HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12

MED-QUEST DIVISION

CHAPTER 1715.1

FORMER FOSTER CARE CHILDREN GROUP

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§17-1715.1-1 Purpose. This chapter describes Medicaid eligibility for a former recipient of foster care, kinship guardianship or adoption assistance who is age eighteen but under age twenty-six years through the enactment of the Former Foster Care Children Group under the provisions of the Affordable Care Act of 2010. [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R §§430.25, 435.150) (Imp: HRS §346-14; 42 C.F.R §§430.25, 435.150)


§§17-1715.1-3 to 17-1715.1-7 (Reserved).

SUBCHAPTER 2

ELIGIBILITY REQUIREMENTS
§17-1715.1-8 **Purpose.** This subchapter describes the eligibility requirements for participation in the Former Foster Care Children Group.

§17-1715.1-9 **Basic requirements.** An individual who is a former recipient of foster care, kinship guardianship or adoption assistance shall meet the following basic requirements which include but are not limited to, citizenship, qualified or lawfully present non-citizen, state residency, verification of identity, not residing in a public institution and the provision of a social security number as described in chapter 17-1714.1. [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §§430.25, 431.10, 435.150, 435.400, 435.910) (Imp: HRS §346-14; 42 C.F.R. §§430.25, 431.10, 435.150, 435.400, 435.910)

§17-1715.1-10 **Categorical requirements.** (a) An individual eligible to participate in the Former Foster Care Children Group shall meet the following requirements:

1. Age eighteen but under age twenty-six;
2. Not eligible for or in receipt of coverage under the provisions of any of the following chapters:
   (A) 17-1715, Children Group;
   (B) 17-1716, Pregnant Women Group;
   (C) 17-1717, Parents or Caretakers Relative Group; or
   (D) 17-1719, Aged, Blind or Disabled Group, sections 17-1719-10(b)(1) and (b)(2);
3. Was in receipt of foster care or placed in kinship guardianship after attaining the age of sixteen or adopted after attaining the age of sixteen, under a State’s or Tribe’s responsibility on the date of attaining eighteen years of age or such higher age at
which they became ineligible for these programs; and

(4) Was in receipt of Medicaid services under the State Plan or the Hawaii 1115 demonstration waiver while receiving foster care, kinship guardianship or adoption assistance.

(b) A blind or disabled former foster child described in subsection (a) who is applying on the basis of blindness or disability shall be subject to the provisions of chapters 17-1719, 1724.1 and 1725.1.


§17-1715.1-13 Eligibility review requirements. (a) An eligible individual under this chapter shall receive an annual eligibility review every twelve months.


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§§17-1715.1-14 to 17-1715.1-18 (Reserved).

SUBCHAPTER 3

FREEDOM OF CHOICE, ENROLLMENT, BENEFITS AND DISENROLLMENT

§17-1715.1-19 Purpose. This subchapter addresses and refers to the provisions of freedom of choice, enrollment, benefits and disenrollment for an individual who is eligible in accordance with this chapter. [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §§430.25, 431.10, 431.40) (Imp: HRS §346-14; 42 C.F.R. §§430.25, 431.10, 431.40)

§17-1715.1-20 Freedom of choice. (a) An individual eligible under the provisions of this chapter, with the exception of an individual identified in section 17-1735.1-2(a), shall be provided a choice of health plan and a provider as described in chapter 17-1720.1. (b) An individual identified in section 17-1735.1-2(a) shall choose a department approved provider as described in section 17-1736-3. [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §§430.25, 431.51, 438.52) (Imp: HRS §346-14; 42 C.F.R. §§430.25, 431.51, 438.52)

§17-1715.1-21 Enrollment into a participating health plan. (a) An individual eligible in accordance with this chapter, with the exception of an individual identified in section 17-1735.1-2(a), shall be enrolled in a health plan as described in chapter 17-1720.1. (b) An individual identified in section 17-1735.1-2(a) shall not be enrolled into a plan and their healthcare services shall be provided on a fee-for-service basis. [Eff 09/30/13] (Auth: HRS
§17-1715.1-22 Benefits. (a) An individual eligible in accordance with this chapter who is enrolled in a health plan shall be provided a standard benefits package by a participating health plan and other services when appropriate as described in chapter 17-1720.

(b) An individual identified in section 17-1735.1-2(a) shall be provided coverage under the fee-for-service provisions as described in chapter 17-1737. [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §§430.25, 431.40, 438.6) (Imp: HRS §346-14; 42 C.F.R. §§430.25, 431.40, 438.6)
