IDAPA 16 - IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Welfare

16.03.24 - Medically Indigent Program

Who does this rule apply to?

Potential applicants for eligibility, clerks, counties, hospitals, obligated persons, third-party applicants, families, guardians, and advocates of potential applicants.

What is the purpose of this rule?

These rules provide for the following:

- **a.** Hospitals, providers, applicants, and third-party applicants seeking financial assistance are subject to the limitations and requirements in this chapter of rules.
- **b.** Eligibility for financial assistance will be determined by the respective counties and the Board and may limit or prioritize eligibility for financial assistance based upon such factors as availability of funding, degree of financial need, degree of clinical need, or other factors.
- c. To establish policies, procedures, requirements, and appeal processes applicable to requests for eligibility determination for persons who may be medically indigent.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statute passed by the Idaho Legislature:

Counties and County Law -

• Section 31-3503C, Idaho Code – Hospitals for Indigent Sick: Powers and Duties of the Department

Where can I find information on Administrative Appeals?

Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings."

How do I request public records?

Unless exempted, all public records are subject to disclosure by the Department that will comply with Title 74, Chapter 1, Idaho Code, upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA 16.05.01, "Use and Disclosure of Department Records." An application for financial assistance and request for Medicaid eligibility determination constitutes authorization for hospitals, providers, the Board, the Department, and the respective counties of the State of Idaho to copy, transmit, share, and exchange information pertaining to an applicant's health and finances for the purpose of determining Medicaid eligibility or medical indigency.

Who do I contact for more information on this rule?

Idaho Department of Health and Welfare – Division of Welfare Mailing Address:

Street Address:

P.O. Box 83720 450 West State Street

Boise, ID 83720-0036 Boise, ID 83702

Phone: (208) 334-5815 or Toll-Free (877) 456-1233

Fax: (208) 334-5817

Email: SRProgramRules@dhw.idaho.gov

https://healthandwelfare.idaho.gov/services-programs/medicaid-health

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16.03.24 - THE MEDICALLY INDIGENT PROGRAM

000. LEGAL AUTHORITY.

In accordance with Section 31-3503C, Idaho Code, the Idaho Legislature has authorized the Department of Health and Welfare to adopt and enforce rules governing requests for Medicaid eligibility determination for persons who may be medically indigent. (7-1-21)T

001. TITLE AND SCOPE.

- **01. Title.** These rules are titled IDAPA 16.03.24, "The Medically Indigent Program." (7-1-21)T
- **02.** Scope. (7-1-21)T
- a. The Idaho Legislature has declared that the County Medically Indigent Program and the Catastrophic Health Care Cost Program are payers of last resort. These programs are only a partial solution to the health care costs of Idaho's medically indigent citizens. Therefore, hospitals, providers, applicants, and third-party applicants seeking financial assistance under the County Medically Indigent Program and the Catastrophic Health Care Cost Program are subject to the limitations and requirements in this chapter of rules. (7-1-21)T
- b. In accordance with Section 31-3503E(7), Idaho Code, the denial of Medicaid eligibility is not a determination of medical indigency under the County Medically Indigent Program or the Catastrophic Health Care Cost Program. Title 31, Chapter 35, Idaho Code, provides that under the County Medically Indigent Program and the Catastrophic Health Care Cost Program eligibility for financial assistance will be determined by the respective counties and the Board. The respective counties and the Board may, limit or prioritize eligibility for financial assistance based upon such factors as availability of funding, degree of financial need, degree of clinical need, or other factors.

 (7-1-21)T
- c. In accordance with Title 31, Chapter 35, Idaho Code, these rules provide for and establish policies, procedures, requirements, and appeal processes applicable to requests for Medicaid eligibility determination for persons who may be medically indigent. This chapter is not intended to, and does not establish an entitlement for or to receive financial assistance under Title 31, Chapter 35, Idaho Code. (7-1-21)T
- **d.** Individuals who may be eligible for Medicaid must comply with requirements in Title XIX and Title XXI of the Social Security Act, and the following Department rules: (7-1-21)T
 - i. IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children." (7-1-21)T
 - ii. IDAPA 16.03.05, "Eligibility for the Aged, Blind, and Disabled (AABD)." (7-1-21)T
 - iii. IDAPA 16.03.06, "Refugee Medical Assistance." (7-1-21)T

002. -- 005. (RESERVED)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS.

- **01. Confidential Records**. The use or disclosure of records or information covered by these rules must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." (7-1-21)T
- **02. Public Records**. The Department will comply with Title 74, Chapter 1, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. (7-1-21)T
- **03.** Authorization for Disclosure. An application for financial assistance and request for Medicaid eligibility determination constitutes authorization for hospitals, providers, the Board, the Department, and the respective counties of the State of Idaho to copy, transmit, share, and exchange information pertaining to an applicant's health and finances for the purpose of determining Medicaid eligibility or medical indigency. (7-1-21)T

007. -- 009. (RESERVED)

010. **DEFINITIONS.**

For the purposes of this chapter of rules, the following terms apply.

(7-1-21)T

01. Application. An application for financial assistance under Section 31-3504, Idaho Code, and the uniform form used for the initial review and the Department's Medicaid eligibility determination under Section 31-

IDAHO ADMINISTRATIVE CODE Department of Health and Welfare

IDAPA 16.03.24 The Medically Indigent Program

3503E, Idaho Code. An application under Title 31, Chapter 35, Idaho Code, for financial assistance is not an application for Medicaid. (7-1-21)T

- **02.** Clerk. The clerk of the respective counties or their designee. (7-1-21)T
- **O3.** Counties. The respective counties described in Title 31, Chapter 1, Idaho Code. (7-1-21)T
- **04. Department**. The Idaho Department of Health and Welfare. (7-1-21)T
- **05. HIPAA**. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) under 42 USC Section 12204, and federal regulations at 45 CFR Parts 160, 162, and 164. (7-1-21)T
 - **06.** Hospital. A facility as defined in IDAPA 16.03.14, "Hospitals." (7-1-21)T
- **07. Medicaid**. The federally funded program for medical care (Title XIX, Social Security Act) also known as Idaho's Healthcare Assistance Program. (7-1-21)T
 - **08. Obligated Person**. The person or persons who are legally responsible for an applicant. (7-1-21)T
- **09. Third-Party Applicant**. A person other than an obligated person who completes, signs, and files an application on behalf of a patient. (7-1-21)T

011. -- 109. (RESERVED)

110. REQUESTS FOR MEDICAID ELIGIBILITY DETERMINATION.

Requests for Medicaid eligibility determination for persons who may be medically indigent may only be accessed by a hospital or a county through a request for Medicaid eligibility determination addressed to the Department. By signing a request for Medicaid eligibility determination, each hospital or county requesting a Medicaid eligibility determination agrees to comply with these rules.

(7-1-21)T

- **01. Form of Request**. Each hospital or county requesting a Medicaid eligibility determination under these rules must apply to the Department on a form provided by the Department and must provide all information required by the Department. (7-1-21)T
- **02. Filing Request**. Each request for Medicaid eligibility determination submitted to the Department under these rules must be signed by an authorized representative of the hospital or the county. (7-1-21)T
- **03. Application for Financial Assistance Required**. A completed and signed application for financial assistance under Title 31, Chapter 35, Idaho Code, must be submitted and transmitted to the Department along with the request for Medicaid eligibility determination. (7-1-21)T
- **Other Information as Requested.** Each hospital or county requesting a Medicaid eligibility determination by the Department under these rules must provide all other information that may be requested by the Department for the proper administration and enforcement of the provisions of these rules. (7-1-21)T
- **O5.** Cooperation of Applicant, Third-Party Applicant, and Obligated Person. Each applicant, third-party applicant, and obligated person must cooperate with the Department and provide documentation necessary to complete the Department's determination of Medicaid eligibility. (7-1-21)T

111. -- 129. (RESERVED)

130. ELIGIBILITY DETERMINATION.

Each request for Medicaid eligibility determination submitted to the Department under this chapter of rules will be processed by the Department in accordance with the following rules: (7-1-21)T

01. Medicaid. IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children." (7-1-21)T

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- **02. AABD.** IDAPA 16.03.05, "Eligibility for the Aged, Blind and Disabled (AABD)." (7-1-21)T
- **03. Refugee**. IDAPA 16.03.06, "Refugee Medical Assistance." (7-1-21)T
- **04. Time Limits on Determinations.** The Department will process each request for Medicaid eligibility determination within forty-five (45) days of receiving the request, unless prevented by events beyond the Department's control. (7-1-21)T

131. -- 139. (RESERVED)

140. NOTICE OF DECISION ON ELIGIBILITY FOR MEDICAID.

- **O1. Denial on Request Submitted by a Hospital**. If the Department determines that an applicant is not eligible for Medicaid, the Department will promptly notify the applicant and the hospital of its determination. The Department will transmit a copy of its determination and a copy of the application to the respective county clerk. The clerk will treat the copy of the Department's determination and the copy of the application as an application for financial assistance under Title 31, Chapter 35, Idaho Code. Denial of Medicaid eligibility is not a determination of medical indigency or eligibility for financial assistance under the county Medically Indigent Program or the Catastrophic Health Care Cost Program.

 (7-1-21)T
- **O2. Denial on Request Submitted by a County.** If the Department determines that an applicant is not eligible for Medicaid, the Department will promptly notify the applicant and the respective county clerk of its determination. Denial of Medicaid eligibility is not a determination of medical indigency or eligibility for financial assistance under the County Medically Indigent Program or the Catastrophic Health Care Cost Program. (7-1-21)T
- **03. Approval of Medicaid Eligibility.** If the Department determines that an applicant is eligible for Medicaid, the Department will act on the request and application as an application for Medicaid and notify the applicant, according to provisions in IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children," and IDAPA 16.03.05, "Eligibility for Aid to the Aged, Blind, and Disabled (AABD). (7-1-21)T

141. -- 149. (RESERVED)

150. ADDITIONAL DUTIES AND RESPONSIBILITIES OF HOSPITALS AND COUNTIES.

- **01.** Additional Duties and Responsibilities. Each hospital or respective county submitting an application and request for Medicaid eligibility determination under these rules must: (7-1-21)T
- **a.** Cooperate with the Department, the Board, and the respective counties of the state and contractors retained by the Board or the respective County Commissioners. (7-1-21)T
- **b.** Assist applicants in completing an application form and request for Medicaid eligibility determination. (7-1-21)T
- **O2.** Comply with Confidentiality Laws and Rules. Each hospital or respective county must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records," and all applicable state and federal laws, rules, and regulations pertaining to the confidentiality of, and the disclosure of, information and records. (7-1-21)T
- **03. Comply with HIPPA**. Each hospital must comply with the Health Insurance Portability and Accountability Act (HIPAA). (7-1-21)T

151. -- 999. (RESERVED)

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