

80. Chapter 1732 is repealed.

81. Chapter 1733 is repealed.

82. Chapter 1733.1 of Title 17, Hawaii Administrative Rules, entitled "COVERAGE OF INDIVIDUALS WITH BREAST AND CERVICAL CANCER", is an addition of a new chapter to read as follows:

"HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12

MED-QUEST DIVISION

CHAPTER 1733.1

COVERAGE OF INDIVIDUALS WITH
BREAST AND CERVICAL CANCER

Subchapter 1 General Provisions

§17-1733.1-1 Purpose
§17-1733.1-2 General requirements
§§17-1733.1-3 to 17-1733.1-7 (Reserved)

Subchapter 2 Eligibility Requirements

§17-1733.1-8 Purpose
§17-1733.1-9 Basic requirements
§17-1733.1-10 Categorical requirements
§17-1733.1-11 Non-financial eligibility
requirements and date of coverage
§17-1733.1-12 Income and asset requirements
§17-1733.1-13 Eligibility review
§§17-1733.1-14 to 17-1733.1-18 (Reserved)

435.916, 455.) (Imp: HRS §§346-14, 346-44; 42 C.F.R. §§431.200, 431.206, 431.221, 431.230, 431.300, 435.116, 435.201, 435.907, 435.916, 455.1)

§§17-1733.1-3 to 17-1733.1-7 (Reserved).

SUBCHAPTER 2

ELIGIBILITY REQUIREMENTS

§17-1733.1-8 Purpose. This subchapter describes the eligibility requirements for participation in accordance with this chapter. [Eff] (Auth: HRS §346-14; 42 CFR §435.213) (Imp: HRS §346-14; 42 CFR §435.213)

§17-1733.1-9 Basic requirements. An individual shall meet the basic eligibility requirements, which include but are not limited to, citizenship, qualified non-citizen status, 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] (Auth: HRS §§346-14, 346-29; 42 C.F.R. §§435.110, 435.400, 435.910) (Imp: HRS §§346-14, 346-29; 42 C.F.R. §§435.110, 435.400, 435.910)

§17-1733.1-10 Categorical requirements. (a) An individual shall meet the following requirements:

- (1) Under age sixty-five;
- (2) Eligible and screened for breast or cervical cancer or a precancerous condition of the breast or cervix by an authorized CDC BCCEDP;
- (3) Require treatment for breast or cervical cancer or a precancerous condition of the breast or cervix;
- (4) Not otherwise covered under creditable coverage; and

(5) Not eligible under any other Medicaid coverage group.

(b) A new period of eligibility may be established for an individual who is screened by an authorized CDC BCCEDP with a recurrence or a new occurrence of breast or cervical cancer or a precancerous condition of the breast or cervix that requires treatment and meets the provisions of subsection (a). [Eff _____] (Auth: HRS §346-14; 42 C.F.R. §§435.213) (Imp: HRS §346-14; 42 C.F.R. §§435.213)

§17-1733.1-11 Non-financial eligibility requirements and effective date of coverage. (a) An individual who is determined eligible in accordance with this chapter shall remain eligible while receiving required treatment.

(1) Breast or cervical cancer shall be medically reevaluated annually by a treating physician to verify and confirm the need for continued treatment at the time of the annual eligibility review; or

(2) A precancerous condition of the breast or cervix shall be medically reevaluated at six-month intervals by a treating physician to verify and confirm the need for continued treatment, and one of the reevaluations shall coincide with the annual eligibility review.

(b) Eligibility shall be effective retroactively to the date the individual is screened and initially diagnosed with breast or cervical cancer or a precancerous condition of the breast or cervix by the authorized CDC BCCEDP or ten calendar days immediately prior to the date the application is received by the department as described in chapter 1720.1, whichever occurs first. [Eff _____] (Auth: HRS §346-14; 42 CFR §§430.25, 431.40, 435.213, 438.6) (Imp: HRS §346-14; 42 CFR §§430.25, 431.40, 435.213, 438.6)

§17-1733.1-12 Income and asset requirements. An individual's household income and assets shall not be considered in determining eligibility for participation

§17-1733.1-21 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 health plan and services shall be provided on a fee-for-service basis. [Eff _____] (Auth: HRS §346-14; 42 CFR §§430.25, 431.10, 431.40, 438.50) (Imp: HRS §346-14; 42 CFR §§430.25, 431.10, 431.40, 438.50)

§17-1733.1-22 Benefits. (a) An individual 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 _____] (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)

§17-1733.1-23 Disenrollment from a health plan. An enrollee shall be disenrolled from a health plan under the provisions as described in chapter 17-1720.1. [Eff _____] Auth: HRS§346-14; 42 CFR §§430.25, 431.40, 438.56) (Imp: HRS §346-14; 42 CFR §§430.25, 431.40, 438.56)

§§17-1733.1-24 to 17-1733.1-28 (Reserved)."