HEALTH & WELFARE COMMITTEE

ADMINISTRATIVE RULES REVIEW

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2012 Legislative Session

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16.03.09 - MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-1101

NOTICE OF RULEMAKING - TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is **September 28, 2011**.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202(b), 56-203(7), 56-203(9), 56-209(g), 56-250 through 56-257, and 56-260 through 56-266, Idaho Code, as amended in House Bill 260.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than December 21, 2011.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Under Section 56-209(g), Idaho Code, the Department is required to pay the lesser of the pharmacy provider's lowest charge to the general public for a drug or the estimated acquisition cost (EAC), plus a dispensing fee. These changes provide for the administration and policies needed to implement the reimbursement to pharmacies required in statute. Obsolete language is being removed and the structure for dispensing fees is being added based on a tiered structure.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(b), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate to comply with deadlines in amendments to governing law or federal programs, in particular, House Bill 260 (2011).

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year:

The state general fund savings associated with this rulemaking are estimated to be $2,000,000.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was conducted to implement Section 8 of HB 260 regarding pharmacy drug

acquisition costs and dispensing fees. The notice of negotiated rulemaking was published in the May 4, 2011, Idaho Administrative Bulletin, Vol. 11-5, page 62.

INCORPORATION BY REFERENCE: No materials are being incorporated by reference into these rules.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Robert Kellerman at (208) 364-1994.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before December 28, 2011.

DATED this 8th day of November, 2011.

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THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0309-1101

665. PRESCRIPTION DRUGS: PROVIDER REIMBURSEMENT.

01. Nonpayment of Prescriptions. Prescriptions not filled in accordance with the provisions of Subsection 664.02 of these rules will be subject to nonpayment or recoupment. *(3-30-07)*

02. Payment Procedures. The following protocol must be followed for proper reimbursement. *(3-30-07)*(9-28-11)T

***a*01. Filing Claims**. Reimbursement is restricted to those drugs supplied from labelers that are participating in the CMS Medicaid Drug Rebate Program. Pharmacists must file claims electronically with Department-approved software or by submitting the appropriate claim form to the fiscal contractor. Upon request, the contractor will provide pharmacies with a supply of claim forms. The form must include information described in the pharmacy guidelines issued by the Department. *(3-30-07)*(9-28-11)T

~~*b*~~**02. Claim Form Review**. Each claim form may be subject to review by a contract claim examiner, a pharmaceutical consultant, or a medical consultant. (3-30-07)

~~*c*~~**03. Billed Charges**. A pharmacy's billed charges are not to exceed the usual and customary charges defined as the lowest charge by the provider to the general public for the same service including advertised specials. (3-30-07)

~~*d*~~**04. Reimbursement**. Reimbursement to pharmacies is limited to the lowest of the following: (3-30-07)

~~*i*~~**a.** Federal Upper Limit (FUL), as established by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services, plus the dispensing fee assigned by the Department; (3-30-07)

~~*ii*~~**b.** State Maximum Allowable Cost (SMAC), as established by the Department, plus the assigned dispensing fee; (3-30-07)

~~*iii*~~**c.** Estimated Acquisition Cost (EAC), ~~*as established by the Department following negotiations with representatives of the Idaho pharmacy profession defined as an approximation of the net cost of the drug*~~ defined as the Average Actual Acquisition Cost (AAAC), plus the assigned dispensing fee. In cases where no AAAC is available, reimbursement will be the Wholesale Acquisition Cost (WAC). WAC will mean the price, paid by a wholesaler for the drugs purchased from the wholesaler's supplier, typically the manufacturer of the drug as published by a recognized compendia of drug pricing on the last day of the calendar quarter that corresponds to the calendar quarter; or ~~*(4-7-11)*~~(9-28-11)T

~~*iv*~~**d.** The pharmacy's ~~*usual and customary charge to the general public*~~ billed charges as defined in Subsection 665.02~~*3.c.*~~ of this rule. ~~*(3-30-07)*~~(9-28-11)T

~~*e*~~**05. Dispensing Fee~~*s*~~. Only one (1) dispensing fee per month will be allowed for the dispensing of each maintenance drug to any participant as an outpatient or a resident in a care facility except: ~~*(3-30-07)*~~(9-28-11)T

~~*i*~~**a.** Multiple dispensing of topical and injectable medication when dispensed in manufacturer's original package sizes, unless evidence exists, as determined by the Department, that the quantity dispensed does not relate to the prescriber's order; (3-30-07)

~~*ii*~~**b.** Multiple dispensing of oral liquid maintenance medication if a reasonable quantity, as determined by the Department, is dispensed at each filling; (3-30-07)

~~*iii*~~**c.** Multiple dispensing of tablets or capsules if the quantity needed for a thirty-four (34) day supply is excessively large or unduly expensive, in the judgment of the Department; or (3-30-07)

~~*iv*~~**d.** When the dose is being titrated for maximum therapeutic response with a minimum of adverse effects. (3-30-07)

06. Claims Volume Survey for Tier-Based Dispensing Fees. The Department will

survey pharmacy providers to establish a dispensing fee for each provider. The dispensing fees will be paid based on the provider's total annual claims volume. The provider must return the claims volume survey to the Department no later than May 31st each year. Pharmacy providers who do not complete the annual claims volume survey will be assigned the lowest dispensing fee starting on July 1st until the next annual survey is completed. Based upon the annual claims volume of the enrolled pharmacy, the dispensing fee is provided online at: http://healthandwelfare.idaho.govLinkClick.aspx?fileticket=iJDsiQavFLc%3d&tabid=119&mid=1111. (9-28-11)T

~~f~~**07. Remittance Advice**. Claims are processed by computer, and payments are made directly to the pharmacy or its designated bank through electronic claims transfer. A remittance advice with detailed information of each claim transaction will accompany each payment made by the Department. (3-30-07)

~~g~~**08. Return of Drugs**. Drugs dispensed in unit dose packaging as defined by IDAPA 27.01.01, "Rules of the Idaho State Board of Pharmacy," Subsection 156.05, must be returned to the dispensing pharmacy when the participant no longer uses the medication as follows:(3-30-07)

~~i~~**a.** A pharmacy provider using unit dose packaging must comply with IDAPA 27.01.01, "Rules of the Idaho State Board of Pharmacy," Subsection 156.05. (3-30-07)

~~ii~~**b.** The pharmacy provider that receives the returned drugs must credit the Department the amount billed for the cost of the drug less the dispensing fee. (3-30-07)

~~iii~~**c.** The pharmacy provider may receive a fee for acceptance of returned unused drugs. The value of the unused drug being returned must be cost effective as determined by the Department. (3-30-07)

0~~9~~**9. Periodic State Cost Surveys**. The Department will utilize periodic state cost surveys to obtain the most accurate pharmacy drug acquisition costs in establishing a pharmacy reimbursement fee schedule. Pharmacies participating in the Idaho Medicaid program are required to participate in these periodic state cost surveys by disclosing the costs of all drugs net of any special discounts or allowances. A pharmacy that is non-responsive to the periodic state cost surveys can be disenrolled as a Medicaid provider by the Department. ~~(4-7-11)~~(9-28-11)T

10. Cost Appeal Process. Cost appeals will be determined by the Department's process provided online at: http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=iJDsiQavFLc%3d&tabid=119&mid=1111. (9-28-11)T

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.09 - MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-1201

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is **July 1, 2011**.

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized by Sections 56-202(b), 56-203(g), 56-203(i), 56-250 through 56-257, Idaho Code; also the Patient Protection and Affordable Care Act (Affordable Care Act), P.L. 111-148 (amended Title XIX (Medicaid) of the Social Security Act).

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule:

The federal Affordable Care Act of 2010 requires all state Medicaid programs to cover smoking cessation products for children and pregnant women. This rulemaking aligns this chapter of rules with federal law by adding exemptions for children and pregnant women to the rule that excludes coverage of smoking cessation products.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(b), Idaho Code, the Governor has found that temporary adoption of the rule is being done to comply with deadlines in amendments to governing law or federal programs, in particular, the federal Affordable Care Act (P.L. 111-148).

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year.

The total projected budget impact is $11,114 ($3,330 in state funds and $7,784 in federal funds) for SFY 2012. Any savings from reduced health care costs due to a reduction in smoking related illnesses are not incorporated into this fiscal impact statement.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Matt Wimmer at (208) 364-1989.

DATED this 7th day of December, 2011.

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THE FOLLOWING IS THE TEMPORARY TEXT OF DOCKET NO. 16-0309-1201

662. PRESCRIPTION DRUGS: COVERAGE AND LIMITATIONS.

01. General Drug Coverage. The Department will pay for those prescription drugs not excluded by Subsection 662.04 of these rules which are legally obtainable by the order of a licensed prescriber whose licensing allows for the prescribing of legend drugs, as defined under Section 54-1705(28), Idaho Code, and which are deemed medically necessary as defined in Section 011 of these rules. (3-30-07)

02. Dispensing Fee. Dispensing Fee is defined as the cost of filling a prescription including direct pharmacy overhead and is one (1) of two (2) types: (3-30-07)

a. Regular Dose Fee. For services pertaining to the usual practice of pharmacy, including but not limited to: (3-30-07)

i. Interpretation, evaluation, compounding, and dispensing of prescription drug orders; (3-30-07)

ii. Participation in drug selection; (3-30-07)

iii. Drug administration; (3-30-07)

iv. Drug regimen and research reviews; (3-30-07)

v. Proper storage of drugs; (3-30-07)

vi. Maintenance of proper records; (3-30-07)

vii. Prescriber interaction; and (3-30-07)

viii. Patient counseling. (3-30-07)

b. Unit Dose Fee. Unit-dose dispensing is defined as a system of providing individually sealed and appropriately labeled unit dose medication that ensures no more than a twenty-four (24) hour supply in any participant's drug tray at any given time. These drug trays, which contain a twenty-four (24) hour supply of medication, must be delivered to the facility at a minimum of five (5) days per week. (3-30-07)

03. Limitations on Payment. Medicaid payment for prescription drugs will be limited as follows: (3-30-07)

a. Days' Supply. Medicaid will not cover any days' supply of prescription drugs that

exceeds the quantity or dosage allowed by these rules. (3-30-07)

b. Brand Name Drugs. Medicaid will not pay for a brand name product that is part of the federal upper limit (FUL) or state maximum allowable cost (SMAC) listing when the physician has not specified the brand name drug to be medically necessary. (3-30-07)

c. Medication for Multiple Persons. When the medication dispensed is for more than one (1) person, Medicaid will only pay for the amount prescribed for the person or persons covered by Medicaid. (3-30-07)

d. No Prior Authorization. Medicaid will not pay for a covered drug or pharmacy item that requires, but has not received, prior authorization for Medicaid payment as required in Section 663 of these rules. (3-30-07)

e. Limitations to Discourage Waste. Medicaid may conduct drug utilization reviews and impose limitations for participants whose drug utilization exceeds the standard participant profile or disease management guidelines determined by the Department. (3-30-07)

04. Excluded Drug Products. The following categories and specific products are excluded from coverage by Medicaid: (3-30-07)

a. Non-Legend Medications. Federal legend medications that change to non-legend status, as well as their therapeutic equivalents regardless of prescription, status unless: (3-30-07)

i. They are included in Subsection 662.05.b. of these rules; or (3-30-07)

ii. The Director determines that non-legend drug products are covered based upon appropriate criteria including the following: safety, effectiveness, clinical outcomes of the drug in comparison with other therapeutically interchangeable alternative drugs, cost, and the recommendation of the Pharmacy And Therapeutics Committee. Therapeutically interchangeable is defined in Subsection 663.01.e. of these rules. (3-30-07)

b. Legend Drugs. Any legend drugs for which federal financial participation is not available. (3-30-07)

c. Diet Supplements. Diet supplements and weight loss products, except lipase inhibitors when prior authorized as outlined in Section 663 of these rules. (3-30-07)

d. Amphetamines and Related Products. Amphetamines and related products for cosmetic purposes or weight loss. Amphetamines and related products which are deemed to be medically necessary may be covered if prior authorized as outlined in Section 663 of these rules. (3-30-07)

e. Ovulation/Fertility Drugs. Ovulation stimulants, fertility drugs, and similar products. (3-30-07)

f. Impotency Aids. Impotency aids, either as medication or prosthesis. (3-30-07)

g. Tobacco Cessation Products. Nicotine chewing gum, sprays, inhalers, transdermal patches and related products, with the exception that both legend and non-legend tobacco cessation products will be covered for children and pregnant women when prescribed by their physician. ~~(3-30-07)~~(7-1-11)T

h. Medications Utilized for Cosmetic Purposes. Medications utilized for cosmetic purposes or hair growth. Prior authorization may be granted for these medications if the Department finds other medically necessary indications. (3-30-07)

i. Vitamins. Vitamins unless included in Subsection 662.05.a. of these rules. (3-30-07)

j. Dual Eligibles. Drug classes covered under Medicare, Part D, for Medicaid participants who are also eligible for Medicare. (3-30-07)

05. Additional Covered Drug Products. Additional drug products will be allowed as follows: (3-30-07)

a. Therapeutic Vitamins. Therapeutic vitamins may include: (3-30-07)

i. Injectable vitamin B12 (cyanocobalamin and analogues); (3-30-07)

ii. Vitamin K and analogues; (3-30-07)

iii. Pediatric legend vitamin-fluoride preparations; (3-30-07)

iv. Legend prenatal vitamins for pregnant or lactating women; (3-30-07)

v. Legend folic acid; (3-30-07)

vi. Oral legend drugs containing folic acid in combination with Vitamin B12 and/or iron salts, without additional ingredients; ~~and~~ ~~(3-30-07)~~(7-1-11)T

vii. Legend vitamin D and analogues~~.~~; and ~~(3-30-07)~~(7-1-11)T

viii. Legend smoking cessation products for children and pregnant women. (7-1-11)T

b. Prescriptions for Nonlegend Products. Prescriptions for nonlegend products may include: (3-30-07)

i. Insulin; (3-30-07)

ii. Disposable insulin syringes and needles; (3-30-07)

iii. Oral iron salts; ~~and~~ ~~(3-30-07)~~(7-1-11)T

iv. Permethrin~~.~~; and ~~(3-30-07)~~(7-1-11)T

v. Smoking cessation products for children and pregnant women. (7-1-11)T

06. Limitation of Quantities. Medication refills provided before at least seventy-five percent (75%) of the estimated days' supply has been utilized are not covered, unless an increase in dosage is ordered. Days' supply is the number of days a medication is expected to last when used at the dosage prescribed for the participant. No more than a thirty-four (34) days' supply of continuously required medication is to be purchased in a calendar month as a result of a single prescription with the following exceptions: (3-30-07)

a. Doses of Medication. Up to one hundred (100) doses of medication may be dispensed, not to exceed a one hundred (100) day supply for: (3-30-07)

i. Cardiac glycosides; (3-30-07)

ii. Thyroid replacement hormones; (3-30-07)

iii. Prenatal vitamins; (3-30-07)

iv. Nitroglycerin products - oral or sublingual; (3-30-07)

v. Fluoride and vitamin/fluoride combination products; and (3-30-07)

vi. Nonlegend oral iron salts. (3-30-07)

b. Oral Contraceptive Products. Oral contraceptive products may be dispensed in a quantity sufficient for one (1), two (2), or three (3) cycles. (3-30-07)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.06.12 - RULES GOVERNING THE IDAHO CHILD CARE PROGRAM (ICCP)

DOCKET NO. 16-0612-1201

NOTICE OF RULEMAKING - TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is **December 1, 2011**.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than January 18, 2012.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The Department is aligning the Idaho Child Care Program rules with other Department eligibility assistance program rules regarding business processes. These changes streamline and improve the outcomes for individuals in need of assistance by defining excluded income, amending how activity hours are calculated for part-time or full-time assistance, and amending when and how changes are to be reported.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(c), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate to comply with conferring a benefit for those in need of assistance.

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: NA

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year: There is no fiscal impact to state general funds. This program is 100% federally funded.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted because these changes are being made to improve outcomes for individuals in need of assistance and improve efficiencies in the Department's business process.

INCORPORATION BY REFERENCE: No materials are being incorporated by reference into these rules.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Genie Sue Weppner at (208) 334-5656.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before January 25, 2012.

DATED this 23rd day of November, 2011

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THE FOLLOWING IS THE TEMPOARY TEXT OF DOCKET NO. 06-0612-1201

010. DEFINITIONS AND ABBREVIATIONS -- A THROUGH L.
The following definitions and abbreviations apply to this chapter: (4-2-08)

01. AABD. Aid to the Aged, Blind, and Disabled. (4-2-08)

02. Abuse or Abusive. Provider practices that are inconsistent with sound fiscal, business, or child care practices and result in an unnecessary cost to the Idaho Child Care Program, in reimbursement that is not necessary, or that fail to meet professional recognized standards for child care, or result in physical harm, pain, or mental anguish to children. (7-1-09)

03. Child. Any person under age eighteen (18) under the care of a parent, or a person eighteen (18) years of age or older who is claimed on tax returns as a dependent. (4-2-08)

04. Child Care. Care, control, supervision, or maintenance of a child provided for compensation by an individual, other than a parent, for less than twenty-four (24) hours in a day. (4-2-08)

05. Claim. Any request or demand for payment, or document submitted to initiate payment, for items or services provided under the Idaho Child Care Program. (7-1-09)

06. Department. The Idaho Department of Health and Welfare or its designee. (7-1-09)

07. Earned Income. Income received by a person as wages, tips, or self-employment income before deductions for taxes or any other purposes. (4-2-08)

08. Employment. A job paying wages or salary at federal or state minimum wage, whichever is applicable, including work paid by commission or in-kind compensation. Full or part-time participation in a VISTA or AmeriCorps program is also employment. (4-2-08)

09. Foster Care. The twenty-four (24) hour substitute care of children provided in a state licensed foster home by persons who may or may not be related to a child. Foster care is provided in lieu of parental care and is arranged through a private or public agency.
~~*(4-2-08)*~~(12-1-11)T

10. Foster Child. A child placed for twenty-four (24) hour substitute care by a private or public agency. (4-2-08)

11. Foster Home. The private home of an individual or family licensed ~~*or approved as meeting the standards for foster care*~~ by the state and providing twenty-four (24) hour substitute care to six (6) or fewer children. ~~*(4-2-08)*~~(12-1-11)T

12. Fraud or Fraudulent. An intentional deception or misrepresentation made by a person with knowledge that the deception could result in some unauthorized benefit to himself or some other person. (7-1-09)

13. Good Cause. The conduct of a reasonably prudent person in the same or similar circumstances, unless otherwise defined in these rules. (7-1-99)

14. In Loco Parentis. Acting "in loco parentis" means a person who acts in place of a parent, assuming care and custody of a child by a formal or informal agreement with the child's parent. (4-2-08)

15. Intentional Program Violation (IPV). An intentional false or misleading action, omission, or statement made in order to qualify as a provider or recipient in the Idaho Child Care program or to receive program benefits or reimbursement. (7-1-09)

16. Job Training and Education Program. A program designed to provide job training or education. Programs may include high school, junior college, community college, college or university, general equivalency diploma (GED), technical school, and vocational programs. To qualify as a Job Training and Education Program, the program must prepare the trainee for employment. (4-2-08)

17. Knowingly, Known, or With Knowledge. With respect to information or an action about which a person has actual knowledge of the information or action; acts in deliberate ignorance of the truth or falsity of the information or the correctness or incorrectness of the action; or acts in reckless disregard of the truth or falsity of the information or the correctness or incorrectness of the action. (7-1-09)

18. Licensed Practitioner of the Healing Arts. A licensed physician, physician assistant, nurse practitioner, or clinical nurse specialist. (4-2-08)

(BREAK IN CONTINUITY OF SECTIONS)

070. INCOME LIMITS.

01. Maximum Income Limits for ICCP Benefits. A family's income must be less than the published *2007* federal poverty guidelines for one hundred thirty *five* percent (135*0*%) of poverty for a family of the same size. The *f*Federal *p*Poverty *g*Guidelines (FPG) are available on the U.S. Health and Human Services website at http://aspe.hhs.gov/poverty. *(5-1-11)*(12-1-11)T

a. *One thousand five hundred forty dollars ($1,540) for a household of two (2);* *(4-2-08)*

b. *One thousand nine hundred thirty-two dollars ($1,932) for a household of three (3);* *(4-2-08)*

c. *Two thousand three hundred twenty-three dollars ($2,323) for a household of four (4);* *(4-2-08)*

d. *Two thousand seven hundred fifteen dollars ($2,715) for a household of five (5);* *(4-2-08)*

e. *Three thousand one hundred six dollars ($3,106) for a household of six (6);* *(4-2-08)*

f. *Three thousand four hundred ninety-eight dollars ($3,498) for a household of seven (7);* *(4-2-08)*

g. *Three thousand eight hundred eighty-nine dollars ($3,889) for a household of eight (8);* *(4-2-08)*

h. *Four thousand two hundred eighty-one dollars ($4,281) for a household of nine; and* *(4-2-08)*

i. *Four thousand six hundred seventy-two dollars ($4,672) for a household of 10.* *(4-2-08)*

02. Additional Household Member. *Three hundred ninety-two dollars ($392) is added to the maximum income limit for each additional family member.* *(4-2-08)*

(BREAK IN CONTINUITY OF SECTIONS)

072. EXCLUDED INCOME.
The following sources of income are not counted as family income. (4-2-08)

01. Earned Income of a Dependent Child. Income earned by a dependent child under age eighteen (18) is not counted, unless the child is a parent who is seeking or receiving child care benefits. (4-2-08)

02. Income Received for Person Not Residing With the Family. Income received on behalf of a person who is not living in the home. (4-2-08)

03. Educational Funds. All educational funds including grants, scholarships, an AmeriCorps Education Award, and federal and state work-study income. (4-2-08)

04. Assistance. Assistance to meet a specific need from other organizations and agencies. (4-2-08)

05. Lump Sum Income. Non-recurring or lump sum income is excluded as income if it is used to pay medical bills resulting from accident or injury, or used to pay funeral or burial costs. When lump sum income, minus exclusions, exceeds current income limits for a family of the same size, the family is not eligible to receive child care benefits. The period of ineligibility is computed by dividing the lump sum payment by the family's monthly income limit. In no case will the period of ineligibility exceed twelve (12) months. (4-2-08)

06. Loans. Loans with written, signed repayment agreements. (4-2-08)

07. TAFI and AABD Benefits. ~~*TAFI and AABD benefits.*~~ ~~*(4-2-08)*~~(12-1-11)T

08. Foster Care Payments. ~~*Foster care payments.*~~ ~~*(4-2-08)*~~(12-1-11)T

09. AmeriCorps/VISTA Volunteers. Living allowances, wages and stipends paid to AmeriCorps or VISTA volunteers under 42 U.C.S. 5044, P.L. 93-113, Title IV, Section 404(g) are excluded as income. (4-2-08)

10. Income Tax Refunds and Earned Income Tax Credits. Income tax refunds and earned income tax credits are excluded as income. (4-2-08)

11. Travel Reimbursements. Reimbursements from employers for work-related travel. (4-2-08)

12. Tribal Income. Income received from a tribe for any purpose other than direct wages. (4-2-08)

13. Foster Parents' Income. Income of licensed foster parents is excluded when determining eligibility for a foster child. Income is counted when determining eligibility for the foster parent's own child(ren). (4-2-08)

14. Adoption Assistance. Adoption assistance payments are excluded from income. (4-2-08)

15. Child Support Payments. Court-ordered child support payments made by the parent(s) who receive the child care benefits are deducted from income used to determine eligibility. Both the legal obligation to pay child support and the actual amount paid must be verified. (4-2-08)

16. Temporary Census Income. All wages paid by the Census Bureau for temporary employment related to U.S. Census activities are excluded for a time period not to exceed six (6) months during the regularly scheduled ten-year U.S. Census. (4-7-11)

17. Office of Refugee Resettlement Assistance. (12-1-11)T

18. Workforce Investment Act Benefits. (12-1-11)T

(BREAK IN CONTINUITY OF SECTIONS)

200. QUALIFYING ACTIVITIES FOR CHILD CARE BENEFITS.
To be eligible for child care benefits, each parent included in the household must need child care because they are engaged in one (1) of the qualifying activities listed in Subsections 200.01 through 200.05 of this rule. (5-1-11)

01. Employment. The parent is currently employed. (4-2-08)

02. Self-Employment. The parent is currently self-employed in a business that is a sole proprietorship. A sole proprietorship is a business owned by one (1) person. Restrictions apply for self-employment as follows: (5-8-09)

a. For the first six (6) months of self-employment benefits, actual activity hours are used. (5-1-11)

b. After receiving six (6) months of self-employment child care benefits, the number of activity hours will be limited. To calculate the activity hours, the gross monthly self-employment income is divided by the current federal minimum wage. The qualifying activity hours are the lesser of the calculated activity hours or actual activity hours. (5-1-11)

03. Training or Education. The parent is attending an accredited education or training program. The following restrictions apply to training or education activities: (4-2-08)

a. On-line classes cannot be counted as a qualifying activity for child care. (4-2-08)

b. Persons with baccalaureate degrees or who are attending post-baccalaureate classes do not qualify for child care benefits. (4-2-08)

c. More than forty (40) months of post-secondary education has been used as a qualifying activity. (4-2-08)

04. Preventive Services. The parent is receiving preventive services as defined in Section 011 of these rules. The Department will verify the continued need for preventive services at least every three (3) months. (4-2-08)

05. Personal Responsibility Contract (PRC) or Other Negotiated Agreement. The parent is completing Personal Responsibility Contract (PRC) or other self-sufficiency activities negotiated between the Department and the parent ~~*as described in IDAPA 16.03.08, "Rules Governing Temporary Assistance for Families (TAFI) in Idaho*~~.~~"~~ ~~*(4-2-08)*~~(12-1-11)T

201. PROJECTING QUALIFYING ACTIVITY HOURS.

01. Activity Hours. Activity ~~*is*~~ hours are projected for each month to determine if payment is made on a full-time or part-time basis. Past activity hours may be used to project future activity hours if the employer and number of hours worked are the same and are expected to remain the same throughout the certification period. ~~*For students, a new class schedule must be submitted at the beginning of each semester or change in schedule.*~~ Hours for each qualifying activity must be projected individually and converted to a monthly amount. ~~*(5-1-11)*~~(12-1-11)T

01. Weekly Hours. Multiply weekly amounts by four point three (4.3). (5-1-11)

02. Bi-weekly Hours. Multiplying bi-weekly amounts by two point one five (2.15). (5-1-11)

03. Semi-Monthly Hours. Multiplying semi-monthly amounts by two (2). (5-1-11)

04. Monthly Hours. Use the exact monthly hours if it is expected for each month of the certification period. (5-1-11)

(BREAK IN CONTINUITY OF SECTIONS)

502. SLIDING FEE SCHEDULES.
Eligible families, except TAFI families participating in non-employment TAFI activities, must pay part of their child care costs. Providers are responsible for ensuring families pay the determined child care costs and may not waive or defer these costs. (7-1-09)

01. Poverty Rates. Poverty rates will be one hundred thirty ~~*five*~~ percent (13~~5~~0%) of the ~~*2007 f*~~Federal ~~*p*~~Poverty ~~*g*~~Guidelines ~~*published in the Federal Register*~~ (FPG) available on the U.S. Health and Human Services website at http://aspe.hhs.gov/poverty. The monthly rate will be calculated by dividing the yearly rate by twelve (12). ~~*(4-2-08)*~~(12-1-11)T

02. Calculating Family Payment. Family income and activity for the month of the child care will determine the family share of child care costs. The payment made by the Department will be the allowable local market rate or billed costs, whichever is lower, less the co-payment ~~*listed in the following table:*~~. ~~*(5-1-11)*~~(12-1-11)T

~~03. ICCP Sliding Fee Schedule.~~

ICCP SLIDING FEE SCHEDULE									
Family Size	2	3	4	5	6	7	8	9	10
Percent Co-pay	MONTHLY INCOME LIMITS								
7%	$499	$599	$699	$799	$899	$1,099	$1,199	$1,399	$1,499
11%	$799	$1,099	$1,299	$1,499	$1,699	$1,999	$2,199	$2,399	$2,599
16%	$949	$1,249	$1,449	$1,699	$1,999	$2,299	$2,549	$2,799	$3,049
21%	$1,099	$1,399	$1,599	$1,899	$2,299	$2,599	$2,899	$3,199	$3,499
26%	$1,165	$1,465	$1,731	$2,031	$2,399	$2,731	$3,031	$3,365	$3,665
31%	$1,231	$1,531	$1,863	$2,163	$2,499	$2,863	$3,163	$3,531	$3,831
36%	$1,299	$1,599	$1,999	$2,299	$2,599	$2,999	$3,299	$3,699	$3,999
41%	$1,308	$1,616	$2,008	$2,316	$2,625	$3,016	$3,325	$3,716	$4,025
46%	$1,317	$1,633	$2,017	$2,333	$2,651	$3,033	$3,351	$3,733	$4,051
51%	$1,326	$1,650	$2,026	$2,350	$2,677	$3,050	$3,377	$3,750	$4,077
56%	$1,335	$1,667	$2,035	$2,367	$2,703	$3,067	$3,403	$3,767	$4,103
61%	$1,344	$1,684	$2,044	$2,384	$2,729	$3,084	$3,429	$3,784	$4,129
66%	$1,356	$1,706	$2,056	$2,406	$2,756	$3,106	$3,456	$3,806	$4,156
71%	$1,386	$1,743	$2,100	$2,457	$2,814	$3,171	$3,528	$3,885	$4,242
76%	$1,416	$1,780	$2,144	$2,508	$2,872	$3,236	$3,600	$3,964	$4,328
81%	$1,446	$1,817	$2,188	$2,559	$2,930	$3,301	$3,672	$4,043	$4,414
86%	$1,476	$1,854	$2,232	$2,610	$2,988	$3,366	$3,744	$4,122	$4,500
91%	$1,506	$1,891	$2,276	$2,661	$3,046	$3,431	$3,816	$4,201	$4,586
96%	$1,540	$1,932	$2,323	$2,715	$3,106	$3,498	$3,889	$4,281	$4,672

~~(4-2-08)~~

(BREAK IN CONTINUITY OF SECTIONS)

600. CHANGE REPORTING REQUIREMENTS.
A family who ~~applies for or~~ receives child care benefits must report the following permanent changes ~~within ten (10) days of the date the change occurs~~ by the tenth day of the month following the month in which the change occurred. ~~(5-1-11)~~(12-1-11)T

01. Change in Eligible Activity Hours. ~~*(5-1-11)*~~(12-1-11)T

~~***02. Change in Rate of Pay.***~~ ~~*(5-1-11)*~~

02. Change in Your Permanent Address. (5-1-11)

03. Change in ~~*Number of*~~ Household ~~*Members*~~ Composition. ~~*(5-1-11)*~~(12-1-11)T

04. Change in ~~*Unearned*~~ Income. When the household's total gross income exceeds one hundred thirty percent (130%) of the Federal Poverty Guideline (FPG) for the household size. ~~*(5-1-11)*~~(12-1-11)T

05. Change in Child Care Provider. (5-1-11)

(BREAK IN CONTINUITY OF SECTIONS)

602. REDETERMINATION OF ELIGIBILITY FOR CHILD CARE BENEFITS.
The Department must redetermine eligibility for child care benefits at least every six (6) months. Eligibility must be redetermined ~~*more often than every six (6) months for the following qualifying activities:*~~ ~~*(4-2-08)*~~

~~***01. Preventive Services.*** *The Department must redetermine eligibility*~~ every three (3) months for each family in which child care is needed for preventive services. ~~*(4-2-08)*~~(12-1-11)T

~~***02. Education Activities.*** *The Department must redetermine eligibility at the end of each semester or term for parents engaged in educational activities.* *(4-2-08)*~~

(BREAK IN CONTINUITY OF SECTIONS)

810. DOCUMENTATION OF SERVICES AND ACCESS TO RECORDS.

01. Documentation of Services. Providers must generate documentation at the time of service sufficient to support the reimbursement for child care services. Documentation must be legible and must be retained for a period of three (3) years from the date the child care was provided. Documentation to support child care services includes: (7-1-09)

a. Records of attendance; (7-1-09)

b. Immunization records, conditional admittance form, or exemption form according to IDAPA 16.02.11, "Immunization Requirements for Children Attending Licensed Daycare Facilities in Idaho." (12-1-11)T

~~*b*~~**c.** Billing records and receipts; (7-1-09)

~~*c*~~**d.** Policies regarding sign-in procedures, and others as applicable; and (7-1-09)

~~*d*~~**e.** Sign-in records, electronic or manual, or the Child and Adult Food Care Program records. (7-1-09)

02. Immediate Access to Records. Providers must grant to the Department and its agents, immediate access to records for review and copying during normal business hours. These records are defined in Subsection 810.01 of this rule. (7-1-09)

03. Copying Records. The Department and its authorized agents may copy any record as defined in Subsection 810.01 of this rule. The Department may request in writing to have copies of records supplied by the provider. The requested copies must be furnished within twenty (20) working days after the date of the written request, unless an extension of time is granted by the Department for good cause. Failure to timely provide requested copies will be a refusal to provide access to records. (7-1-09)

04. Removal of Records From Provider's Premises.The Department and its authorized agents may remove from the provider's premises copies of any records defined in Subsection 810.01 of this rule. (7-1-09)