2. Chapter 17-1715.1, of Title 17, Hawaii Administrative Rules, entitled “Former Foster Care Children Group” is amended and compiled to read as follows:

“HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12

MED-QUEST DIVISION

CHAPTER 1715.1

FORMER FOSTER CARE CHILDREN GROUP

Subchapter 1   General Provisions
§17-1715.1-1   Purpose
§17-1715.1-2   General requirements
§§17-1715.1-3 to 17-1715.1-7   (Reserved)

Subchapter 2   Eligibility Requirements
§17-1715.1-8   Purpose
§17-1715.1-9   Basic requirements
§17-1712.1-10  Categorical requirements
§17-1715.1-11  Income requirements
§17-1715.1-12  Asset requirements
§17-1715.1-13  Eligibility review requirements
§§17-1715.1-14 to 17-1715.1-18   (Reserved)

Subchapter 3   Freedom of Choice, Enrollment, Benefits and Disenrollment
§17-1715.1-19 Purpose
§17-1715.1-20 Freedom of choice
§17-1715.1-21 Enrollment into a participating health plan
§17-1715.1-22 Benefits
§17-1715.1-23 Disenrollment from a health plan
§§17-1715.1-24 to 17-1715.1-28 (Reserved)

SUBCHAPTER 1
GENERAL PROVISIONS

§17-1715.1-1 Purpose. This chapter [describes] establishes the Former Foster Care Children Group. The Former Foster Care Children Group, created through the enactment of the Affordable Care Act, provides Medicaid eligibility for [a] certain former [recipient] recipients of foster care, kinship guardianship, or adoption assistance who [are] are age eighteen years 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; am and comp] (Auth: HRS §346-14; 42 C.F.R §§430.25, 435.150) (Imp: HRS §346-14; 42 C.F.R §§430.25, 435.150)


§17-1715.1-9 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 non-citizen or lawfully present 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 09/30/13; am and comp ] (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]To be eligible under the Former Foster Care Children Group [shall meet the following requirements], an individual shall:

1. Be at least eighteen years of age but under twenty-six years of age;

2. Not be 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)]; section 17-1719-11.1(a)(1); and
(E) 17-1717.1, Transitional Medical Assistance.

(3) [Was] After attaining the age of sixteen years, have been in receipt of foster care or placed in kinship guardianship [after attaining the age of sixteen] or adopted [after attaining the age of sixteen] while under [a] the 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] Have been in receipt of Medicaid services under the State Plan or the Hawaii section 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.

(c) An individual who is eligible under this chapter shall have eligibility redetermined under another eligibility group effective the month following the month the maximum age for eligibility under the Former Foster Care Children Group is attained. [Eff 09/30/13; am and comp] (Auth: HRS §346-14; 42 C.F.R §§435.4, 435.150, 435.603) (Imp: HRS §346-14; 42 C.F.R §§435.4, 435.150, 435.603)

§17-1715.1-11 Income requirements. Income shall not be considered in the determination of eligibility


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

§§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; comp ] (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; comp ] (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; comp ] (Auth: HRS §346-14; 42 C.F.R. §§430.25, 431.10, 431.40, 438.50) (Imp: HRS §346-14; 42 C.F.R. §§430.25, 431.10, 431.40, 438.50)

§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; comp ] (Auth: HRS

§§17-1715.1-24 to 17-1715.1-28 (Reserved).”