HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12

MED-QUEST DIVISION

CHAPTER 1719

AGED, BLIND, AND DISABLED GROUP

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§17-1719-19  Purpose


§17-1719-9 Basic requirements. An individual whose eligibility is being determined under this chapter shall meet the basic eligibility requirements which include, but are not limited to, citizenship, qualified non-citizen or a 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 Nov 10 2016] (Auth: HRS §§346-14; 42 C.F.R. §§435.121, 435.230, 435.330, 435.400, 435.910) (Imp: HRS §§346-14; 42 C.F.R. §§435.121, 435.230, 435.330, 435.400, 435.910)

§17-1719-10 Categorical requirements for an aged individual. (a) To be eligible under the Aged, Blind, and Disabled Group, an aged individual shall be at least sixty-five years of age in the month of eligibility.

(b) Proof of age shall be required, and includes, but is not limited to:

1. Birth verification, legal documents, or church records; or

2. Eligibility for or receipt of SSI or RSDI benefits on the basis of being aged.
§17-1719-10.1 Categorical requirements for a blind individual. (a) To be eligible under the Aged, Blind, and Disabled Group, a blind individual shall have central visual acuity of 20/200 or worse in the better eye with correcting lens, or the widest field of vision subtends an angle no greater than twenty degrees (tunnel vision).

(b) Proof of blindness shall be required, and includes, but is not limited to:

(1) Eligibility for or receipt of SSI or RSDI benefits based on blindness.

(2) Certification of blindness by the department's division of vocational rehabilitation, Ho'opono, if the requirement of paragraph (1) is not met.

(A) Recertification of blindness is not required if the department's division of vocational rehabilitation, Ho'opono, certified the blind individual's condition to be permanent with little chance of improvement and, therefore, specifies that reevaluation is not necessary or warranted.

(B) Recertification of blindness is required if the individual's condition is not permanent, there is a possibility of improvement, or reevaluation is recommended by the department's division of vocational rehabilitation, Ho'opono.

(i) Reevaluation of blindness shall be scheduled as recommended by the department's division of vocational rehabilitation, Ho'opono.

(ii) If no evaluation date is indicated, recertification will be scheduled on an annual basis.

§17-1719-10.2 Categorical requirements for a disabled individual. (a) To be eligible under the Aged, Blind, and Disabled Group, a disabled individual shall be unable to engage in substantial gainful activity because of a medically determinable physical or mental impairment which has lasted or is expected to last for a continuous period of not less than twelve months or which is expected to result in death.

(b) Proof of disability shall be required, and includes, but is not limited to:

(1) Eligibility for or receipt of SSI or RSDI benefits based on disability.

(2) Certification of disability by the department's aid to the disabled review committee (ADRC) if the requirement of paragraph (1) is not met.

(A) Recertification of disability is not required if the department’s ADRC certifies the individual’s condition to be permanent with little chance of significant improvement and therefore specifies that reevaluation is not necessary or warranted.

(B) Recertification of disability is required if the individual’s condition is not permanent, there is a possibility of improvement, or reevaluation is recommended by the department’s ADRC.

(i) Reevaluation shall be scheduled as recommended by the department’s ADRC.

(ii) If no evaluation date is indicated, recertification will be scheduled on an annual basis.

[Eff and comp NOV 10 2016 ]

§17-1719-11 Income requirements. (a) The income standards for participation in the Aged, Blind, and Disabled Group, are the standards of assistance as designated under this subchapter.

(b) An individual who meets the requirements of more than one standard of assistance shall have eligibility determined based on the standard of assistance that would be most beneficial to the individual.

(c) Countable income, as referred to in chapter 17-1724.1, after allowable disregards and exemptions, shall be compared to the standards of assistance which are established for the different coverage groups under the State Plan.

(d) An individual applying for medical assistance shall not be required to apply for or receive SSI.

(e) If income exceeds the applicable standards of assistance under section 17-1719-11.1, the provisions relating to an individual with excess income described in chapter 1730.1 shall apply.

(f) The provisions of subchapter 8 of chapter 17-1724.1 shall apply to an individual who is requesting or receiving coverage of long-term care services. [Eff 09/30/13; am and comp NOV 10 2016 ]

§17-1719-11.1 Standards of assistance. (a) In addition to meeting the categorical requirements for an aged, blind, or disabled individual under this chapter, the individual must be eligible for one of the following categorically needy groups:

(1) Mandatory Categorically Needy (MCN) for an individual or couple, as applicable, eligible for or in receipt of SSI payments or SSP payments, or both, and the standard of assistance shall be equal to the SSI standard.
(2) Medically Needy (MN) for an individual financially ineligible for SSI benefits, but whose income is insufficient to meet medical expenses, and the standard of assistance shall be equal to fifty per cent of the 2006 federal poverty level for a household of applicable size.

(3) Optional Categorically Needy (OCN) for an individual who is sixty-five years of age or older or whose eligibility is being determined on the basis of being disabled, and the standard of assistance shall be equal to one hundred per cent of the federal poverty level for a household of applicable size.

(4) Optional Categorically Needy (OCN) for an individual in a licensed domiciliary care facility, both residential care facility and community care foster family home; and the standard of assistance shall be equal to the rate of payment of the SSI program and SSP for:
   (i) A Type I domiciliary care facility has not more than five residents; or
   (ii) A Type II domiciliary care facility has six or more residents.

(b) If income exceeds the applicable standards of assistance, the individual shall be evaluated for other available eligibility groups. [Eff and comp NOV 10 2016] (Auth: HRS §§346-14, 346-53; 42 C.F.R. §§435.120, 435.121, 435.210, 435.217, 435.230, 435.330, 435.811, 435.831)
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(b) For each household member in households greater than two, $250 shall be added to the SSI personal reserve standard for two and the resultant amount is the personal reserve standard for a household of applicable size.

(c) An individual or household whose equity in non-exempt assets as determined in chapter 17-1725.1 exceeds the personal reserve standard for medical assistance for a household of applicable size shall be ineligible for medical assistance.

(d) An individual who is requesting or receiving coverage of long-term care services must meet the requirements of subchapter 7 of chapter 17-1725.1.

§17-1719-13 Eligibility review requirements.

(a) An eligible individual shall receive an eligibility review every twelve months.


§§17-1719-14 to 17-1719-18 (Reserved).

SUBCHAPTER 3

FREEDOM OF CHOICE, ENROLLMENT, BENEFITS AND DISENROLLMENT

§17-1719-19 Purpose. This subchapter addresses and refers to the provisions of freedom of choice, enrollment, benefits and disenrollment for an aged, blind, or disabled individual who is eligible in accordance with this chapter. [Eff 09/30/13;
§17-1719-20 Freedom of choice. (a) An aged, blind or disabled individual eligible in accordance with this chapter, with the exception of an individual identified in section 17-1735.1-2(a), shall be provided a choice of a health plan and a provider as described in chapter 17-1720.1.

(b) An aged, blind or disabled individual identified in section 17-1735.1-2(a) shall choose a department approved provider as described in section 17-1736-3.

§17-1719-21 Enrollment into a participating health plan. (a) An aged, blind or disabled 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 aged, blind or disabled individual identified in section 17-1735.1-2(a) shall not be enrolled into a plan and services shall be provided on a fee-for-service basis.
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Benefits. (a) An aged, blind or disabled individual 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 aged, blind or disabled 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 NOV 1 O 2 0 1 6 ] (Auth: HRS §§346-14, 346-29; 42 C.F.R. §§435.131, 435.330, 435.520, 435.522, 435.530, 435.531, 435.540, 435.541, 435.608; 45 C.F.R. §§233.39, 233.70, 233.80; 42 U.S.C. §1396(a) to (m))


§ 17-1719-23 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 09/30/13; comp NOV 1 O 2 0 1 6 ] (Auth: HRS §346-14; 42 C.F.R. §§430.25, 431.40, 438.56)

(Im p: HRS §346-14; 42 C.F.R. §§430.25, 431.40, 438.56)

§§17-1719-24 to 17-1719-28 (Reserved).