Outcomes

1. Scope of Work, Tasks, and Responsibilities

Key tasks and responsibilities will be shared among AlohaCare, community partners, and technical partners as follows:

1) A Promise of Hope: Education, Coverage Retention, and Workforce Readiness

- **Scope of Work**
 - Help adult Medicaid members understand and meet new federal community engagement/work requirements while staying connected to care.
 - Support whole-person stability by linking education, language access, and career readiness to coverage retention and health system engagement.
- **Tasks and Responsibilities**
 - **Member Outreach and Education**
 - The Department of Human Services MedQUEST Division (MQD) has informed AlohaCare that it intends to mail 6-month advance notices on a rolling basis to impacted populations, e.g., July 2026 for those impacted in January 2027 and so forth. AlohaCare will collaborate with MQD and community partners to support impacted populations demonstrate compliance with the new requirements to avoid losses of coverage beginning in January-February 2027.
 - Host informational workshops and town hall events with community-based organization (CBO) partners to explain new federal requirements and the supports available through Promise of Hope.
 - Develop and distribute **multilingual educational materials** (e.g., Ilocano, Tagalog, Hawaiian) through trusted partners to maximize awareness in high-need communities.
 - **Eligibility, Referral, and Enrollment**

- Identify and refer eligible adult Medicaid members to adult education and training opportunities, prioritizing those at highest risk of losing coverage due to new requirements.
 - As part of the referral process, verify that each enrollee:
 - is an AlohaCare Medicaid member,
 - has an assigned primary care provider (PCP), and
 - has completed an annual wellness visit.
 - Enroll **at least 100 adult members statewide** into Promise of Hope through targeted outreach and partnership with CBOs.
- **Education, Completion Support, and Volunteer Pathways**
- Fund approved education programs, including:
 - GED®/HiSET® high school equivalency preparation and exam fees,
 - English Language Acquisition (ELA) courses, and
 - the iCAN job transition program (college readiness, workplace skills, and employment preparation).
 - Provide counseling, tutoring, and exam fee coverage to ensure enrollees complete their courses or programs.
 - Expand access to qualifying volunteer and workforce development opportunities for members through strategic partnerships with CBOs and local organizations, turning compliance into a pathway for skills, confidence, and community connection.
- **Geographic Expansion of In-Person Classes**
- Maintain and strengthen in-person A Promise of Hope classes at **three O‘ahu campuses** and **two Hawai‘i Island campuses**.
 - Plan and prepare for **expansion of in-person education access to Maui and Kaua‘i**, so members on all islands have realistic options to meet requirements and improve their long-term prospects.

2) Social Care Expansion

- **Scope of work**
Network and referral infrastructure for wrap-around social service support and navigation

- Expand the number of community-based organizations within the Unite Us network that provide volunteer opportunities and social services.
- Develop clear referral pathways and deliver training for staff and partner organizations to ensure effective use of Unite Us.
- **Tasks and Responsibilities**
 - **Food Security and SNAP Impact Readiness**
 - Organize **Farm Fresh Friday** events in rural and neighbor island communities in collaboration with local partners.
 - Ensure that members impacted by SNAP reductions or identified as food insecure are connected to alternative food support resources.
 - **Interdisciplinary Social Care Teams and CHC Partnerships**
 - Build similar interdisciplinary social care teams on neighbor islands to improve member outcomes, as current services are primarily concentrated on O‘ahu.
 - Partner with community health centers across all islands to offer telehealth support during primary care visits, reinforcing holistic care and care plan adherence.
 - **Certified Peer Specialists and Substance Use Disease Treatment Access**
 - Collaborate with DOH to relaunch Certified Peer Specialist (CPSS) training, paused during COVID; additional staffing will support statewide implementation and help rebuild the CPSS workforce.
 - Work with existing SUD providers to set aside dedicated beds for AlohaCare members, reducing avoidable ER/inpatient utilization and ensuring timely, appropriate, and cost-effective treatment.

3) Ke Aloha Mau Native Hawaiian Healing

- **Scope of Work**

AlohaCare was the first health plan in Hawai‘i to cover Native Hawaiian healing services in the early 1990s. Consistent with this legacy, AlohaCare and our community partners continue to recognize that it is essential that Native Hawaiian healing is not treated as an add-on, but as a (w)holistic model of care that centers people and place. The Ke Aloha Mau Native Hawaiian Healing program is woven into the same outreach, referral, and support pathways as A Promise of Hope and Social Care expansion support to ensure equitable access to all modalities of healing.

- **Tasks and Responsibilities**

- **Program Governance and Oversight**
 - Maintain Ke Aloha Mau as a culturally grounded Native Hawaiian Healing value-added service (VAS) supporting members’ medical, behavioral, emotional, spiritual, and social goals.
 - Ensure all Native Hawaiian Healing programs, services, practitioners, and methodologies are **vetted and guided by the Kupuna Council**, which provides cultural and clinical oversight.
 - Fund care delivered by contracted Native Hawaiian Healing providers to AlohaCare Medicaid members and consult the Kupuna Council if questions arise regarding practitioners, services, or practices.

- **Member Eligibility and Referral Process**
 - Confirm that each enrollee in Ke Aloha Mau is an AlohaCare Medicaid (QUEST) member with:
 - ◆ an assigned primary care provider (PCP), and
 - ◆ a completed annual wellness visit.
 - Verify these requirements as part of the referral workflow and submit referrals to Native Hawaiian Healing providers through the Unite Us referral platform, ensuring alignment with members’ medical care plans.

- **Network Growth and Access Expansion (2026–2027)**
 - In **Q1 2027**, conduct structured outreach to existing and prospective Native Hawaiian Healing providers statewide to review program structure, address operational needs, and initiate new provider contracts.
 - In **Q2 2027**, promote and market newly contracted providers and services to Medicaid members in expansion areas so more Native Hawaiian and other members can access Ke Aloha Mau close to home.

- **Evaluation and Potential Service Expansion**
 - Review service delivery and utilization data for Ke Aloha Mau in collaboration with the Kupuna Council and providers.
 - Assess practitioner requests for additional Native Hawaiian healing practices and determine which potential services would have the greatest impact on AlohaCare’s Medicaid members.
 - Develop recommendations for responsible future expansion of covered Native Hawaiian Healing services, prioritizing member benefit and alignment with State and Native Hawaiian health priorities.

2. Projected Annual Timeline

The following timeline outlines the key phases and milestones for (1) this project during the State grant period and (2) builds upon the services initiated under ACT 310 support; including (3) the five month overlap of two grants align with the expected implementation window for federal policy changes and the period when Medicaid members are at highest risk of losing coverage allowing these funds to work together to prevent a surge in avoidable disenrollment of health coverage for Hawaii beneficiaries. In other words, this GIA funding resource alongside ACT 310 funding from July through November 2026 allows us to meet that surge in need with adequate outreach, education, and community-based support, rather than scaling back just as members face the most confusion and stress.

TYPE	PROJECT TIMELINE	IMPLEMENTATION TIMELINE
PERSONNEL	Continue intensive outreach and education activities (A Promise of Hope, community town halls, etc.)	Quarter 1: July – September 2026
PERSONNEL	High-risk communities (rural, immigrant communities, etc.) prioritized for continued surge outreach and pairing information on new requirements with supports via A Promise of Hope enrollment, Ke Aloha Mau referrals, social care navigation. Maintain/continue broad distribution of multilingual informational materials statewide and complementary support network of CBOs.	Quarter 1: July – September 2026
PROGRAM	Finalize logistics and promotion for new A Promise of Hope locations; deepen outreach on neighbor islands to identify members who are at highest risk of coverage loss.	Quarter 1: July – September 2026
PARTNERSHIPS	Coordinate with Unite Us to refine referral workflows and onboard additional social service partners (esp. Neighbor Islands).	Quarter 1: July – September 2026
PERSONNEL	Program expansions roll out fully with A Promise of Hope and social care outreach and navigation on Maui and Kauai	Quarter 2: October – December 2026
PERSONNEL / PARTNERSHIPS	Members begin (or increase) participating in education & job training, volunteer / community	Quarter 2: October – December 2026

	engagement programs, Ke Aloha Mau healing services	
PROFESSIONAL	Complete any remaining enhancements to Unite Us for real time-tracking of community engagement and social service referrals.	Quarter 2: October – December 2026
PROGRAM	ACT310 funds wind down – transition allowable expenses to unfunded program costs to ensure no interruption in services at end of federal award	Quarter 2: October – December 2026
PERSONNEL	Focus on stabilizing and deepening reach in communities identified as high need (rural Oah‘u, Hawai ‘i, Central and West Maui, Kalihi, Wahiawa, Wailuku, Wai‘anae, etc.), high Native Hawaiian/PI populations	Quarter 3: January – March 2027
PARTNERSHIPS	Strengthen Native Hawaiian Healing provider network and CBO partnerships, focused on utilization support and community feedback	Quarter 3: January – March 2027
PROGRAM	Use collected data from AlohaCare system and Unite Us to monitor utilization and early outcomes (coverage retention, class enrollment/completion, referrals completed); make mid-course adjustments	Quarter 3: January – March 2027
PERSONNEL	Maintain full statewide operation of A Promise of Hope, Ke Aloha Mau, and social care support with continued outreach to hard-to-reach populations (e.g. Molokai, Lanai, limited English)	Quarter 4: April – June 2027
PROGRAM	Conduct a formative evaluation of the year’s program work: numbers retained in Medicaid coverage, A Promise of Hope enrollment and completion, Ke Aloha Mau utilization (sessions, members served), social care referrals and key outcomes (e.g. food support, housing, behavioral health linkages) utilizing both quantitative and qualitative measures.	Quarter 4: April – June 2027
PROGRAM	Report out and share findings with State partners and community stakeholders	Quarter 4: April – June 2027

3. **Quality Assurance and Evaluation Plans**

AlohaCare has an active and robust quality improvement and compliance program across the organization. For this funding request, AlohaCare will track clear metrics across all components, including Medicaid coverage retention, *A Promise of Hope* enrollment and completion, *Ke Aloha Mau* participation by modality, and *Unite Us* referrals made and resolved for housing, food, and behavioral health.

A Community Partnerships and Outreach Manager will lead monthly quality review meetings with staff and partners to examine data and member feedback and adjust outreach, referrals, or training as needed. A mid-point and final evaluation will compare results to baseline disenrollment and utilization patterns, using both quantitative data and member/provider stories.

Findings will be shared with State partners and used to continuously improve operations and sustain the most effective strategies beyond the grant period.

4. **Measure(s) of Effectiveness:**

AlohaCare will use clear standards to assess progress and report key effectiveness measures to the Office of Community Services, also documented in the Project Timeline.

Core metrics include:

- Medicaid retention among members subject to new requirements, with comparisons between those engaged by our programs and those not reached; member participation in work, education, and volunteer activities supported by A Promise of Hope
- Ke Aloha Mau utilization, including members served and sessions by healing modality
- Social service outcomes via Unite Us, such as referrals made, closure rates (target $\geq 80\%$), connections to housing, food, and behavioral health
- Procedural disenrollments prevented
- Outreach volume (events, individuals reached, CBOs activated), and enrollment and completion numbers for A Promise of Hope HSE, ELA, and iCAN courses)

IV. Financial

Budget

1. **Budget**

AlohaCare is requesting \$1,000,000.00 to protect Hawai'i residents, specifically Medicaid and Medicare beneficiaries, from losing health coverage and care as a direct result of federal changes

under H.R. 1 while continuing to offer culturally grounded Native Hawaiian healing and social supports. This budget request is detailed in the applicable budget forms attached.

The requested funds are allocated as follows:

- a. Budget request by source of funds ([Link](#)) - ATTACHED
- b. Personnel salaries and wages ([Link](#)) - ATTACHED
- c. Equipment and motor vehicles ([Link](#)) - NA
- d. Capital project details ([Link](#)) - NA
- e. Government contracts, grants, and grants in aid ([Link](#)) – ATTACHED

2. Anticipated Quarterly Funding for FY 2027

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$250,000	\$250,000	\$250,000	\$250,000	\$1,000,000

3. Source of Funding Seeking for FY 2027

AlohaCare is committed to pursuing additional funding opportunities through federal, state, and city programs, as well as grants, to ensure eligible Medicaid and Medicare beneficiaries do not lose health coverage and access to culturally grounded, quality care.

4. State and Federal Tax Credits

Not applicable.

5. Prior Three Years and FY 2027 Program Funding

To date, ACT 310 represents the only funding source sought and secured in support of this effort to protect eligible beneficiaries from service disruptions and coverage loss associated with H.R.1, ensure access to social support and culturally grounded Native Hawaiian healing services. ACT 310 funds is a state legislative appropriation that provides emergency grant funding to Hawai‘i nonprofits. These funds are state general funds administered through the Hawai‘i Department of Labor and Industrial Relations’ Office of Community Services with support from Aloha United Way supporting core program operations and beneficiary protections. While critical, ACT 310 alone is insufficient to fully address the scope and scale of need created by impending federal policy changes, necessitating complementary State Grant-in-Aid support.

6. Balance of Unrestricted Current Assets

As of December 31, 2025, AlohaCare had \$63,155,256 in unrestricted current assets.

V. Experience and Capability

1. Necessary Skills and Experience

AlohaCare brings more than three decades of experience serving Hawai‘i’s most vulnerable residents. Founded by Hawai‘i’s Community Health Centers, Queen Emma Clinics and governed in partnership with them, AlohaCare is a nonprofit, Medicaid-only safety net health plan that has historically operated on capitated Medicaid payments rather than grants. AlohaCare was a pioneer in offering Native Hawaiian healing services as early as the 1990s and remains committed to integrating culturally grounded care with medical, behavioral, and social supports. This history positions AlohaCare to responsibly manage State funds, braid them with Medicaid resources, and work hand in hand with community health centers and local partners to deliver high-impact, community-driven solutions statewide.

2. Facilities

AlohaCare will implement the project statewide through a combination of company-owned offices and partner facilities. The organization's headquarters is located in Honolulu at 1357 Kapi‘olani Blvd., where approximately 39,000 square feet of office space is leased within the building. This location encompasses administrative offices, customer support call centers, meeting rooms of varying sizes, training facilities, and a reception area with member support meeting rooms. A significant portion of the project staff will operate from this central facility. Additionally, Oahu will serve as the venue for established programs and classes.

Administrative offices equipped with meeting rooms for internal collaboration and member consultations to provide assistance with inquiries and documentation are also available at the following sites in addition to (1) O‘ahu: (2) Kahului, Maui, (3) Līhu‘e, Kaua‘i , and (4) Hilo and Kona, Hawai‘i Island. (5) On Molokai, AlohaCare maintains a single-room office in Kaunakakai, dedicated to supporting administrative operations and member meetings. Situated on the Molokai Community Health Center campus, this location optimizes convenience for members, many of whom receive care at the facility, providing an ideal co-location arrangement for maximum convenience.

VI. Personnel: Project Organization and Staffing

1. Proposed Staffing, Staff Qualifications, Supervision and Training

AlohaCare’s efforts towards leading statewide outreach and educational sessions, community events and staff training support with Community Based Organizations’ (CBO’s), and A Program for Hope will be led by the **Community Partnership Manager**. This position is a strategic and external facing manager who fosters partnerships with our community based organizations, health centers, and other groups to advance health access and equity for Medicaid and Medicare beneficiaries. This positions’ qualifications require a minimum Bachelor’s degree in business administration, public health, management or related field and minimum of five years in healthcare, particularly in Medicare and Medicaid programs.

Other key supports for this program along with overseeing the Ke Aloha Mau Native Hawaiian Healing program with community-based partners, is the Product Manager and the Event Coordinator position. The **Product Manager** is responsible for monitoring and optimizing the performance of the Product (e.g. Medicaid/Medicare/Ke Aloha Mau) through inter-departmental collaboration, research and analysis, and product improvement. In addition to the qualifications outlined above, this position requires demonstrated leadership and management experience in effective team building and continuous quality improvement programs.

The Event Coordinator will be responsible for planning, organizing, and executing a variety of events, including health fairs, community outreach programs, internal meetings, and conferences as identified by AlohaCare Event Committee. With experience in event planning, this position also possesses an ability to achieve quality results while building trust with both internal and external stakeholders.

All three positions are supervised by the Director of Product Management.

Included here are **Community Health Workers (CHW's)**, who will serve as frontline, relationship-based supports for this proposal, who engage AlohaCare members where they live, receive care and gather in community. Under the supervision of licensed care managers and clinical leadership, CHW's are trained to help members understand and use their health benefits, complete assessments and care plans, and connect to programs such as A Promise of Hope, Ke Aloha Mau, and other social care resources. Much of their work occurs in the field, conducting home and community visits, locating members who have become unengaged, and helping them to complete forms and renewals related to H.R. 1 requirements or exemptions. Through ongoing training and case conferencing with the care management team, CHW's ensure that members receive culturally responsive, coordinated support.

2. Organization Chart

See attached organizational chart.

3. Compensation

Position	Salary
Chief Executive Officer	\$400,001 - \$450,000
Chief Medical Officer	\$350,001 - \$400,000
Chief Information Officer	\$300,000 - \$350,000

VII. Other

1. Litigation

AlohaCare has one pending litigation.

2. Licensure or Accreditation

Staff responsible for providing care and meeting with members to address their health needs meet appropriate licensure and credentialing standards in accordance with applicable state and federal regulations.

3. Private Educational Institutions

This grant request supports stabilization and system readiness to prevent loss of coverage, protect rural communities and to scale operational support to vulnerable members on a program that has demonstrated effectiveness during the policy transition triggered by the 2025 federal reconciliation law, H.R.1, which reduced Medicaid funding and introduced new coverage requirements. Funding will not support or benefit a sectarian or non-sectarian private education institution.

4. Future Sustainability Plan

AlohaCare is committed to strengthening and sustaining these services beyond FY 2027, whether this grant is renewed. If funding is awarded, we will have the support needed to protect services in a time of confusion for our members, while also refining the program models, document outcomes, and integrate the most effective elements into our ongoing Medicaid operations and care management programs. In parallel, AlohaCare is launching a charitable foundation and expanding its pursuit of grants and philanthropic support to help maintain Native Hawaiian healing, Kupuna care services, and social care offerings. If State funding is not continued, AlohaCare will prioritize sustaining core components through the new foundation, focusing on the highest-impact communities and strategies demonstrated during the grant.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2026 to June 30, 2027

Applicant: AlohaCare

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	208,300			
2. Payroll Taxes & Assessments	20,830			
3. Fringe Benefits	52,075			
TOTAL PERSONNEL COST	281,205			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	23,795			
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space	10,000			
5. Staff Training				
6. Supplies	150,000			
7. Telecommunication/Marketing	110,000			
8. Utilities				
9. Contract Services	300,000			
10. Professional Fees (Translation)	125,000			
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	718,795			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	1,000,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	1,000,000	Kayla Miller 808-973-0803 Name (Please type or print) Phone		
(b) Total Federal Funds Requested		Kayla Miller 1/22/2026 Signature of Authorized Official Date		
(c) Total County Funds Requested		Director of Financial Ops Name and Title (Please type or print)		
(d) Total Private/Other Funds Requested				
TOTAL BUDGET	1,000,000			

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2026 to June 30, 2027

Applicant: AlohaCare

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Community Health Worker	1	\$60,000.00	100.00%	\$ 60,000.00
Community Health Worker / Assistant Health Coordinator	1	\$60,000.00	40.00%	\$ 24,000.00
Community Partnerships Manager	1	\$105,000.00	58.00%	\$ 60,900.00
Events Coordinator (Community)	1	\$55,000.00	58.00%	\$ 31,900.00
Product Manager	1	\$105,000.00	30.00%	\$ 31,500.00
				\$ -
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				\$ -
TOTAL:				208,300.00
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2026 to June 30, 2027

Applicant: AlohaCare

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2026 to June 30, 2027

Applicant: _____

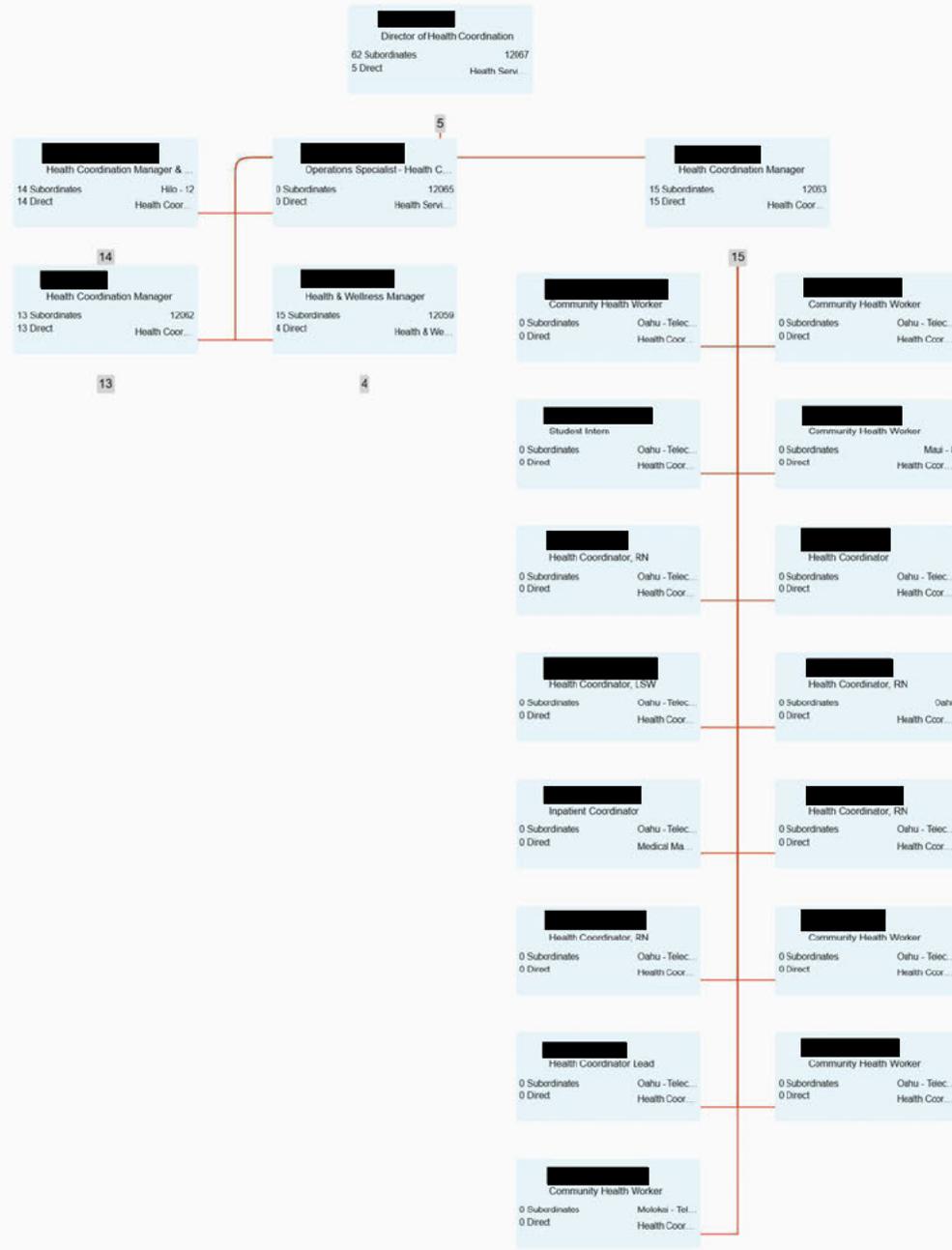
FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY:2024-2025	FY:2025-2026	FY:2026-2027	FY:2026-2027	FY:2027-2028	FY:2028-2029
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: AlohaCare

Contracts Total: 462,000,000

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	Medicaid Managed Care Contract (QUEST Integration)	CY2026	DHS /Med-QUEST Division	State of Hawaii	404,000,000
2	D-SNP Contract (Dual Eligible Special Needs Plan)		CMS	US Government	57,000,000
3	Act 310 Nonprofit Emergency Grant	FY 25-26	OCS (Administered w/ Aloha United Way)	State of Hawaii	1,000,000
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[Redacted]
Director Product Management
5 Subordinates 901
5 Direct Product Ma...

5

[Redacted]
Product Manager
0 Subordinates 939
0 Direct Product Ma...

[Redacted]
Medicare Benefit Consultant
0 Subordinates Product Ma...
0 Direct

[Redacted]
Community Engagement and P...
0 Subordinates Oahu
0 Direct Product Ma...

[Redacted]
Vendor Management Specialist
0 Subordinates 941
0 Direct Product Ma...

[Redacted]
Event Coordinator
0 Subordinates 937
0 Direct Product Ma...



Date: January 20, 2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of The Wahiawa Center for Community Health (Wahiawa Health), I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal. Wahiawa Health is the only Federally Qualified Health Center in Central Oahu,

As a community health center serving populations of low-income families, kūpuna, LEP communities, COFA migrants across Mililani, Wahiawa and Waialua our mission aligns with AlohaCare's efforts to protect access to health care with adequate insurance coverage, improve health outcomes, and strengthen Hawai'i's safety-net for our most vulnerable.

We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, Wahiawa Health will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,

Bev Harbin
CEO



302 California Avenue
Suite 106
Wahiawā, HI
96786

PHONE (808) 622-1618
FAX (877) 759-6943
WEBSITE www.wahiawahealth.org



Kalihi-Palama Health Center
Hale Ho'ola Hou~House of New Life

915 North King Street
Honolulu, Hawaii 96817

Date: 01/21/2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of Kalihi-Palama Health Center (KPHC), I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal. KPHC plays a critical role in the community by providing health care and social services for patients who typically face significant barriers when accessing health care and social services.

KPHC's core service area includes Census Tracts 51 through 60 and the contiguous areas. The area is designated as a Medically Underserved Population (MUP), and a Medical, Mena Health, and Dental Health Professional Shortage Area (HPSA) by the Health Resources and Service Administration (HRSA). Our mission aligns with AlohaCare's efforts to protect access to health care with adequate insurance coverage, improve health outcomes, and strengthen Hawai'i's safety-net for our most vulnerable.

We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, KPHC will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,

Darrin Sato
COO
Kalihi Palama Health Center





January 21, 2026

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Attn. Members of the Senate Committee on Ways & Means and House Committee on Finance

Dear Members of the Committee,

On behalf of the Community Clinic of Maui, Inc dba Mālama I Ke Ola Health Center I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal.

As a primary Federally Qualified Health Center dedicated to providing culturally sensitive, coordinated primary care services on Maui that emphasizes education, prevention and advocacy, regardless of one's ability to pay, we understand the importance of collaborative efforts in achieving positive outcomes for our communities. Our mission aligns with AlohaCare's efforts to protect access to health care with adequate insurance coverage, improve health outcomes, and strengthen Hawai'i's safety-net for our most vulnerable

We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, the Mālama I Ke Ola Health Center will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.



Mālama I Ke Ola
HEALTH CENTER

Sincerely,

John Vaz

John Vaz (Jan 21, 2026 09:47:46 HST)

John Vaz
Chief Executive Officer, MD, MSHA

COMMUNITY CLINIC OF MAUI, INC
Mālama I Ke Ola Health Center



Date: January 20, 2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of Waimānalo Health Center (WHC), I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal. WHC is a community-based non-profit 501(c)3 corporation and a Federally Qualified Health Center located in Waimānalo and rooted in Native Hawaiian values and devoted to improving the health and wellness of all people, regardless of ability to pay, by providing comprehensive primary and preventive health care services of the highest quality for the past 33 years.

As a community health center serving 48% Native Hawaiian, 55% Medicaid, 10% Uninsured, and 53% at 100% and below the federal poverty level in the Ko'olaupoko region, our mission aligns with AlohaCare's efforts to protect access to health care with adequate insurance coverage, improve health outcomes, and strengthen Hawai'i's safety-net for our most vulnerable.

We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, Waimānalo Health Center will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,

Mary Frances Oneha, APRN, PhD, FAAN
Chief Executive Officer

January 21, 2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of Waikiki Health, I am pleased to express our strong support for AlohaCare's Grant-in-Aid proposal. As a Federally Qualified Health Center (FQHC), Waikiki Health places special emphasis on providing holistic, patient-centered care to medically underserved populations, including those who are homeless, living at or below poverty level, uninsured or under-insured, and others who face barriers to accessing care. Our mission aligns with AlohaCare's efforts to protect access to health care with adequate insurance coverage, improve health outcomes, and strengthen Hawai'i's safety-net for our most vulnerable.

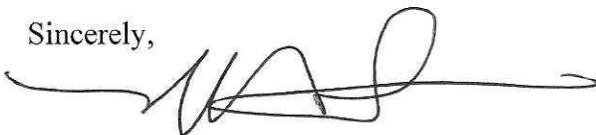
We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, Waikiki Health will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,



Mary Beth Lohman
Interim CEO / Director of Marketing and Development
(808) 537-8400 / mlohman@waikikihealth.org



January 21, 2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of the Hawaii Public Health Association, I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal.

The Hawai'i Public Health Association (HPHA) is a group of over 450 community members, public health professionals, and organizations statewide dedicated to improving public health. Our mission is to promote public health in Hawai'i through leadership, collaboration, education and advocacy.

As a community health association, our mission aligns with AlohaCare's efforts to improve health outcomes and strengthen Hawai'i's safety-net for our most vulnerable.

We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, HPHA will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,

Holly Kessler

Holly Kessler
Executive Director



CATHOLIC CHARITIES HAWAII

Date: January 21, 2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of Catholic Charities Hawaii, I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal.

Guided by compassion, excellence, and social justice, CCH serves individuals and families experiencing the greatest needs across Hawai'i. As one of the state's largest and most comprehensive social service providers, we operate more than 40 programs across O'ahu, Kaua'i, Maui County, and Hawai'i Island. With over 300 dedicated employees, CCH supports approximately 40,000 people each year—from keiki to kupuna. Our mission closely aligns with AlohaCare's commitment to protecting access to health care, ensuring adequate insurance coverage, improving health outcomes, and strengthening Hawai'i's safety net for our most vulnerable community members.

We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, Catholic Charities Hawaii will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Jillian Okamoto, MSW
Division Administrator
Housing Assistance and Referral Programs
Catholic Charities Hawaii



hawaiicomunityfoundation.org

827 Fort Street Mall Honolulu, Hawai'i 96813
MAIN 808-537-6333 FAX 808-521-6286

Date: January 22, 2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of the Hawai'i Community Foundation (HCF), I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal. Founded in 1916, HCF believes in an equitable and vibrant Hawai'i where all our island communities thrive. Our mission is to inspire generosity, advocate for equity, forge connections, and invest in community to create a better Hawai'i.

HCF's Health and Wellness sector supports public health initiatives throughout the state, including programs serving keiki to kūpuna in many ways. Our Fund for Health Equity focuses on strengthening access to Medicaid coverage for migrants from COFA nations (also known as Freely Associated States). As the community foundation serving the people of Hawai'i across the islands, our mission aligns with AlohaCare's efforts to protect access to health care with adequate insurance coverage, improve health outcomes, and strengthen Hawai'i's safety-net for our chronically exploited communities.

We are concerned that evolving federal policy and administrative requirements will increase the risk of coverage loss among Medicaid members, particularly for communities already facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, HCF will support implementation as appropriate and feasible, potentially including collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Specific activities will be mutually agreed and conducted in accordance with all applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health, well-being, and thriving of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,

Ananda Luttet
Program Officer, Health and Wellness Sector



Date: 01/21/2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of Unite Us, I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal. Unite Us' community-wide coordinated care networks have been built and scaled in over 47 states, including 22 statewide networks. Our Platform identifies social care needs, manages enrollment, leverages outcome data and analytics, facilitates reimbursement, and promotes health equity.

As a coordinated care network and technology partner serving all populations across Hawai'i, our mission aligns with AlohaCare's efforts to protect coverage, improve health outcomes, and strengthen Hawai'i's safety-net.

We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, Unite Us will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

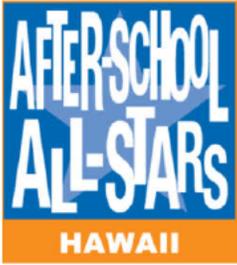
We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Carol".

Carol Hayashida
Senior Customer Success Manager



1523 Kalākaua Avenue
Suite 200-202
Honolulu, HI 96826
808.734.1314
808.356.0232 Fax

asashawaii.org

01/20/2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of After-School All-Stars Hawaii (ASAS), I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal. ASAS works exclusively in Title I schools, providing free after-school programs for low income families and so are only too aware of the struggles that the families we serve face, related to access to health care.

As a community group serving, among others, low-income families, LEP communities and COFA migrants, across Oahu and Hawaii Island, our mission aligns with AlohaCare's efforts to strengthen Hawai'i's safety-net for our most vulnerable.

We are concerned about the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, After-School All-Stars Hawaii will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Paula Fitzell".

Paula Fitzell
President/CEO



Community People Ministries
2227 Greenview Dr., Carrollton, TX 75010
a 501(c)(3) tax-exempt organization

Date: 01/20/2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance
Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of Community People Ministries, I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal. We are a nonprofit Charity that provides groceries at no cost to those in need, including families, Seniors and Houseless individuals throughout the Hawaiian Islands. As a coalition partner and agency of the Hawaii and Maui Foodbanks serving low-income families, kūpuna populations, Community People Ministries helps to provide food security across the state. Our mission aligns with AlohaCare's efforts to protect access to health care with adequate insurance coverage, improve health outcomes, and strengthen Hawai'i's safety-net for our most vulnerable.

We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, Community People Ministries will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely, David E. Worker, Island Coordinator CPM



GREGORY HOUSE PROGRAMS

Hawaii's Statewide HIV/AIDS Housing, Nutrition and Case Management Agency
Celebrating our 37th year of serving those most in need, established 1988.

January 20, 2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of Gregory House Programs, I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal.

Gregory House Programs is a non-profit serving individuals facing homelessness and living with HIV/AIDS across Hawaii, our mission aligns with AlohaCare's efforts to protect access to health care with adequate insurance coverage, improve health outcomes, and strengthen Hawai'i's safety-net for our most vulnerable population.

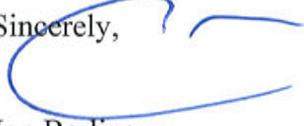
We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, Gregory House Programs will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,


Jon Berliner,
Executive Director

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Jonathon Berliner

jonb@gregoryhouse.org



1050 Queen Street, Suite 100, Honolulu, HI 96814

Telephone: 808.206.8446 - Email: info@kanuhawaii.org - <http://www.KanuHawaii.org>

Federal EIN: 20-5552831 | State of Hawai'i: GE-1349337088-01

Date: 01/21/26

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of Kanu Hawaii, I am pleased to express our strong support for AlohaCare's Act 310 Grants-in-Aid proposal. Kanu Hawai'i, started in June 2006 as a movement of k̄naka, working to protect and promote the things that make Hawai'i special. A connection to the 'āina, the Native Hawaiian culture, aloha, and local self-reliance. The founders created this organization to strive toward change rooted in kuleana and a commitment to be the change.

As a Non-Profit serving the local community, keiki, low-income families, and k̄puna across all of Hawai'i, our mission aligns with AlohaCare's efforts to protect coverage, improve health outcomes, and strengthen Hawai'i's safety-net.

We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, Kanu Hawaii will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,
Keone Kealoha
Executive Director



HAWAI'I MOTHERS' MILK, INC.

Helping Hawai'i's Mothers and Babies Since 1975

Kapiolani Medical Center for Women & Children
1319 Punahou Street, DHT, 2nd Floor
Honolulu, Hawaii 96826

Date: January 21, 2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of our agency, Hawai'i Mothers' Milk, Inc., I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal.

Our agency provides lactation care to new families who otherwise would not be able to afford these services. As a community health agency servicing low-income young families across our state, our mission aligns with AlohaCare's efforts to protect & provide access to health care with adequate insurance coverage to improve their health outcomes in this vulnerable population.

AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, Hawai'i Mothers' Milk, Inc. will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration,

Patricia Ane
Executive Director
Hawaii Mothers' Milk, Inc.



01/21/2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of March of Dimes, I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal. Our mission is to lead the fight for the health of moms and babies. We aim to end preventable maternal health risks and death, end preventable preterm birth and infant death, and close the health equity gap, so that every family can get the best start in life.

As a non profit organization serving pregnant and high risk moms, infants, and families across the entire state of Hawaii, our mission aligns with AlohaCare's efforts to protect access to health care with adequate insurance coverage, improve health outcomes, and strengthen Hawai'i's safety-net for our most vulnerable.

We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, March of Dimes, will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary



coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,

Candice B Fajardo

Executive Director, March of Dimes

Helping Hawai'i Live Well

Date: January 21st, 2026

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To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of Mental Health America of Hawai'i (MHAH), I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal. MHAH is a highly respected 501(c)(3) nonprofit organization and an affiliate of Mental Health America, the nation's leading community-based nonprofit dedicated to mental health. For nearly 85 years, MHAH has advanced its mission to promote mental health and wellness through education, advocacy, service, and access to care, guided by a vision of *mental wellness for all*. Our work focuses on reducing stigma, strengthening prevention and early intervention, and improving outcomes for individuals and families across Hawai'i who are living with or at risk for mental health challenges.

As a statewide leader in mental health advocacy, education, and prevention, MHAH's mission closely aligns with AlohaCare's commitment to protecting access to health care, improving health outcomes, and strengthening Hawai'i's health care safety net for our most vulnerable residents. Both of our organizations share a deep commitment to equity, culturally responsive care, and ensuring that individuals and families are able to access the services they need without unnecessary barriers.

We are particularly concerned that evolving federal policy changes and administrative requirements may increase the risk of coverage disruptions for Medicaid beneficiaries — especially for individuals facing language barriers, transportation challenges, housing instability, or limited access in rural communities. Coverage loss can result in delayed care, poorer health outcomes, and increased uncompensated care, ultimately placing greater financial strain on the health care system and the State. AlohaCare's proposal offers a thoughtful, coordinated, and equity-centered approach to addressing these challenges and protecting continuity of care for Medicaid members.

If funded, Mental Health America of Hawai'i would support implementation efforts as appropriate and feasible. This support may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to inform program delivery. Any specific activities would be mutually agreed upon and carried out in accordance with applicable privacy, compliance, and regulatory requirements.

Helping Hawai'i Live Well

We appreciate AlohaCare's long-standing leadership and dedication to whole-person, culturally responsive care. We believe this proposal will play an important role in reducing avoidable coverage gaps, promoting continuity of care, and improving the overall health and well-being of communities throughout Hawai'i. For these reasons, MHAH strongly supports AlohaCare's Grants-in-Aid request and respectfully encourages favorable consideration.

Mahalo for your consideration.

Sincerely,



Bryan L. Talisayan
Executive Director

HUI NO KE OLAPONO

95 Mahalani Street Room 21
Wailuku, HI 96793
(808) 244-4647

Date: 01/21/2026

To: Members of the Senate Committee on Ways & Means and House Committee on Finance

Re: Letter of Support for AlohaCare's Grant-In-Aid Application

Dear Members of the Committee,

On behalf of Hui No Ke Ola Pono, I am pleased to express our strong support for AlohaCare's Grants-in-Aid proposal.

As a Native Hawaiian Health Center serving Native Hawaiians, low-income families, keiki and kūpuna, intellectually and developmentally disabled individuals, and other individuals encountering systemic inequities in their pursuit of healthcare services across Maui, our mission aligns with AlohaCare's efforts to protect access to health care with adequate insurance coverage, improve health outcomes, and strengthen Hawai'i's safety-net for our most vulnerable.

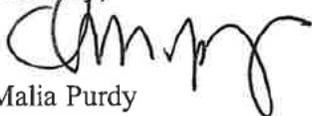
We are concerned that evolving federal policy and administrative requirements may increase the risk of coverage loss among Medicaid members, particularly for communities facing language, transportation, housing, and rural access barriers. This leads to delayed care, poorer health outcomes, and increased uncompensated care that creates a cost burden that is then absorbed by the health system and eventually the state. AlohaCare's proposal presents a coordinated, equity-centered approach that is consistent with our values in protecting our communities.

If AlohaCare's proposal is funded, Hui No Ke Ola Pono will support implementation as appropriate and feasible, in ways that may include collaboration, outreach amplification, referrals, participation in coordination meetings, and sharing general insights to help inform program delivery. Any specific activities will be mutually agreed upon and conducted in accordance with applicable privacy and compliance requirements.

We appreciate AlohaCare's long-standing commitment to collaboration and culturally responsive, whole-person care. We believe this proposal will help reduce unnecessary coverage gaps, promote continuity of care, and improve the overall health and well-being of our communities throughout Hawai'i.

Mahalo for your consideration.

Sincerely,



Malia Purdy

Hui No Ke Ola Pono Executive Director