

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: HAWAII

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

**2.1 Application, Determination of Eligibility and
Furnishing Medicaid**

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 91-21
Supersedes
TN No. 75-28

Approval Date 10/13/82

Effective Date 10/01/91

HCFA ID: 7982E

Revision: HCFA-PM- (MB)

State/Territory: HAWAII

- Citation:** 2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.
- 42 CFR 435.914
1902(a)(34) of
the Act
- 1902(e)(8) and
1905(a) of the
Act (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
- 1902(a)(47) and
1920 of the Act (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

TN No. 03-003

Supersedes

TN No. 94-015Approval Date: MAR 2 2004 Effective Date:AUG 13 2003

Revision: HCFA-AT-84-2 (BERC)
01-84

State Hawaii

42 CFR 435.212
47 FR 54013

2.1(d) for Medicaid before the end of that period. The guaranteed eligibility status is computed beginning on the date of the individual's enrollment in the HMO.

Yes, one eligibility period of _____ (not to exceed six months) in which the individual is Medicaid eligible at the beginning of the period.

Yes, more than one successive eligibility period of _____ (not to exceed six months) in which the individual is Medicaid eligible at the beginning of each period.

Number of successive eligibility periods is limited to ___ periods.

No limit.

Not applicable.

TN No. 92-02
Supercedes
TN No. _____

Approval Date 3/09/92

Effective Date 01/01/92

Revision: HCFA-PM-91-6 (MB)
September 1991

OMB No.:

State/Territory: Hawaii

Citation

1902(a)(55)
of the Act

. 2.1(e)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

IN No. 91-13
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State: HAWAII

Citation
42 CFR
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. 91-21 Approval Date 10/13/92 Effective Date 10/01/91
 Supersedes TN No. 87-11 HCFA ID: 7982E

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: HAWAII

Citation

42 CFR 435.530(b)
42 CFR 435.531
AT-78-90
AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in

Supplement-2-to ATTACHMENT 2.2-A.

Not applicable.

TN No. 87-11
Supersedes
TN No. 76-1

Approval Date NOV 17 1987

Effective Date 7/1/87

HCFA ID: 1006P/0010P

Revision: HCFA-PH-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

State: HAWAII

Citation

42 CFR
435.121,
435.540(b)
435.541

2.5 Disability

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of ATTACHMENT 2.2-A of this plan.

TN No. 91-21
Supersedes
TN No. 87-11

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State: HAWAII

Citation(s)

2.6 Financial Eligibility

42 CFR
435.10 and
Subparts G & H
1902(a)(10)(A)(1)
(III), (IV), (V),
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 1902(a)(10)
(A)(ii)(X), 1902
(a)(10)(C),
1902(f), 1902(l)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

(a) The financial eligibility conditions for
Medicaid-only eligibility groups and for
persons deemed to be cash assistance
recipients are described in ATTACHMENT 2.6-A.

Revision: HCFA-PH-86-20 (BERC)
SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: Hawaii

Citation

2.7

Medicaid Furnished Out of State

431.52 and
1902(b) of the
Act, P.L. 99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN NO. 86-14
Supersedes
TN NO. 83-5

Approval Date FEB 3 1987

Effective Date 10/1/86

HCFA ID:0053C/0061E