

**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION**

NOTICE OF PUBLIC HEARING

Pursuant to sections 91-3 and 92-41, Hawaii Revised Statutes, notice is hereby given that the Department of Human Services will hold a public hearing to consider the amendment of rules for the Med-QUEST Division.

The proposed amendments are based on federal and state laws. Brief descriptions of the proposed amendments are listed below.

CHAPTER §17-1700 OVERVIEW.

This chapter is repealed and placed in the newly created chapter 17-1700.1 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1700.1 DEFINITIONS.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding of the program. The proposed rules promote program efficiency by subsuming all definitions in Title 17, Subtitle 12 Med-QUEST Division of the Hawaii Administrative Rules under one comprehensive chapter.

CHAPTER §17-1701 AVAILABILITY AND COST OF DEPARTMENT PROGRAM MANUALS.

This chapter is amended to repeal section 17-1701-2, Definitions.

CHAPTER §17-1702 CONFIDENTIALITY.

This chapter is amended to repeal section 17-1702-2, Definitions; and delete all references to obsolete programs, repealed chapters and other housekeeping measures.

CHAPTER §17-1703 ADMINISTRATIVE APPEALS.

This chapter is repealed and placed in the newly created chapter 17-1703.1 to comply with the provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1703.1 ADMINISTRATIVE APPEALS.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA).

Specifically, this chapter subsumes chapter 17-1703 and revamps the provisions for the administrative appeals process, responsibilities of the department to an applicant or recipient expressing dissatisfaction with a department action or inaction and coordination with the State Health Exchange, in compliance with ACA requirements.

CHAPTER §17-1704 FRAUD PROVISIONS.

This chapter is amended to repeal section 17-1704-2, Definitions.

CHAPTER §17-1705 MEDICAL ASSISTANCE RECOVERY.

This chapter is amended to repeal sections 17-1705-2, 17-1705-36, 17-1705-44, 17-1705-51 and 17-1705-66, Definitions; and delete all references to obsolete programs, repealed chapters and other housekeeping measures.

CHAPTER §17-1706 INCOME TAX SETOFF PROGRAM.

This chapter is amended to repeal section 17-1706-2, Definitions.

CHAPTER §17-1711 APPLICATION PROCESSING REQUIREMENTS.

This chapter is repealed and placed in the newly created chapter 17-1711.1 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1711.1 APPLICATION PROCESSING REQUIREMENTS.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding and access to the program. The proposed rules contain the provisions and requirements regarding applications for medical assistance for compliance with ACA.

CHAPTER §17-1712 ELIGIBILITY REDETERMINATIONS.

This chapter is repealed and placed in the newly created chapter 17-1712.1 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1712.1 ELIGIBILITY REDETERMINATIONS.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding and access to the program. The proposed rules contain the provisions and requirements regarding renewals and redeterminations for continuing medical assistance in compliance with ACA.

Specifically, this chapter subsumes chapter 17-1712 and simplified the subject matter content to describe annual determinations between the MAGI and MAGI-excepted populations and the processing of change of circumstances affecting determinations of eligibility.

CHAPTER §17-1713 NOTICE OF ADVERSE ACTION.

This chapter is repealed and placed in the newly created chapter 17-1713.1 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1713.1 NOTICES.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding and access to the program.

Specifically, this chapter subsumes chapter 17-1713 and established the circumstances, conditions and timeline provisions for department notifications to an applicant or recipient in compliance with ACA requirements.

CHAPTER §17-1714 GENERAL ELIGIBILITY REQUIREMENTS.

This chapter is repealed and placed in the newly created chapter 17-1714.1 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1714.1 GENERAL ELIGIBILITY REQUIREMENTS.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding and access to the program.

Specifically, this chapter subsumes chapter 17-1714 and updated the current policies regarding documentary evidence of citizenship and identity in accordance with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to obtaining verification through a federal or state governmental agency or electronic exchange between other agencies or programs, or via the federal hub or as a last resort, through self-attestation.

CHAPTER §17-1715 CHILDREN GROUP.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding of the program. The proposed rules contain the categorical, financial, and resource eligibility requirements and freedom of choice, enrollment, benefits and disenrollment information for children in compliance with mandated coverage groups and requirements prescribed by ACA.

Specifically, this chapter subsumes portions of chapter 17-1722, “State Medical Assistance for Immigrant Children”, chapter 17-1726, “Medical Assistance for Families with Children Described in Section 1931 of the Social Security Act”, chapter 17-1727, “Hawaii Health QUEST”, chapter 17-1728, “QUEST-Net” and chapter 1732, “Coverage of Blind or Disabled Pregnant Women and Children”, scheduled for simultaneous repeal upon the effective date of this chapter.

CHAPTER §17-1715.1 FORMER FOSTER CARE CHILDREN GROUP.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding of the program. The proposed rules contain the categorical, financial, and resource eligibility requirements, and freedom of choice, enrollment, benefits and disenrollment information for a former recipient aging out of foster care, kinship guardianship or adoption assistance who is age eighteen but under age twenty-six in compliance with mandated coverage groups and requirements prescribed by ACA.

CHAPTER §17-1716 PREGNANT WOMEN GROUP.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding of the program. The proposed rules contain the categorical, financial, and resource eligibility requirements, and freedom of choice, enrollment, benefits and disenrollment information for pregnant women in compliance with mandated coverage groups and requirements prescribed by ACA.

Specifically, this chapter subsumes portions of chapters 17-1722.2, “State Medical Assistance for Pregnant Legal Immigrants Program”, 17-1726, “Medical Assistance For Families with Children Described in Section 1931 of the Social Security Act”, 17-1727, “Hawaii Health QUEST”, 17-1728, “QUEST-Net” and 17-1732, “Coverage of Blind or Disabled Pregnant Women and Children”, scheduled for simultaneous repeal upon the effective date of this chapter.

CHAPTER §17-1717 PARENT OR CARETAKER RELATIVES GROUP.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding of the program. The proposed rules contain the categorical, financial, and resource eligibility requirements, and freedom of choice, enrollment, benefits and disenrollment information for a parent or caretaker relative to include a qualified non-citizen, aged or certified as blind or disabled individual living with a child to implement section 1931 of the Social Security Act in compliance with mandated coverage groups and requirements prescribed by ACA.

Specifically, this chapter replaces chapter 17-1726, “Medical Assistance for Families with Children Described in Section 1931 of the Social Security Act”, scheduled for simultaneous repeal upon the effective date of this chapter.

CHAPTER §17-1717.1 TRANSITIONAL MEDICAL ASSISTANCE.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding and access to the program. In addition, the proposed rules contain the provisions and requirements for an individual applying for Transitional Medical Assistance in compliance with ACA.

Specifically, this chapter subsumes chapter 17-1726, “Medical Assistance for Families with Children Described in Section 1931 of the Social Security Act” and adds freedom of choice, enrollment, benefits and disenrollment provisions for an individual applying for Transitional Medical Assistance.

CHAPTER §17-1718 ADULTS GROUP.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding of the program. The proposed rules contain the categorical, financial, and resource eligibility requirements, and freedom of choice, enrollment, benefits and disenrollment information for an adult, to include a qualified non-citizen or a parent or a caretaker relative ineligible under chapter 17-1717 in compliance with mandated coverage groups and requirements prescribed by ACA.

The establishment of this chapter allow for the simplification of the eligibility previously provided through the QUEST, QUEST-Net and QUEST-ACE programs under one collective chapter. Simultaneous appeal of chapters 17-1727, 17-1728 and 17-1728.1 will occur upon the effective date of this chapter.

CHAPTER §17-1719 AGED, BLIND AND DISABLED GROUP.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding of the program. The proposed rules contain the categorical, financial, and resource eligibility requirements, and freedom of choice, enrollment, benefits and disenrollment information for aged, blind or disabled individuals in compliance with mandated coverage groups and requirements prescribed by ACA.

Specifically, this chapter subsumes both Subchapter 2, “Categorical Eligibility Requirements” and Subchapter 4, “Standards of Assistance” from chapter 17-1721 scheduled for simultaneous repeal upon the effective date of this chapter. In addition, the chapter establishes the State authority to exempt aged, blind or disabled individuals from the required Modified Adjusted Gross Income (MAGI) methodology, and describes the standards of assistance for eligibility.

CHAPTER §17-1720 BENEFITS.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding and access to the program. The proposed rules establish and describe the covered services and benefits provided for enrollees in compliance with prescribed ACA requirements.

Specifically subsumes portions of chapters 17-1721.1, 17-1727, 17-1728 and 17-1728.1 to define the general provisions, scope and content of services, standard benefits package, specialized behavioral health services, home and community based services, institutional care services, dental services and exclusions and limitations provisions in managed care.

CHAPTER §17-1720.1 FREEDOM OF CHOICE, ENROLLMENT AND DISENROLLMENT.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding and access to the program. The proposed rules establish and describe the requirements for freedom of choice, enrollment and disenrollment provisions as authorized by Section 1115 of the Act and in compliance with prescribed ACA requirements.

Specifically, this chapter defines the general provisions, freedom of choice, enrollment, and disenrollment provisions and subsumes portions of chapters 17-1727, 17-1721.1, 17-1728 and 17-1728.1 scheduled for simultaneous repeal upon the effective date of this chapter.

CHAPTER §17-1721 MEDICAL ASSISTANCE TO AGED, BLIND OR DISABLED INDIVIDUALS.

This chapter is repealed and placed in the newly created chapter 17-1719 to comply with the provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1721.1 QUEST EXPANDED ACCESS.

This chapter is repealed and placed in the newly created chapters 17-1720, 17-1720.1 and 17-1735.1 for public clarity and transparency.

CHAPTER §17-1722 SPECIAL MEDICAL ASSISTANCE COVERAGES AND PROGRAMS.

This chapter is amended to repeal sections 17-1722-34, 17-1722-57, 17-1722-87, 17-1722-117 and 17-1722-146, Definitions; and delete all references to obsolete programs, repealed chapters and other housekeeping measures.

CHAPTER §17-1722.1 STATE MEDICAL ASSISTANCE FOR IMMIGRANT CHILDREN PROGRAM.

This chapter is repealed as a housekeeping measure as a result of the approval (effective date July 31, 2009) for full Medicaid coverage for immigrant children who are otherwise eligible non-citizens lawfully residing in the United States who would otherwise be subject to a five year period under current law.

CHAPTER §17-1722.2 STATE MEDICAL ASSISTANCE FOR PREGNANT LEGAL IMMIGRANT PROGRAM.

This chapter is repealed as housekeeping measure as a result of the approval (effective July 31, 2009) of full Medicaid coverage for pregnant women who are otherwise eligible aliens lawfully residing in the United States who would otherwise be subject to a five year waiting period under current law.

CHAPTER §17-1722.3 BASIC HEALTH HAWAII.

This chapter is amended to repeal section 17-1722.3-2, Definitions; and delete all references to obsolete programs, repealed chapters, and other housekeeping measures.

CHAPTER §17-1723 MEDICAL ASSISTANCE TO ALIENS AND REFUGEES.

This chapter is repealed and placed in the newly created chapter 17-1723.1, 17-1723.2, 17-1723.3 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1723.1 EMERGENCY MEDICAL ASSISTANCE FOR NON-CITIZENS.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding and access to the program and describes the provisions and requirements to receive emergency medical assistance for non-citizens.

Specifically, the amendments establish a dedicated chapter to Emergency services for non-citizens ineligible for medical assistance under Title XIX or Title XXI.

CHAPTER §17-1723.2 REFUGEE MEDICAL ASSISTANCE.

This new chapter is established to align the current Medicaid program by adopting a simplified approach to increase public understanding and access to the program. In addition, the proposed rules contain the provisions and requirements for an individual applying for medical assistance under the Refugee Medical Assistance program in compliance with ACA requirements.

Specifically, this chapter subsumes Subchapter 3, of Chapter 17-1723, “Emergency Medical Assistance to Aliens and Refugees” and adds freedom of choice, enrollment, benefits and disenrollment provisions for an individual applying for the Refugee Medical Assistance (RMA) Program.

CHAPTER §17-1723.3 MEDICAL ASSISTANCE FOR REPATRIATES.

This new chapter is established to align the current Medicaid program by adopting a simplified approach to increase public understanding and access to the program. The proposed rules contain categorical, financial and resource eligibility requirements and the freedom of choice, benefits and repayment provisions for an individual applying for medical assistance under the Repatriate program.

CHAPTER §17-1724 INCOME.

This chapter is repealed and placed in the newly created chapter 17-1724.1 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1724.1 INCOME FOR MAGI-EXCEPTED INDIVIDUALS.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding and access to the program. The proposed rules update current income regulations related to aged, blind or disabled individuals also referred to as the MAGI-excepted group.

Specifically, the chapter subsumes Subchapter 4, “Standards of Assistance”; Subchapter 5, “Determining Monthly Net Income”, Subchapter 6, “Financial Eligibility Determination”, and Subchapter 7, “Financial Eligibility and Liability of Individuals receiving Long-Term Care Services” from chapter 17-1721 scheduled for simultaneous repeal upon the effective date of this chapter.

CHAPTER §17-1724.2 MODIFIED ADJUSTED GROSS INCOME (MAGI) BASED METHODOLOGY.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) through the adoption of a simplified approach to determine financial eligibility utilizing the modified adjusted gross income (MAGI) based methodology as defined in 26 C.F.R. §1.36B (d) (2) (B) under the Internal Revenue Code.

In addition, the chapter assures compliance with ACA maintenance of effort requirements during the transition to the MAGI methodology under §1902(e)(14)(A) and (E) to insure individuals and children currently eligible under the State Plan or the (1115) waiver will not adversely be affected due to the implementation of the MAGI methodology.

CHAPTER §17-1725 ASSETS.

This chapter is repealed and placed in the newly created chapter 17-1725.1 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1725.1 ASSETS FOR MAGI-EXCEPTED INDIVIDUALS.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA). The proposed rules updated current asset regulations relating to aged, blind or disabled individuals also referred to as the MAGI-excepted group.

Specifically, the chapter subsumes Subchapter 3, “Personal Reserve Standards”, Subchapter 7, “Financial Eligibility and Liability of Individuals Receiving Long-Term Care Services”, and Subchapter 8, “Treatment of Assets for Individuals requesting Coverage of Long-Term Care Services” from chapter 17-1721 scheduled for simultaneous repeal upon the effective date of this chapter.

CHAPTER §17-1726 MEDICAL ASSISTANCE FOR FAMILIES WITH CHILDREN DESCRIBED IN SECTION 1931 OF THE SOCIAL SECURITY ACT.

This chapter is repealed and placed in the newly created chapters 17-1715, 17-1716, 17-1717 and 17-1717.1 to comply with the provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1727 HAWAII HEALTH QUEST.

This chapter is repealed and placed in the newly created chapters 17-1715, 17-1716, 17-1717 and 17-1718 to comply with the provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1728 QUEST-NET.

This chapter is repealed and placed in the newly created chapters 17-1715 and 17-1718 to comply with the provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1728.1 QUEST-ACE.

This chapter is repealed and placed in the newly created chapter 17-1718 to comply with the provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1730 QUEST SPENDDOWN PROGRAM.

This chapter is repealed and placed in the newly created chapter 17-1730.1 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1730.1 MEDICALLY NEEDED SPENDDOWN.

This new chapter is established to align the current Medicaid program with the Affordable Care Act of 2010 (ACA). The proposed rules describe the provisions of the spend-down of excess income with incurred medical expenses for children, pregnant women and ABD individuals to qualify for medical assistance.

CHAPTER §17-1732 COVERAGE OF BLIND OR DISABLED PREGNANT WOMEN AND CHILDREN.

This chapter is repealed as a housekeeping measure as a result of the approval (effective July 31, 2009) of full Medicaid coverage for pregnant women who are otherwise eligible aliens lawfully residing in the United States who would otherwise be subject to a five year waiting period under current law effective. Currently this population is included in the newly created chapters 17-1715 and 17-1716.

CHAPTER §17-1733 COVERAGE OF INDIVIDUALS WITH BREAST AND CERVICAL CANCER.

This chapter is repealed and placed in the newly created chapter 17-1733.1 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1733.1 COVERAGE OF INDIVIDUALS WITH BREAST AND CERVICAL CANCER.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA). The proposed amendments describe the categorical and financial eligibility requirements and add freedom of choice, enrollment, benefits and disenrollment provisions for an individual applying for medical assistance under the chapter.

CHAPTER §17-1734 STATE FUNDED COVERAGE OF INDIVIDUALS WITH BREAST AND CERVICAL CANCER.

This chapter is repealed and placed in the newly created chapter 17-1734.1 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1734.1 STATE FUNDED COVERAGE OF INDIVIDUALS WITH BREAST AND CERVICAL CANCER.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA). The proposed rules contain current regulations to align with provisions of chapter 17-1733.1, "Coverage of Individuals with Breast and Cervical Cancer."

Specifically, the proposed amendments describe the categorical and financial eligibility requirements and add freedom of choice, enrollment, benefits and disenrollment provisions for an individual applying for medical assistance under this State funded program.

CHAPTER §17-1735 GENERAL PROVISIONS FOR FEE-FOR-SERVICE MEDICAL ASSISTANCE.

This chapter is repealed and placed in the newly created chapter 17-1735.1 to comply with provisions of the Affordable Care Act of 2010 (ACA) and State compilation requirements.

CHAPTER §17-1735.1 GENERAL PROVISIONS FOR FEE-FOR-SERVICE MEDICAL ASSISTANCE.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA). The proposed rules update the current fee-for-service component of the medical assistance program to align with mandated Affordable Care Act.

CHAPTER §17-1735.2 GENERAL PROVISIONS FOR PARTICIPATING HEALTH PLANS.

This new chapter is established to align the current Medicaid program with the provisions of the Affordable Care Act of 2010 (ACA) by adopting a simplified approach to increase public understanding and access to the program.

Specifically, the chapter describes the requirements, capitated payments and contract enforcement provisions for participating health plans under the Medicaid program.

CHAPTER §17-1736 PROVIDER PROVISIONS.

This chapter is amended to repeal sections 17-1736-2, 17-1736-12 and 17-1736-32, Definitions.

CHAPTER §17-1737 SCOPE AND CONTENTS OF THE FEE-FOR-SERVICE MEDICAL ASSISTANCE PROGRAM.

This chapter is amended to repeal sections 17-1737-2, 17-1737-11, 17-1737-27, 17-1737-90, 17-1737-100 and 17-1737-116, Definitions.

CHAPTER §17-1738 TARGETED CASE MANAGEMENT SERVICES.

This chapter is amended to repeal section 17-1738-2, Definitions; and delete all references to obsolete programs and other housekeeping measures.

CHAPTER §17-1739 AUTHORIZATION, PAYMENT, AND CLAIMS IN THE FEE-FOR-SERVICE MEDICAL ASSISTANCE PROGRAM.

The chapter is amended to repeal section 17-1739-53, Definitions.

CHAPTER §17-1739.1 AUTHORIZATION, PAYMENT, AND CLAIMS IN THE FEE-FOR-SERVICE MEDICAL ASSISTANCE PROGRAM FOR NON-INSTITUTIONAL SERVICES.

This chapter is amended to repeal section 17-1739.1-2, Definitions.

CHAPTER §17-1739.2 AUTHORIZATION, PAYMENT, AND CLAIMS IN THE FEE-FOR-SERVICE MEDICAL ASSISTANCE PROGRAM – LONG TERM CARE PROSPECTIVE PAYMENT SYSTEM.

This chapter is amended to repeal section 17-1739.2-1, Definitions.

CHAPTER §17-1740.1 REIMBURSEMENT OF FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS.

This chapter is amended to repeal section 17-1740.1-2, Definitions.

CHAPTER §17-1741 UTILIZATION CONTROL.

This chapter is amended to repeal section 17-1741-2, Definitions.

CHAPTER §17-1744 COVERAGE OF MEDICARE PREMIUMS.

This chapter is amended to repeal section 17-1744-2, Definitions.

CHAPTER §17-1745 FUNERAL PAYMENTS PROGRAM.

This chapter is amended to repeal section 17-1745-2, Definitions.

Date: August 12, 2013

Time: 9:00 a.m.

Place: Liliuokalani Building, 1390 Miller Street, 2nd Floor Conference Rooms 1 & 2, Honolulu, Hawaii.

All interested parties are invited to attend the hearing and to state their views relative to the proposed rules either orally or in writing. Should written testimony be presented, three (3) copies shall be made available to the presiding officer at or before the public hearing to:

Department of Human Services
Med-QUEST Division
Attention: Policy and Program Development Office
P. O. Box 700190
Kapolei, Hawaii 96709-0190

Residents of Hawaii, Kauai, Maui, and Molokai wishing to present oral testimonies may also contact the Med-QUEST Division on the respective neighbor islands no earlier than seven (7) days before the Honolulu hearing date to have their testimony recorded:

East Hawaii Section
Waiakea Kai Shopping Plaza
88 Kanoelehua Avenue, Room 107
Hilo, Hawaii 96720
Phone: 933-0339

Maui Section
Millyard Plaza
210 Imi Kala Street, Suite 101
Wailuku, Hawaii 96793
Phone: 243-5780

West Hawaii Section
Lanihau Professional Center
75-5591 Palani Road, Suite 3004
Kailua-Kona, Hawaii 96740

Molokai Section
State Civic Center
65 Makaena Street, Room 110
Kaunakakai, Hawaii 96748

Phone: 327-4970

Phone: 1-800-894-5755

Kauai Section
Dynasty Court
4473 Pahee Street, Suite A
Lihue, Hawaii 96766
Phone: 241-3575

Lanai Unit
Call toll free 1-800-894-5755

A copy of the proposed amendments will be available for public viewing from the first working day that the legal notice appears in the Honolulu Star-Advertiser, Hawaii Tribune Herald, West Hawaii Today, The Maui News, and The Garden Island for a period of thirty days after the publication of this notice, from Monday – Friday, exclusive of State holidays, between the hours of 9:00 a.m. to 2:00 p.m., at the appropriate Med-QUEST Division offices on their respective islands listed above. On Oahu, the proposed amendments will be available at 601 Kamokila Boulevard, Room 518, Kapolei, Hawaii 96707, between the hours of 7:45 a.m. to 4:30 p.m., and 801 Dillingham Boulevard, 3rd Floor, Honolulu, Hawaii 96817, between the hours of 9:00 a.m. to 2:00 p.m., from Monday – Friday, exclusive of State holidays.

Proposed rules are also available at the Virtual Rules Center located at the following website:

<http://www.hawaii.gov/dhs/main/har/>

Special accommodations (i.e., interpreter, sign language interpreter, large print, taped materials, or accessible parking) will be arranged, if requested no later than seven (7) working days before the scheduled public hearing on Oahu by calling 692-8058. Neighbor island residents requesting special accommodations should contact the appropriate Med-QUEST Division Sections on the respective neighbor islands listed above.

DEPARTMENT OF HUMAN SERVICES
PATRICIA MCMANAMAN, DIRECTOR