MEMORANDUM

TO: Nursing Facilities

FROM: Kenneth S. Fink, MD, MGA, MPH
Med-QUEST Division Administrator

SUBJECT: TRANSITION OF CARE FOR STATE-FUNDED MEDICAL ASSISTANCE PROGRAM BENEFICIARIES

The Department of Human Services, Med-QUEST Division (MQD) is issuing this memorandum to provide guidance regarding transitioning individuals who are receiving state-funded medical assistance, i.e., non-pregnant adult migrants who are citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau as well as immigrants who have been lawfully residing in the United States for less than five (5) years.

Non-aged, blind, or disabled individuals will be transferred to the Hawaii Health Connector (Connector). Their coverage from MQD will end February 28, 2015, and their coverage through the Connector should begin no later than March 1, 2015.

Beginning March 1, 2015, MQD will have a State-funded medical assistance program for aged, blind, or disabled (ABD) individuals (State-funded ABD program), which will provide the same benefits as Medicaid would provide, including long-term services and supports (LTSS). ABD beneficiaries as of February 28, 2015 will be automatically moved into the State-funded ABD program.

Nursing facilities may have individuals living in their facilities who require LTSS and meet Intermediate Care Facility (ICF) level of care but do not have their eligibility on the basis of being aged, blind, or disabled. In other words, these individuals are considered non-ABD and will otherwise be transferred to the Connector. You can check the DHS Medicaid Online (DMO) to see if an individual is eligible as an ABD; ABD individuals will have an “X” in front of the health plan designator, e.g., XALOHA.
If your nursing facility has any patients that are not identified as being ABD but require LTSS, please work with their current QUEST Integration health plan to submit an Aid to Disability Review Committee (ADRC) packet to MQD prior to February 28, 2015.

After February 28, 2015, a new application (DHS 1100) will need to be submitted to the eligibility branch for processing. Please indicate on the application if retroactive eligibility is being sought and if so to what date. To facilitate the eligibility determination, please include the Aid to Disability Review Committee (ADRC) packet with the application.

Please contact Patti Bazin via e-mail at pbazin@medicaid.dhs.state.hi.us or call her at 692-8083 should you have any questions.

c: QUEST Integration Health Plans