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**IDAPA 16
TITLE 03
Chapter 01**

16.03.01 - AID TO FAMILIES WITH DEPENDENT CHILDREN

000. LEGAL AUTHORITY.

The Idaho Department of Health and Welfare, according to Sections 56-201 through 56-233, Idaho Code, did adopt the following rules for the administration of public assistance programs. (12-1-91)

001. TITLE AND SCOPE.

These rules are known and will be cited as Idaho Department of Health and Welfare, Title 03, Chapter 01, "Eligibility for Aid to Families with Dependent Children (AFDC)". The rules provide standards for issuing AFDC cash benefits and related Medicaid. (12-1-91)

002. POLICY.

It is the policy of the Idaho Department of Health and Welfare to serve the citizens of Idaho and to distribute funds and Medicaid benefits in accordance with acceptable standards. (12-1-91)

003. DEFINITIONS.

The following definitions apply to Title 03, Chapter 01: (6-7-93)

01. Client. A person who is applying for or receiving AFDC and/or Medicaid benefits. (12-1-91)
02. Department. The Idaho Department of Health and Welfare. (12-1-91)
03. Examiner. Eligibility examiner of the State of Idaho Department of Health and Welfare, whose duties include the determination of eligibility and payment amount for public assistance programs. (12-1-91)
04. Field Office. Office of the Idaho Department of Health and Welfare. The purpose of this office is to accept and process applications for public aid. (12-1-91)
05. Public Assistance. Money or medical assistance granted by the Department for needy persons or families under the authority of Title 56, Chapter 2, Idaho Code. (12-1-91)
06. State. The state of Idaho. (12-1-91)
07. Working Day. A calendar day in which regular hours of Department activity occur. Weekends and State holidays are not considered working days. (12-1-91)

004. ABBREVIATIONS.

The following abbreviations apply to Title 03, Chapter 01, rules. (6-7-93)

01. AABD. Aid to the Aged, Blind and Disabled. (12-1-91)
02. AB. Aid to the Blind. (12-1-91)
03. AFA. Application for Assistance. (4-1-93)
04. AFDC. Aid to Families with Dependent Children. (12-1-91)
05. AFDC-FC. Aid to Families with Dependent Children-Foster Care. (12-1-91)
06. AFDC-PPA. AFDC Protective Payment (Type A) Substitute Payee. (12-1-91)
07. AFDC-PPB. AFDC Protective Payment (Type B) Vendor Payment. (12-1-91)
08. AG. Office of the Attorney General, Health and Welfare Division. (12-1-91)

09.	APTD. Aid to the Permanently and Totally Disabled.	(12-1-91)
10.	ASVI. Alien Status Verification Index.	(12-1-91)
11.	BCSS. Bureau of Child Support Services.	(12-1-91)
12.	COLA. Cost-of-Living Adjustment.	(12-1-91)
13.	CSA. Community Spouse Allowance.	(12-1-91)
14.	CSNS. Community Spouse Need Standard.	(12-1-91)
15.	CSRA. Community Spouse Resource Allowance.	(12-1-91)
16.	DDU. Disability Determinations Unit.	(12-1-91)
17.	DHW. Department of Health and Welfare.	(12-1-91)
19.	DVR. Department of Vocational Rehabilitation.	(12-1-91)
20.	EE. Eligibility Examiner.	(12-1-91)
21.	EITC. Earned Income Tax Credit.	(12-1-91)
22.	EPICS. The DHW Eligibility Programs Integrated Computer System.	(12-1-91)
23.	EPSDT. Early and Periodic Screening, Diagnosis, and Treatment.	(12-1-91)
24.	FmHA. The Farmer's Home Administration of the U.S. Department of Agriculture.	(12-1-91)
25.	FMA. Family Member Allowance.	(12-1-91)
26.	FSI. Federal Spousal Impoverishment.	(12-1-91)
27.	HCBS. Home and Community-Based Services.	(12-1-91)
28.	HUD. The U.S. Department of Housing and Urban Development.	(12-1-91)
29.	ICF/MR. Intermediate Care Facility/Mentally Retarded.	(12-1-91)
30.	IEVS. Income and Eligibility Verification System.	(12-1-91)
31.	IPV. Intentional Program Violation.	(12-1-91)
32.	IRS. Internal Revenue Service.	(12-1-91)
33.	JOBS. Job Opportunities and Basic Skills Training Program.	(12-1-91)
34.	JTPA. The Job Training Partnership Act.	(12-1-91)
35.	MA. Medicaid (Medical Assistance).	(12-1-91)
36.	OAA. Old Age Assistance.	(12-1-91)
37.	PWE. Principal Wage Earned.	(12-1-91)

- 38. RSDI. Retirement, Survivors, and Disability Insurance. (12-1-91)
- 39. SAVE. Systematic Alien Verification for Entitlements. (12-1-91)
- 40. SSA. Social Security Administration. (12-1-91)
- 41. SSI. Supplemental Security Income. (12-1-91)
- 42. SSN. Social Security Number. (12-1-91)
- 43. UIB. Unemployment Insurance Benefits. (12-1-91)
- 44. VA. Veterans Administration. (12-1-91)
- 45. VRS. Vocational Rehabilitation Services, Department of Education. (12-1-91)

005. FEDERAL LAWS.

The following public laws are cited within Title 03, Chapter 01, rules: (12-1-91)

- 01. Alaska Native Claim Settlement Act. This Federal Law is contained in Title 43 of the U.S. Code. (12-1-91)
- 02. Child Nutrition Act of 1966. This Federal Law is contained in Title 42 of U.S. Code. (12-1-91)
- 03. Domestic Volunteer Service Act of 1973. This Federal Law is contained in Titles 5 and 42 of the U.S. Code. (12-1-91)
- 04. Higher Education Amendments of 1968. This Federal Law is contained in Titles 12 and 20 of the U.S. Code. (12-1-91)
- 05. Housing Act of 1949. This Federal Law is contained in Titles 12 and 42 of the U.S. Code. (12-1-91)
- 06. Housing and Urban Development Act of 1965. This Federal Law is contained in Titles 12, 15, 20, 38, 40, 42, and 49 of the U.S. Code. (12-1-91)
- 07. Immigration and Nationality Act. This Federal Law is contained in Titles 8, 18, 22, 31, 49, and 50 of the U.S. Code. (12-1-91)
- 08. Manpower Development and Training Act of 1962 as Amended by the Manpower Act of 1965. This Federal Law is contained in Title 42 of the U.S. Code. (12-1-91)
- 09. National Housing Act. This Federal Law is contained in Titles 10, 12, 15, 41, 48, 49, and 50 of the U.S. Code. (12-1-91)
- 10. National School Lunch Act. This Federal Law is contained in Title 42 of the U.S. Code. (12-1-91)
- 11. Older Americans Act of 1965. This Federal Law is contained in Title 42 of the U.S. Code. (12-1-91)
- 12. Rehabilitation Act of 1973. This Federal Law is contained in Title 29 of the U.S. Code. (12-1-91)
- 13. Tax Reduction Act of 1975, as Amended by the Tax Reduction and Simplification Act of 1977. This Federal Law is contained in Titles 5, 15, 26, and 42 of the U.S. Code. (12-1-91)
- 14. Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. This Federal Law is contained in Title 42 of the U.S. Code. (12-1-91)

16. United States Housing Act of 1937, as amended by Public Law 92-213. This Federal Law is contained in Title 42 of the U.S. Code. (12-1-91)

006. -- 048. (RESERVED).

049. PERSONS ELIGIBLE FOR AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC).

Persons eligible for AFDC include dependent children, their parent(s), or their non-parent caretaker relative. A dependent child must be under eighteen (18) year of age or, if over eighteen (18) years of age, is expected to graduate from high school by his nineteenth (19th) birthday. A dependent child must be deprived of parental care, guidance, and support. A dependent child must be living in a parent's home or non-parent caretaker relative's home. (4-1-93)

050. CLIENT RIGHTS.

The client has rights protected by Federal and State laws and Department rules. The Department must inform clients of their rights during the application process and eligibility reviews. (12-1-91)

01. Right to Apply. Any person has the right to apply for any type of public aid. Applications must be in writing on forms provided by the Department. (12-1-91)

02. Right to Hearing. Any client can request a fair hearing to contest a Department decision. (12-1-91)

03. Civil Rights. Examiners must respect the rights of the clients under the U.S. and Idaho Constitutions, the Social Security Act, Title IV of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, and all other relevant parts of Federal and State laws. (12-1-91)

051. APPLICATIONS FOR FINANCIAL ASSISTANCE.

An application is a written request on a Department form for an AFDC money payment. A client's application for an AFDC money payment is also an application for Medicaid. A client's application for AFDC is an application for all persons required to be in the budget unit. This includes all persons required to be in the budget unit at the time of the initial application and all mandatory budget unit members who join the budget unit at a later date. (4-1-93)

052. APPLICATION FORMS.

The client must complete an Application for Assistance (AFA), form HW 0901, to apply for AFDC and AFDC-related Medicaid. The AFA must be completed before an AFDC payment or Medicaid can be authorized. To receive Medicaid, the Insurance Information Request for Cost Effectiveness form HW-0902 must be completed at each application. The AFA must be completed when a client has an open Medicaid case and wishes to add AFDC or AFDC-AU to this case. (7-1-96)

01. Copy of Application. A copy of the AFA's No-Carbon Required (NCR) pages must be given to the client. (7-1-96)

02. Completion of Application Forms. The AFA can be completed by the client, an authorized representative, or by a person acting on behalf of a disabled client. (4-1-93)

03. Signatures Required on the Application Forms. The client must sign the application forms attesting, under penalty of perjury, that all the information provided on the form is true and correct. The following signatures must be contained on the AFA: (4-1-93)

- a. The client's; (12-1-91)
- b. If two (2) parents are applying for AFDC or AFDC-UP, both parent's; (12-1-95)T
- c. The legal guardian, when one exists, or a person with power of attorney to conduct the client's business. (12-1-91)
- d. A person acting responsibly for the client. (12-1-91)

e. The signature on the AFA must be witnessed by a Health and Welfare employee. The witnessing may be waived where a face-to-face interview is not conducted. (4-1-93)

04. Signature by Mark. A signature by mark requires two witnesses. The witnesses' signatures must appear on the AFA followed by the word "WITNESS". (4-1-93)

053. CORRECTING FORMS.

The client or representative can add, delete, or change any statements on the Application for Assistance (AFA). The client or representative must draw a line through incorrect entries, insert the corrected entry, then initial and date the change. (6-7-93)

054. APPLICATION DATE.

The application date is the date the client brings the AFA, form HW-0901, to the Department. When the AFA is mailed to the Department, the application date is the date the AFA is received and date stamped. (7-1-96)

055. EFFECTIVE DATE.

The application date is the effective date for aid when all eligibility requirements are met. The effective date must be no later than the date of application. A client who applies for AFDC must meet all eligibility factors on the date of his application. If a client is determined eligible, the AFDC grant must be prorated from the application date. (7-1-96)

01. Not Eligible Application Date. Deny the application, if an applicant is not eligible on the application date. A new AFA is not required, if the applicant is not eligible for the application month, but is eligible within forty-five (45) days from the original application date. The applicant must be eligible in the following month(s) because of a known change. If a new AFA is not required, the AFDC grant is effective the first day of the approval months. (7-1-96)

02. Not Eligible Following Month. Approve the case for the application month only, if the applicant is eligible in the application month, but not eligible in the following month. (7-1-96)

03. AFDC-AU Effective Date. Deny the application if the Principal Wage Earner (PWE) has worked more than one-hundred (100) hours in the thirty (30) days prior to the application date. Approve the application effective the date the PWE has not worked more than one-hundred (100) hours in the past thirty (30) days. A new AFA is not required. (7-1-96)

04. Medicaid Eligibility. Medicaid eligibility begins as provided in Section 603. (7-1-96)

056. APPLICATION RULES.

Specific application rules are listed in the following Sections: (12-1-91)

01. Representative for Client. A client may be assisted by a person or persons of his choice, and when accompanied by such persons, may be represented by them. (12-1-91)

02. Forms Provided. All forms needed to make an eligibility determination will be given to the client. Forms will contain statements that explain the rules for truthful and complete information. (12-1-91)

03. Help to Complete Application. A client or selected representative may complete the forms in the field office or take them home to complete. Field office personnel must provide help when the client states no one is readily available to provide help and that he is not capable of completing the form. To avoid conflict of interest, the examiner who determines eligibility of the case must not complete the forms for the client. (12-1-91)

04. Informing Requirement. The client must be told the application cannot be approved until the required forms and proof have been returned to the field office. The client must be told failure to provide required proof will cause the Department to deny the application. (12-1-91)

05. Right to Withdraw Application. The client may withdraw the application at any time before a determination of eligibility is made. (12-1-91)

057. PERSONAL INTERVIEW.

An examiner must complete one (1) face-to-face interview with each applicant for AFDC. The examiner must review the application form to assure all questions are answered. Questionable statements or incomplete information must be resolved when interviewing the client. A face-to-face interview with the client may be waived when extenuating circumstances exist. In this case, the client's representative must be interviewed. (5-5-92)

058. SCHEDULING AN APPLICATION INTERVIEW.

When an application form is left at the field office, the client must be told an interview must be scheduled to determine if the client is eligible for AFDC or Medicaid. The Department must advise the client in writing of the place, date, and time of his interview. The client must be advised of the address and telephone number of the field office. (12-1-91)

059. FAILURE TO KEEP A SCHEDULED APPOINTMENT.

The client must be advised failure to keep his appointment or contact his field office to reschedule will cause the Department to deny the application. If the client does not keep his appointment or contact the Department, the application will be considered withdrawn and denied thirty (30) days following the application date or the day following the last scheduled interview, whichever is later. (12-1-91)

060. RESCHEDULING APPOINTMENT.

If a client is unable to keep his scheduled appointment, he must be given an opportunity to reschedule. A client may reschedule his appointment with the field office prior to a decision being rendered. When an appointment is rescheduled, the field office must notify the client, in writing if time permits, of the rescheduled appointment place, date and time. If the client does not keep his rescheduled appointment or contact the Department, the application is considered withdrawn. Deny the application thirty (30) days following the application date or the day following the last scheduled interview, whichever is later. If the last rescheduled interview is more than thirty (30) days following the application date, deny the application no later than forty-five (45) days following the application date. Document the reasons to support any delay over forty-five (45) days. (7-1-96)

061. TIME LIMITS.

Each application will be processed within forty-five (45) days, unless prevented by events beyond the Department's control. The time limit is counted from the application date to the date the AFDC check, Medicaid card, or notification of denial is mailed to the client. The time limit must not be used as a waiting period for acting on an application. The time limit must not be used as the basis for denial of an application. (12-1-91)

TABLE 061. APPLICATION TIME LIMITS

PROGRAM	TIME LIMIT
AFDC	45 DAYS
MEDICAID FOR FAMILIES WITH CHILDREN	45 DAYS

062. APPLICATION PROCESSING ACTIONS.

An application for AFDC and/or Medicaid must be processed in one (1) of the following manners: (12-1-91)

01. Approval. When an examiner determines the client is eligible for AFDC and Medicaid, A Notice of Decision must be mailed to the client. The Notice of Decision must advise the client of his approval for AFDC, the amount of his AFDC payment, the effective date of Medicaid eligibility, and a budget showing how the amount of his AFDC was calculated. (4-1-93)

02. Denial. When an examiner determines the client is not eligible for AFDC or Medicaid, a Notice of Decision must be mailed to the client. The Notice of Decision must advise the client of the following: (12-1-91)

a. Why the client is not eligible for aid; (12-1-91)

b. A citation of the Sections supporting this decision; (12-1-91)

c. The date of the decision for denial; and (12-1-91)

d. An explanation of the applicant's right to request a fair hearing if he disagrees with the decision. (12-1-91)

03. **Withdrawal.** A client may voluntarily request to withdraw his application, either orally or in writing. An application that is abandoned due to the client's failure to keep a scheduled appointment or contact the Department will be considered voluntarily withdrawn. An abandoned application must be denied thirty (30) days following the application date or the day following the last scheduled interview, whichever is later. A Notice of Decision must advise the client of the following:

a. The application is denied due to his withdrawal of the application; (12-1-91)

b. A citation of the appropriate Sections supporting this decision; (12-1-91)

c. The date of the decision for denial; (12-1-91)

d. An explanation of the applicant's right to request a fair hearing if he disagrees with the decision. (12-1-91)

04. **Death.** If a client dies before eligibility is determined and the application can be approved, aid must cover the needs of the deceased individual through the month of death. The other members of the budget unit may be approved for AFDC benefits if eligible. (12-1-91)

063. CASE RECORD.

All material relating to a client's eligibility for aid must be placed in the case record. The case record must contain the necessary documentation and verification to support the examiner's decision for approval or denial of the application. The case record must contain the necessary documentation of the request for withdrawal of the application, whether the request was oral or in writing, and the date the client requested the withdrawal. (12-1-91)

064. NOTIFICATION OF REQUIRED VERIFICATION.

Verification is the use of third party data or proof to establish the accuracy of information contained in the application. Each applicant for AFDC or AFDC related Medicaid must furnish verification to establish his eligibility for assistance. The applicant must be advised in writing of the following: (12-1-91)

01. **Inform Clients of Verification Requirements.** The client must be told eligibility cannot be determined until all required forms and verifications are received by the Field Office. The client must be told failure to provide all required forms and verifications within time lines will result in denial of the application or reduced benefits. (6-7-93)

02. **List of Required Verification.** At the time of the application, the Department must give the client a written list of the verification items he will need to provide at the interview. If the client does not furnish all the required proof at the interview, the Department must give the client a written list of verifications still required. The client must be allowed ten (10) calendar days to provide them. The list must clearly state what verification is needed and for which programs. The list must state actions the Department will take, if the requested verification is not provided. (6-7-93)

03. **Deadline for Providing Verification.** The client must be advised in writing of the deadline for providing verification. The client must be allowed ten (10) calendar days to provide the verification. (12-1-91)

04. **Contact the Field Office.** The client must be advised he may contact the field office prior to the deadline if he is unable to obtain the necessary verification and request an extension of the deadline. (12-1-91)

05. **Income and Eligibility Verification System (IEVS).** IEVS is an exchange of information with state and federal agencies to verify income and information needed to determine eligibility. The Department must inform the client his Social Security Number (SSN) will be used to obtain income verification from the Department of

Employment (DOE), the Social Security Administration (SSA), and the Internal Revenue Service (IRS). IEVS information available before eligibility is determined must be used. Case actions, based on IEVS information received after approval, must be completed within forty-five (45) days from the date of the IEVS information is received. Information received from SSA, and Unemployment Insurance Benefits information from the DOE, can be used without further verification. Information received from IRS or wage file information from DOE must be verified through other sources before it can be used. (12-1-91)

065. EXTENSION OF VERIFICATION DEADLINE.

If the client is unable to obtain required information within the time limits, he may request an extension. The client must make the request before the ten (10) calendar day time limit expires. The extension must be granted by the examiner if the client shows good cause for the delay. The Examiner must advise the client in writing of the new deadline for providing verification. The Examiner must advise the client failure to provide the verification will result in benefit denial or reduced benefits. (6-7-93)

066. DEPARTMENT ASSISTANCE.

When a client is unable to obtain the requested verification, the Department must offer to assist the client. (12-1-91)

067. CLIENT'S CONSENT TO CONTACT COLLATERAL SOURCES.

A client's signature on the AFA is his consent to contact a collateral sources for verification. The examiner must explain to the client that his signature on the AFA is an acknowledgement of truthful statements contained in the AFA and allows the Department to make contacts as necessary to determine his eligibility for assistance. A client must be given the opportunity to obtain the verification on his won or withdraw his application for assistance. (6-7-93)

068. FAILURE TO PROVIDE VERIFICATION REQUIRED TO DETERMINE ELIGIBILITY.

The applicant must be denied if verification required to determine the budget unit's eligibility is not provided. The client must provide the verification within ten (10) calendar days of the written request, unless the client has good cause for failure to provide the verification. (See Section 506 for the good cause reasons.) Failure to provide verification required to determine eligibility for the entire budget unit will result in denied benefits for failure to cooperate. If a deadline falls on a weekend or holiday, the client must be allowed until the close of the next working day to provide the verification. (6-7-93)

069. FAILURE TO PROVIDE VERIFICATION REQUIRED TO DETERMINE ELIGIBILITY FOR MANDATORY BUDGET UNIT MEMBER.

The Department must determine if the failure to provide verification for a mandatory budget unit member causes ineligibility for the entire unit or disqualification of the mandatory budget unit member. (6-7-93)

01. Budget Unit Eligibility. Deny the application for the entire budget unit if verification required to determine the budget unit's eligibility is not provided within the time limit. (6-7-93)

02. Disqualification. Disqualify the mandatory budget unit member if the verification required to prove the member has cooperated with all program requirements is not provided within the time limits. Approve the application for the remaining budget unit members if the budget unit's eligibility can be determined. Count the disqualified member's income and resources in full. (6-7-93)

03. Time Lines. The client must provide the verification within ten (10) calendar days of the written request, unless the client has good cause for failure to provided the verification. (See Section 506 for the good cause reasons.) If a deadline falls on a weekend or holiday, the Department must allow the client until the close of the next working day to provide the verification. (6-7-93)

070. FAILURE TO PROVIDE PROOF OF DEPENDENT CARE COSTS.

Do not deny benefits solely due to the client's failure to provide proof of dependent care costs. If the client fails to provide this proof, a decision regarding the unit's eligibility and grant amount must be made. Do not allow a dependent care disregard if the client fails to provide proof of the dependent care costs within the time limits. If the client later provides he had good cause for the delay, allow the disregard back to the application date. Issue supplemental benefits, if necessary. (See Section 506 for the good cause reasons.) (7-1-94)

071. APPLICATIONS FOR MEDICAID.

The Department must examine the potential eligibility of the client for all Medicaid coverage groups when a client applies for Medicaid. (12-1-91)

072. OUT-OF-STATE APPLICANTS.

A client who is receiving an AFDC payment in another state cannot receive AFDC in Idaho until the client moves to Idaho and the payment is stopped in the other state. A client, whose AFDC in another state is suspended in the month of his application, is not considered to be receiving AFDC payments and could qualify for AFDC if he meets all other eligibility criteria. A client may receive Medicaid in Idaho prior to an AFDC or Medicaid closure from another state if the client meets all other Medicaid eligibility criteria. AFDC payments received from another state must be treated as unearned income in determining Medicaid eligibility. The out-of-state medical coverage must be shown as a third party resource. Idaho residents temporarily out of the state and not receiving aid may apply for aid in Idaho. (12-1-91)

073. CONCURRENT BENEFITS NOT ALLOWED.

A client must not receive AFDC in conjunction with SSI payments, federally funded foster care payments, or AABD payments. If a client is eligible for AFDC and another type of assistance, the client must be informed by the field office of the benefits for each program. The client or representative must elect the type of benefit payment he wishes to receive. (12-1-91)

074. PREGNANT APPLICANT.

A pregnant woman with no other children, receiving AFDC, is eligible for AFDC beginning the third calendar month prior to the month in which the baby is due, if all other eligibility criteria are met. The pregnancy and estimated date of delivery must be medically verified. When the application for AFDC is received prior to the eligible time period, AFDC must be denied. If all other eligibility criteria are met, Medicaid must be approved. If the client is approved for Medicaid, a new AFA (HW-0901) is required when the client reaches the eligible time period for AFDC payments. The client will need to be interviewed by the Examiner before the AFDC grant can be approved. AFDC payments can only include the pregnant woman's needs. The payments cannot include the needs of the unborn child. (7-1-94)

075. APPLICATION FOR NEWBORN CHILD FOR AFDC.

The initial application covers children born to an eligible AFDC mother. The client must report the child's birth within ten (10) days. The newborn child is added to the AFDC budget unit as of the date of the child's birth after the necessary verification is provided. (4-1-93)

076. APPLICATION FOR MANDATORY BUDGET UNIT MEMBER FOR AFDC.

The initial application covers all mandatory budget unit members who join an eligible AFDC unit. The client must report the presence of the new mandatory budget unit member within ten (10) calendar days from the date the change occurs. The new mandatory budget member is added to the AFDC budget unit as of the date he became a required member of the unit, after necessary verification is provided. (4-1-93)

077. ADDING AN OPTIONAL BUDGET UNIT MEMBER.

When a client wants to add an optional budget unit member to the AFDC grant, and Add-a-Person form (HW-0913) must be completed. The Add-a-Person form must be signed, witnessed, and date stamped by the local field office. Add a person determined eligible for an AFDC grant as of the date stamp date on the Add-a-Person form (HW-0913). The Medicaid eligibility date is the first day of the date stamp month. (7-1-94)

078. APPLICATION FOR NEWBORN CHILD FOR MEDICAID.

An application for Medicaid is not required until the month of the child's first birthday. This applies to a child who lives with his mother and whose mother was receiving Medicaid at the time of his birth. (4-1-93)

079. CHANGES FOR APPLICANTS.

The Department must act on any changes reported at the application interview. The client must report immediately all changes occurring between the application and approval dates. The Department must complete any changes the client reports between the application date and the approval date. The Department must consider the change in the approval action. If a client reports a change after the approval, the Department must make the change as soon as possible following timely notice. It must be acted upon no later than the second month after the change is reported. (7-1-96)

080. -- 099. (RESERVED).

100. DEFINITION OF NONFINANCIAL CRITERIA.

Nonfunctional criteria are conditions of eligibility other than income, resources, or deprivation, that must be met by the client before assistance can be allowed. (12-1-91)

101. RESIDENCY.

The client must be voluntarily living in the state of Idaho and have no immediate intention of leaving. A person who has "no immediate intention of leaving" is one who does not plan to leave Idaho before a determination of eligibility can be completed. The length of time a person has lived in Idaho does not have a bearing on residency for AFDC. (12-1-91)

102. CITIZENSHIP AND ALIENAGE.

The client must be a citizen or national of the United States or an eligible alien. The client must provide proof of citizenship, national status, or alien status. One (1) adult budget unit member must sign a declaration, under penalty of perjury, attesting to citizenship, national status, or alien status for each member of the unit. (7-1-96)

01. Permanent Residents. Eligible aliens are legal aliens admitted to the United States for permanent residence. (7-1-96)

02. Temporary Residents. Ineligible aliens are persons admitted for temporary residence under Section 245A and 210a of the Immigration and Nationality Act. Temporary resident aliens are ineligible for AFDC for five (5) years. The five (5) year period starts the month temporary alien status was issued. (7-1-96)

03. Family Unity Residents. Spouses and children of ineligible legal aliens admitted to the United States under the INS Family Unity Program are ineligible. Such family members are ineligible for AFDC for the remaining balance of the five (5) year period imposed on the temporary alien relative. After the five (5) year period expires, family unit members can get AFDC if otherwise eligible. (7-1-96)

04. Undocumented Aliens. Undocumented aliens are ineligible for AFDC. (7-1-96)

05. Verifying Immigration Status. The immigration status claimed by an alien applicant must be verified through the INS automated Alien Status Verification Index (ASVI). Where INS reports the alien's status cannot be verified through ADVI, secondary verification is required. Secondary verification from INS is required before the AFDC can be denied, reduced, or stopped based on immigration status. (7-1-96)

103. SOCIAL SECURITY NUMBER.

To qualify for AFDC, each member of the budget unit must provide a Social Security Number (SSN) or proof of an application for a Social Security number. AFDC must be denied or stopped for a budget unit member who fails to provide a SSN or proof of an application for an SSN. Clients who must apply for a SSN, must provide the SSN at the next redetermination immediately following its receipt or within six (6) months, whichever occurs first. AFDC must not be denied, delayed, or stopped where a SSN has been applied for, but not yet issued by the SSA. The field office will assist the client in applying for a SSN. (2-25-94)

01. Application for Newborn. A SSN for a child born into the budget unit must be applied for by the last day of the second (2nd) month following the month of the child's birth. If no application is made by the deadline, the newborn must be removed from the AFDC grant no later than the last day of the month in which he became ineligible. (12-1-91)

02. Furnishing SSN for a Client Other than a Newborn. If a client other than a newborn enters the household, a SSN or application for SSN must be provided prior to adding the client to the budget unit. (12-1-91)

03. Verification. All SSNs must be verified by the SSA. SSN verification must be provided directly to the Department by the SSA. (12-1-91)

104. AGE AND SCHOOL ATTENDANCE.

The dependent child must be under age eighteen (18), or; age eighteen (18) if he is a full-time secondary school

student and is expected to complete the school's curriculum no later than during the month of his nineteenth (19th) birthday. (7-1-94)

01. School. School is a secondary school or the equivalent level of a vocational or technical training, including Jog Corps. (12-1-91)

02. Full-Time. Attendance is full-time if it meets the school's standard for full-time attendance. (12-1-91)

105. PARTICIPATING IN A STRIKE.

AFDC must be denied for the entire budget unit in any month in which the parent who is the caretaker relative is on strike on the last day of the month. AFDC must be denied for any member of the budget unit, who is not the caretaker relative, if the member is on strike on the last day of the month. (12-1-91)

01. Strike. A strike is a concerted stoppage of work by employees either because a collective bargaining agreement has expired or because employees are engaged in a concerted slowdown or other concerted work interruption. (12-1-91)

02. Overpayment. AFDC paid during a strike month to the entire budget unit is an overpayment if the caretaker relative is the striker. AFDC paid during a strike month, for the needs of another member of the budget unit, is an overpayment for that member if the other member is the striker. (12-1-91)

03. Termination. AFDC must be stopped after timely notice if it is reasonable to expect the caretaker relative to continue striking through the last day of the next month. (12-1-91)

106. SPECIFIED RELATIVE.

The AFDC child must live with a specified relative. A specified relative is a person who exercises care and control of the AFDC child, lives with the child, and is related by blood, marriage, or adoption. A relative by blood, including those of half-blood, is a parent, brother, sister, aunt, uncle, nephew, niece, first cousin, first cousin once removed, or any of the preceding relations prefixed by "grand" or "great". A relative by marriage is a stepparent, step-sibling, or the spouse of a relative by marriage even if the marriage has ended. (11-1-92)

107. DEPENDENT CHILD.

A child must be a dependent child to receive AFDC. A dependent child is a child under eighteen (18) years of age or, if over eighteen (18) years of age, is expected to graduate from high school by his nineteenth (19th) birthday. A dependent child must be deprived of parental care, guidance, and support. A dependent child must be living in a parents' home or an non-parent caretaker relative's home. (4-1-93)

108. BUDGET UNIT.

An AFDC budget unit is a person or group of persons living in a common residence, whose needs, income, and resources are considered as a unit in determining eligibility for AFDC and Medicaid, and the amount of an AFDC grant. All members of the AFDC budget unit must meet AFDC eligibility requirements. If there is more than one (1) AFDC budget unit in a common residence, each budget unit is considered a separate unit. Budget units cannot be separate if any member is a required member of both units. The units must be combined and treated as one (1) unit. Eligibility and grant amount of each budget unit is based on the number of budget unit members. No person may be a member of more than one (1) budget unit during the same month. (12-1-95)T

01. Who Must be Included. The individuals listed in Subsections 108.01.a. through 108.06.e. of these rules must be included in the AFDC budget unit. (7-1-96)

a. Parents. A dependent child's natural or adoptive parent(s) living in the same home as the dependent child must be in the budget unit. Both parents must be included, if the child is deprived due to the incapacity of one (1) or both parents. Both parents must be included, if one (1) parent is receiving AABD Medicaid based on the Community Property method and is not an SSI recipient. Both parents must be included, if the child is deprived due to the unemployment of the family's principal wage earner. Disqualified parents are members of the budget unit, but their needs are not included in the need standard. A disqualified parent's income and resources are counted in full. (7-1-96)

b. Siblings. A dependent child's natural or adoptive brother or sister, including half siblings, living in the same home as the dependent child must be in the budget unit. The siblings must also be dependent children who meet all the non financial AFDC eligibility requirements. (7-1-96)

c. Pregnant Woman With No Other Children. A pregnant woman who does not have a child residing in the home may receive a grant for herself. Medical verification of pregnancy must be verified by a licensed physician, certified laboratory, or district health department. The grant must not be started earlier than the third month before the month the baby is due. To determine the pregnant woman's eligibility, include the needs, income and resources of all persons living in the household who would be mandatory budget unit members if the child was born. If this unit is eligible, the pregnant woman is eligible for AFDC. Count only her needs, income, and resources in determining the AFDC grant amount. (7-1-96)

d. Pregnant Woman with Other Children Who Are Not Receiving AFDC. A pregnant woman who does not wish to apply for her other children may receive a grant for herself. The grant must not be started earlier than the third month before the month the baby is due. To determine the pregnant woman's eligibility, include the needs, income and resources of all persons living in the household who would be mandatory budget unit members if the child was born. This includes the father if the couple is married or if unmarried, the couple has signed and "Acknowledgement of Paternity of Subsequent Marriage, and Surname of Child" for (HW0142). If this unit is eligible, the pregnant woman is eligible for AFDC. Count only her needs, income, and resources in determining the AFDC grant amount. (7-1-96)

e. Disabled or Unemployed Stepparent. A stepparent who meets the AFDC disability or Unemployed Parent requirements must be included when the AFDC caretaker relative and the stepparent have a child in common residing in the home. (4-1-93)

02. Who Can be Included. Individuals listed in Table 03.01.108.02. of these rules may be included in the AFDC budget unit if otherwise eligible, but are not mandatory to be included. (7-1-96)

a. Other Child. A child who is not a natural or adoptive child of the specified relative and not a sibling or half-sibling of other children in the budget unit can be included. The child must be under eighteen (18), or expected to graduate from high school by his nineteenth (19th) birthday. (7-1-96)

b. Child of Pregnant Woman. A pregnant woman's children are optional budget unit members, until the baby is born. This option applies if the pregnant woman is the only person receiving AFDC, if any children are included all siblings must be included. (4-1-93)

c. Caretaker Relative other than Parent. A caretaker relative who is not a natural or adoptive parent, such as an aunt, uncle, or grandparent can be included. (7-1-96)

03. Who Cannot be Included. Individuals listed in Subsections 108.03.a. through 108.03.h. of these rules must not be included in the AFDC budget unit: (7-1-96)

a. SSI Recipient. Persons receiving SSI benefits must not be included. (7-1-96)

b. AABD Recipient. Persons receiving AABD benefits must not be included. (7-1-96)

c. Siblings Over Age Requirements. Any siblings of the dependent child, including stepbrother(s) or stepsister(s) who do not meet the age requirements must not be included. A sibling who is over the age requirement and is the caretaker relative because the parents are absent can be an optional budget unit member. (7-1-96)

d. Stepparent. Stepparents must not be included in the budget unit, unless there is a mutual child and the child is deprived based on a parent's incapacity or unemployment. A step-parent who is the caretaker relative because the child's parent is absent can be an optional budget unit member. (7-1-96)

e. Ineligible Alien. Persons who are ineligible aliens must not be included. (7-1-96)

f. AFDC-FC Child. A child receiving foster care payments from the Department must not be included. (7-1-96)

g. Adoption Assistance. A child receiving adoption assistance payments from any federal, state or local agency providing adoption assistance payments must not be included. (7-1-96)

h. Ineligible Due to Lump Sum. Persons who are ineligible due to prior receipt of lump sum income must not be included. (7-1-96)

04. Budget Unit with SSI Child. An SSI child is not a budget unit member. The child's needs, income and resources are not counted in determining AFDC eligibility. The specified relative of an SSI child has the choice of applying for himself only, or applying for himself and all siblings of the SSI child. The budget unit is determined as follows: (12-1-91)

a. When the specified relative applies for himself and the SSI child as a dependent child, the relative may receive a grant on his own behalf; or, (12-1-91)

b. When the specified relative applies for himself and the siblings of the SSI child, the budget unit excludes the SSI child. The budget unit will consist of the eligible siblings of the SSI child and their parent(s) living in the household. (7-1-96)

05. Budget Unit with Foster Child. A child receiving foster care payments is not a budget unit member. The foster child's needs, income, and resources are not counted in determining AFDC eligibility. If a foster parent is a foster child's specified relative, the foster parent may apply for himself only. The foster parent may also applying for himself and his own dependent children. The budget unit is determined as follows: (7-1-94)

a. When the specified relative who is a foster parent applies for himself and the foster child as a dependent child, the relative may receive a grant on his own behalf; or, (12-1-95)T

b. When the specified relative who is a foster parent applies for himself and his other dependent children, the budget unit will consist of all household members except the foster child. (12-1-95)T

06. Disqualified Members. A disqualified person is a member of the budget unit, but his needs are not included. A person is disqualified because he does not meet an eligibility condition or fails to complete a requirement of the AFDC program. The disqualified person's needs are not counted to determine the budget unit's eligibility or grant amount. The disqualified person's income and resources are considered available to the budget unit. Income and resource exclusions apply for the disqualified person. Earned income disregards are subtracted from the disqualified person's earned income. If the disqualified person is the only dependent child, and is disqualified for reasons other than noncooperation with JOBS, the AFDC grant must be stopped following timely notice. (7-1-94)

07. Budget Unit with Child Receiving Adoption Assistance. A child receiving Adoption Assistance payments is not a budget unit member. The child's needs, income, and resources are not counted in determining AFDC eligibility. The adoptive parent may apply for himself only. The adoptive parent may also apply for himself and his other dependent children. The budget unit is determined as follows: (7-1-96)

a. When the specified relative applies for himself and the adoptive child as a dependent child, the relative may receive a grant on his own behalf; or, (7-1-96)

b. When the specified relative applies for himself and his other dependent children, the budget unit will consist of the adoptive child's eligible siblings and their parent(s) living in the household. (7-1-96)

109. MINOR PARENT (MP).

A minor parent (MP) is a person under age eighteen (18) who is pregnant or living with her child. A MP residing with her natural or adoptive parent(s) may exist as a separate budget unit for herself and her minor child, when the MP's parent does not receive AFDC. When the MP's parent and siblings are not receiving AFDC, AABD, or SSI, the income of the MP's parent must be deemed to the MP. When the MP's parent applies for or receives AFDC for siblings of the MP, the MP and her child cannot exist as a separate budget unit (see Table 109). (7-1-96)

TABLE 109 - MINOR PARENT (MP) BUDGET UNIT DETERMINATION

MINOR PARENT'S PARENT(S)	MINOR PARENT (MP)	MINOR PARENT'S CHILD
MP's Parents Receive AFDC for MP and/or MP's Sibling(s)	MP must be in parent's budget unit	Child must be in budget unit with grand-parents and MP, if application is made for the child. Grandparents are not required to apply for the child.
MP's Parents Do Not Receive AFDC for MP and/or MP's Sibling(s).	MP must be in budget unit with his/her child. Parent's income is deemed to MP.	Child must be in budget unit with his/her minor parent.
MP's Parent Receives SSI or AABD. MP's Sibling(s) Do Not Receive AFDC.	MP must be budget unit with his/her child. SSI or AABD parent's income is not deemed to MP.	Child must be in budget unit with his/her minor parent.
MP's Parent Receives SSI or AABD. MP's Sibling(s) Receive AFDC.	MP must be budget unit with sibling(s).	Child must be in budget unit with MP, if MP applies for child. Child cannot receive AFDC, unless included in budget unit with the MP.

110. TEMPOARY ABSENCE.

A child or specified relative may be temporarily absent from the home and receive AFDC. The parent must continue to maintain parental control of a child who is temporarily absent. Temporary absence includes the following:(6-7-93)

01. Intent to Return Home in Three Months. A person is considered to be temporarily absent when he intends to return home within three (3) months. Reasons for absence may include visitations with the absent parent or other relatives, hospitalization, or maternity care. The intent to return to the home must be verified in order for AFDC to continue for the absent member. (12-1-91)

02. Attending School. A temporary absence may exceed three (3) months if a child or specified relative is attending school. During the temporary absence, the parent may continue to receive AFDC if the child or specified relative returns home for at least the summer vacation and the absence is due solely for educational training. IF the child or specified relative is attending summer school, he may remain at school during the summer vacation and continue AFDC eligibility. (7-1-94)

03. Medicaid Certified Medical Facility Resident. A caretaker relative or child who resides in a Medicaid certified medical facility may receive AFDC if they intend to return home. The temporary absence may exceed three (3) months when a licensed physician verifies in writing the client will return to the home within one (1) year. (7-1-94)

111. -- 149. (RESERVED).

150. AFDC DEPRIVATION.

Deprivation is a lack of, or interruption in, the maintenance, physical care, and parental guidance a child ordinarily receives from one (1) of both parents. A child is deprived by the continued absence of a parent, incapacity of a parent, death of a parent, or unemployment/underemployment of the principal wage earner (PWE) parent. (12-1-91)

151. PARENT.

A parent is either the biological or adoptive mother or father of the dependent child, in Idaho, a man is presumed to be the child's parent if he was married, either ceremonially or under common law, to the child's mother at the time the child was conceived or born. Legal paternity in other situations must be established by a court. (12-1-91)

01. Subsequent Marriage. For a child born in Idaho, a child's paternity is legally established if a child's

parents marry after the child was born. The parents must obtain a new birth certificate listing the child's father on the certificate by filing with Vital Statistics as application for the new certificate along with a copy of the marriage license. (7-1-96)

02. Court Action. The parents or the Department can initiate court action to legally establish paternity. If the court finds the man to be the child's father, paternity is legally established. (7-1-96)

03. Acknowledgement of Paternity. Paternity is established to determine relationship, deprivation and family size for AFDC and AFDC-related Medicaid, if unmarried parents properly complete an "Acknowledgement of Paternity or Subsequent Marriage, and Surname of Child", form HW 0142. This acknowledgement is forwarded to BCSS. BCSS will use it as the basis for a court order. Once completed, the acknowledgement is valid until it is rebutted and ruled invalid by a court. Paternity is not established by a verbal admission. (7-1-96)

153. CONTINUED ABSENCE.

A child is deprived when the parent is continually absent from the home and no longer provided support, care, or parental guidance. This may be due to death, divorce, desertion, marital separation, annulment, confinement in an institution, or deportation. A child is deprived of parental support and care when paternity is not established or an Acknowledgment of Paternity is not signed. A child is not deprived when the sole reason for the parent's absence is employment away from home. A child is not deprived when the sole reason for the parent's absence is active duty in a uniformed service. Deprivation because of continued absence exists when all three (3) of the following conditions listed in Subsections 153.01 through 153.03 of these rules have been proved: (7-1-96)

01. Parent Not Living in Household. The parent does not live in the same household as the child. (12-19-1)

02. Not Functioning as a Parent. Absence causes interruption or termination of the parent's functioning as a provider of maintenance, physical care, or guidance for the child. (6-7-93)

03. Support or Care Not Counted On. The parent's function in supporting or caring for the child cannot be counted on due to the parent's absence. (12-1-91)

154. PARENT IN INSTITUTION.

A parent is absent from the home if he is institutionalized for more than thirty (30) days. An institution may include a hospital, nursing facility or prison. A convicted offender parent on a work release will be considered absent from the home but his work release sentence must exceed thirty (30) days. When a person is sentenced to perform unpaid public work or unpaid community service during working hours and is permitted to live at home, that person is considered institutionalized. (12-1-91)

155. JOINT CUSTODY.

When a divorce decree orders joint custody of a child, the situation must be evaluated to determine if the function as a parent is interrupted and all three (3) conditions of deprivation by continued absence are met. (12-1-91)

156. DEPRIVATION VERIFICATION.

The three (3) conditions of deprivation by continued absence must be proved. Proof must be obtained through collateral contacts such as neighbors, relatives, friends or landlords. The absent parent must be contacted, if possible, by phone or letter. The parent's absence, current function as a parent, plans for support and visitation, and medical insurance or medical support payments must be verified. In the case of death of a parent, valid evidence of death must be obtained. (12-1-91)

157. SPOUSE AND CHILD SUPPORT PAYMENTS.

Support payments include all court ordered and voluntary support payments paid to or due the budget unit by the absent parent or any other person who is liable to pay support. (7-1-93)

01. Assignment of Support Payments. By operation of Section 56-203B and Section 56-209b.(3), Idaho Code, support rights are subrogated to the Department upon application for assistance. The client must acknowledge, by signature, she understands her rights are assigned and she must cooperate to establish paternity and secure spouse and child support. (7-1-96)

02. Referral to BCSS. An absent parent must be referred to BCSS. A putative father must be referred to BCSS if he lives with the child but the child's paternity has not been legally established. The parents must both complete the "Acknowledgment of Paternity or Subsequent Marriage, and Surname of Child," for HW 0142. The completed form is forwarded to BCSS. BCSS uses this signed form to establish a support order. The client must also complete the absent or alleged parent questions on the AFA. The client must give the Department all information requested about the absent or putative parent on the AFA. (7-1-96)

03. Support Payments Received Prior to Assignment Referral. Disregard the first fifty dollars (\$50) of the total support payments received in any month prior to the authorization of AFDC benefits. Any amount in excess of the first fifty dollars (\$50) must be counted as unearned income. (7-1-93)

04. Support Payments Received After Assignment Referral. When a client receives a support payment after the date benefits are authorized, the payment must be paid to the BCSS. If the client keeps the payment, the client must repay that amount to BCSS. The client must make a repayment agreement to BCSS. (7-1-93)

05. Cooperation with BCSS. A parent or non-parent caretaker relative must cooperate with BCSS by providing all known information to identify and locate the absent parent. A parent or non-parent caretaker relative must cooperate by helping BCSS to establish paternity, secure support payments for the client and her children, and secure any payment or property due the client or her children. Cooperation with BCSS includes, but is not limited to, appearing at the BCSS office to provide written or verbal information, documentation or evidence, appearing as a witness at judicial or other hearings or proceedings, providing information or attesting to the lack of information under penalty of perjury. The parent or non-parent caretaker relative must pay to BCSS any support payments received from the absent parent after the date benefits are authorized. This includes support payments received in the current month and any amount due BCSS for recovery of retained direct support payments. (7-1-93)

06. Minor Not Living with Parent. A minor parent, not living with her parent(s), must cooperate in securing support from her parent(s). (7-1-94)

07. Failure to Cooperate. The examiner must determine if the parent or non-parent caretaker relative has cooperated in securing support. Noncooperation includes the client's failure to sign the Assignment of Support Rights on the AFA, failure to complete the absent or alleged parent information questions on the AFA, or evidence of noncooperation provided by BCSS. (7-1-96)

08. Penalty for Not Cooperating. When a parent or non-parent caretaker relative fails to cooperate in support requirements, his needs will not be considered in eligibility and grant determinations. The disqualified parent or non-parent caretaker relative's income and resources are counted in full. The earned income disregards are allowed from the disqualified parent or non-parent caretaker's earned income, if the parent or caretaker relative is otherwise eligible for the disregards. The children will remain eligible for AFDC payments unless the income of the disqualified parent or non-parent caretaker exceeds the standards. (7-1-93)

09. BCSS Protective Payee. A protective payee is set up when the parent or non-parent caretaker relative has failed to cooperate with BCSS. A protective payee is established if the parent's or non-parent caretaker relative's needs are removed from the AFDC grant for failure to cooperate in establishing paternity or securing support payments. A protective payee is a third party designated as payee for an AFDC grant. The protective payee must not be an employee of the Department and cannot receive compensation. The protective payee pays bills and distributes the AFDC payment as necessary. When a protective payee cannot be found, reasons must be listed in the case record. (7-1-93)

10. BCSS Overpayment. When the client keeps support payments not budgeted against the AFDC grant, the client must make a repayment agreement with BCSS. BCSS may recommend the client be sanctioned for failure to cooperate, if the client fails to enter into a repayment agreement or make repayment to BCSS. When BCSS recommends sanctions, the Department can remove the client's needs from the AFDC grant. The sanction will be continued until satisfactory arrangements to repay the BCSS overpayment are made.

158. EXEMPTIONS TO SUPPORT REFERRAL.

The client is not required to complete absent or alleged parent questions on the AFA for children who are deprived

due to continued absence, if good cause for failure to cooperate exists. The client is not required to complete the absent or alleged parents questions on the AFA when a child is adopted by a single parent of born as a result of artificial insemination. (7-1-96)

159. GOOD CAUSE FOR NONCOOPERATION IN SUPPORT ACTIVITIES.

The HW-0431, "Notice to Applicants and Recipients," is written notice of the client's right to claim good cause for not cooperating in securing support. This form must be signed and reviewed with the client, whether or not the client wishes to claim good cause. Good cause for not cooperating in securing support can be claimed at any time before or after AFDC approval. At application and redetermination, the client must be advised support payments must be assigned to the state unless the client can show good cause for not pursuing the support. (7-1-96)

01. Definition. Good cause for not cooperating in securing support includes the client's fear of the absent parent inflicting physical and emotional harm to the child(ren) or caretaker relative. This must be supported by medical evidence, police reports, or as a last resort, an affidavit from a knowledgeable source. Good cause includes pending adoptions. If legal adoption proceedings are not pending, the discussion between the client considering an adoption placement for her child and the Social Service Department must not exceed three (3) months. Good cause may be claimed for a child conceived due to documented incest or forcible rape. (7-1-96)

02. Procedures for Claiming Good Cause. A client claiming good cause for not cooperating in securing child support must submit a notarized letter to the examiner identifying the good cause exempted child. The letter must state the reasons for claiming the good cause exemption. The client must be allowed twenty (20) days to supply evidence to the examiner supporting the claim. The evidence must be reviewed by the eligibility examiner and eligibility supervisor and a good cause decision must be made within forty-five (45) days of the claim. If the client requests additional time to provide proof of "Good Cause", an additional ten (10) days may be approved. AFDC must not be denied, delayed, or stopped pending a decision of good cause. If an AFDC case is approved, the Assignment of Support Rights on the AFA must be sent to BCSS with the notation "Good Cause Claim Pending". BCSS must review good cause claims and make recommendations. If the Eligibility staff finds good cause exists, BCSS must be notified immediately. If BCSS contest the good cause recommendation, a conference must be held between the Eligibility staff and the BCSS staff. Eligibility staff will make the final good cause decision. (7-1-96)

03. Good Cause Decision. If good cause exists, the BCSS cooperation requirement is waived. No further support action is taken by BCSS. If good cause does not exist, the client must be notified of the requirement to cooperate, and the case must be referred to BCSS. The client must be allowed to withdraw the application or have the case closed. (7-1-93)

04. Review of Approved Claim. At each redetermination, the circumstances of the approved good cause claim must be reviewed. If good cause no longer exists, the cooperation requirements are applied. (12-1-91)

160. INCAPACITY.

A child is deprived of support, care, or guidance if a parent has a physical or mental incapacity expected to last for at least thirty (30) days. A parent can be determined incapacitated regardless of the parent's role as caretaker or breadwinner prior to the onset of the disability. An incapacitated parent can be either a parent who was working or a full-time homemaker. A parent is incapacitated if one or more of the following situations exist: (7-1-94)

01. Qualifies for SSI, AABD, or Social Security Disability. A parent is incapacitated if he qualifies for SSI, AABD, or Social Security Disability. (12-1-91)

02. Unable to Work at Usual Occupation. A parent is incapacitated if he is physically or mentally unable to work full time at this usual occupation or the occupation for which he is trained or educated. A parent is incapacitated if the only work the parent is able to perform full time is at a pay rate less than the pay rate of his usual occupation. This evaluation must be made through the Medical Review Team with supporting documentation. (7-1-94)

03. Unable to Perform Homemaking Activities. A parent is incapacitated if he is unable to perform necessary homemaking activities or provide adequate care for his children without help from others. This evaluation must be made through the Medical Review Team with supporting documentation. (12-11)

161. INCAPACITY EVALUATION.

Incapacity will be determined by the Medical Review Team (MRT). MRT must consist of the regional eligibility program manager or designee and a physician. MRT may include social workers, vocational rehabilitation workers, or other suitable members. Supporting records must be submitted to MRT. These records include medical evidence signed by a physician or psychologist, and a completed social and vocational report. When a parent is obviously incapacitated and the incapacity is expected to last at least thirty (30) days, the parent may be considered a disabled parent and the AFDC may be approved for one (1) month pending the MRT decision. If a client otherwise qualifies for AFDC and the Department requests medical evaluation, the Department must pay for the medical evaluation.

(7-1-96)

162. AVAILABLE MEDICAL TREATMENT.

A parent determined incapacitated by the Medical Review Team must accept a plan for training, job placement, or medical treatment expected to restore or greatly improve his ability to work. If the parent refuses available medical treatment without good cause, his needs will be excluded in determining AFDC eligibility and grant amount. Good cause for refusing available medical treatment is genuine fear of treatment, religious objections, or risk of further impairment.

(12-1-91)

163. DEPRIVATION DUE TO THE UNEMPLOYMENT OF THE PRINCIPAL WAGE EARNER.

A dependent child is deprived of parental care and support in a two (2) parent family when the family's principal wage earner (PWE) is unemployed. The AFDC-Unemployed Parent program (AFDC-AU) requires the family to have at least one (1) child common to both parents. The AFDC-AU budget unit must meet all financial and non-financial AFDC eligibility requirements. The PWE in a two (2) parent household must have been employed in the past. The child's parents must be available to take part in JOBS in a JOBS county, unless exempt. The child's parents must sign up for all available employment, education, and training at Job Service (DOE) in a non-JOBS county, unless exempt. The child's parent must sign up for all available employment education and training at JOBS Service (DOE) in a remote section of a JOBS county, unless exempt.

(3-1-93)

164. APPLY FOR UNEMPLOYMENT INSURANCE BENEFITS (UIB).

The child's parents must apply for and accept all UIB when eligible. The needs of the child's parent(s) who refuses to apply for and then accept UIB are excluded in determining AFDC-AU eligibility and grant amount. The parent's income and resources are counted in full. The parent is excluded until he applies for and accepts all UIB for which he is eligible. This applies to both the PWE and the other parent in an AFDC-AU budget unit.

(3-1-93)

165. DESIGNATION OF PRINCIPAL WAGE EARNER (PWE).

The Department must determine which parent in a two (2) parent budget unit is the family's Principal Wage Earner (PWE). The PWE is the parent earning the most money in the twenty-four (24) calendar months preceding the month of application. The earnings of both parents are considered during the twenty-four (24) month period regardless of when their relationship began or their ages. If both parents earned exactly the same amount or earned no income during the twenty-four (24) calendar months preceding the month of application, the Department must designate the PWE based on the family's recommendations and circumstances. The designation of the PWE is in effect as long as the family remains eligible for and receives AFDC-AU. When an AFDC-AU case closes for more than one (1) calendar month, the Department must redesignate the PWE parent.

(3-1-93)

166. VERIFICATION OF PRINCIPAL WAGE EARNER (PWE).

Each parent in an AFDC-AU household must verify the amount of money earned during the twenty-four (24) calendar months before the month of application for AFDC-AU. Acceptable proof included, but is not limited to, wage stubs written statements from employers, a wage history from the DOE, a wage history from the state employment agency in another state, or a copy of an income tax return. If a parent was self-employed acceptable proof includes, but is not limited to, income tax returns, business ledgers, account books, statements from partners in the business or form customers of the business. If acceptable proof is not available, the Department must designate the PWE using the best proof available. This proof may include collateral contacts.

(7-1-96)

167. UNEMPLOYMENT OF PWE.

The child is deprived of parental care and support and is eligible for AFDC-AU if the PWE is unemployed. In a two (2) parent family, explore a child's deprivation as the child of an incapacitated parent before applying the provisions of this section. The PWE is unemployed if all the conditions of Subsections 167.01 through 167.07 are met.

(7-1-96)

01. Required Unemployment Period. The PWE must have worked less than one hundred (100) hours during the thirty (30) calendar days prior to the application date. Benefits are effective on the application date, if the PWE worked less than one hundred (100) hours during the thirty (30) days prior to the application date. If the PWE worked more than one hundred (100) hours on the application date, approve benefits effective the first day the PWE worked less than one hundred (100) hours during the prior thirty (30) days. (7-1-94)

02. Employed Less than One Hundred (100) Hours Per Month. The PWE must be employed less than one hundred (100) hours each calendar month. If employed more than one hundred (100) hours each calendar month, the work must be intermittent. Work is intermittent if the PWE worked less than one hundred (100) hours during the two (2) calendar months before the month of application, and is expected to work less than one hundred (100) hours during the calendar month following the month of application. (11-1-92)

03. Has Not Refused Employment. The PWE has not refused, without good cause, a bona fide offer of employment or training within thirty (30) calendar days prior to the application date. (7-1-96)

04. Has Not Refused UIB. The PWE does not fail or refuse to apply for, or accept, UIB as a condition of eligibility for AFDC-AU. (7-1-96)

05. Work Record. The PWE has a work record as defined in Section 71. (7-1-96)

06. JOBS/Work Registration. The PWE must participate in JOBS, in JOBS counties, unless exempt. The PWE must sign up for all available employment, education, and training at Job Service (DOE) in a non-JOBS county or remote areas of JOBS counties, unless exempt. (7-1-96)

07. Labor Dispute or Disqualified for UIB. The PWE must not be unemployed because of participation in a labor dispute. The PWE must not be disqualified for UIB. The PWE must not be unemployed because of conduct or circumstances which disqualify him or would disqualify him from UIB. (7-1-96)

168. VERIFICATION OF PWE UNEMPLOYMENT.

PWE employment of less than one hundred (100) hours per month or intermittent employment of more than one hundred (100) hours per month must be verified. Verification includes, but is not limited to: Wage stubs showing the hours worked, a termination notice, a statement of hours worked from current or previous employers, work verification form (HW-0411) showing the hours worked, wage history from the Job Service (DOE), or wage history from another state's Job Service (DOE). (3-1-93)

169. REFUSAL OF EMPLOYMENT, TRAINING OR EDUCATION.

Deprivation does not exist if the PWE refused to accept a bona fide offer of employment, training, or education, without good cause, within thirty (30) days prior to the date of application. The Department must determine that a bona fide offer of employment was made before denying the application. To determine that a bona fide offer was made, all the steps in Subsection 169.01 through 169.07 must be taken. (3-1-93)

01. PWE Explanation. The PWE must be allowed to explain why he rejected the offer before the Department denies the application. The PWE's statements must be documented in the case record. (3-1-93)

02. Contact Employer or Agency Offering Employment or Training. The Department must contact the employer or agency offering the job or training. Obtain an oral or written statement proving the job or training was offered and the rate of pay offered. (3-1-93)

03. Verify Wages Met Minimum Wage Requirements. The Department must verify the offered wage met at least the state minimum wage and equaled the customary amount paid for such work in the area. (3-1-93)

04. Parent Physically Able to Do Job. If there is any question regarding the PWE's physical ability to do this work, the Department must obtain a physician's statement verifying the PWE could have physically done the work before denying the application. (3-1-93)

05. Transportation. If the PWE claims he lacks transportation to the job, the Department must verify transportation is available before denying the application. (3-1-93)

06. Safety. The Department must verify working conditions met the minimum state health and safety standards before denying the application. (3-1-93)

07. Worker's Compensation Provided. The Department must verify the employer provides Worker's Compensation before denying the application. (3-1-93)

170. GOOD CAUSE FOR REFUSING EMPLOYMENT.

The good cause decision for failure to accept an offer of employment or training is made by the Department. The PWE has good cause if the job does not meet the criteria listed in Subsections 169.01 through 169.07. (3-1-93)

171. WORK RECORD FOR PWE.

The PWE has a work record if he meets one (1) of the conditions listed in Subsections 171.01 through 171.04. (7-1-96)

01. Receipt of UIB. The receipt of UIB within the twelve (12) calendar months before the date of the AFDC-AU application is a work record. (11-1-92)

02. Would Have Received UIB. The PWE would have received UIB if he had applied for UIB within the twelve (12) calendar months before the date of application. (11-1-92)

03. Would Have Received UIB, if Occupation Covered Under UIB Laws. The PWE would have been eligible for UIB if his occupation had been under the UIB laws. The only occupation not covered under the UIB laws in Idaho is agricultural employment where the employer's payroll is less than twenty thousand dollars (\$20,000) per year. (11-1-92)

04. Quarters of Employment. Employment in at least six (6) calendar quarters of any thirteen (13) calendar quarter period ending within one (1) one year prior to the month of application for AFDC-AU. Employment is earning at least fifty dollars (\$50) in a calendar quarter. Participation in a community or work program under WIN, CWEP or JOBS can be substituted for employment for calendar quarters of work. Attendance in an elementary, secondary, vocational, or technical school, JPTA or other training program leading to employment can be substituted for four (4) of the six (6) calendar quarters of work. (11-1-92)

172. DETERMINE THIRTEEN (13) CALENDAR QUARTER PERIOD.

Subsections 172.01 through 172.03 are used to determine a PWE worked in at least six (6) calendar quarters of a thirteen (13) calendar quarter period ending within one (1) year before the date of application for AFDC-AU. (12-1-91)

01. Identify Calendar Quarters. First, identify the four (4) calendar quarters completed within the twelve (12) calendar months prior to the date of application. Calendar quarters are completed on March 31, June 30, September 30, or December 31. (12-1-91)

02. Identify Calendar Quarter Periods. Second, form each of these four (4) calendar quarters, count backward to identify a thirteen (13) consecutive quarter period. There will be four (4) such periods. (12-1-91)

03. Identify Employment in Calendar Quarters. Third, determine the PWE worked in six (6) calendar quarters within Calendar Quarters any one (1) of the four (4) thirteen (13) calendar quarter periods. (12-1-91)

173. CREDIT FOR QUARTER OF WORK OR SCHOOL.

Use Subsections 173.01 through 173.04 to determine if a PWE should receive credit for quarters of work or training. (7-1-94)

01. Quarterly Earnings. Credit the PWE with one (1) quarter of work for each calendar quarter his gross income totaled at least fifty dollars (\$50). (7-1-94)

02. Annual Earnings. Credit the PWE with four quarters of work for a year, based on annual gross income. (7-1-94)
- a. Step 1. Determine total gross earnings for the year. (7-1-94)
- b. Step 2. Divide the amount from Step 1 by the dollar amount for the quarter of coverage shown in Section 174. (7-1-94)
- c. Step 3. Round down and credit the PWE with up to four (4) quarters of coverage. (7-1-94)
03. JOBS. Credit the PWE with one (1) quarter of training for each calendar quarter he participated in JOBS for at least one (1) day. (7-1-94)
04. School or Training. Credit the PWE with one (1) quarter of training, up to four (4) quarters, for any quarter he: Attended full time an elementary or secondary school; attended a technical or vocational school; or, attended a JTPA education or training program. (7-1-94)

174. QUARTERS OF COVERAGE TABLE.

The annual income required for four (4) quarters of coverage is listed in Subsections 174.01 through 174.06 of these rules. (7-1-96)

01. 1990. Five hundred twenty dollars (\$520). (7-1-94)
02. 1991. Five hundred forty dollars (\$540). (7-1-94)
03. 1992. Five hundred seventy dollars (\$570). (7-1-94)
04. 1993. Five hundred ninety dollars (\$590). (7-1-94)
05. 1994. Six hundred twenty dollars (\$620). (7-1-94)
06. 1995. Six hundred thirty dollars (\$630). (7-1-96)

175. VERIFICATION OF WORK RECORD.

Verification of the PWE's work record based on receipt of UIB includes, but is not limited to, a benefit history from the state employment office, payment stubs from the DOE, proof of UIB receipt in the case record., or a benefit history from another state's employment agency. Proof of work history based on employment includes, but is not limited to, wage stubs, a work history from DOE, a quarter of coverage statement from the Social Security Administration, statement from employers or participation in community or work experience program under the CWEP, WIN, or JOBS programs. Proof of self-employment includes, but is not limited to, income tax returns, business ledgers, account books, statements from partners in the business, or from customers of the business. Proof of attendance in a school or training course includes a transcript, report cards, or a collateral statement from a school official. (7-1-94)

176. JOBS COUNTIES--REFERRAL TO JOBS.

Prior to approval, both parents in JOBS counties must attend a JOBS orientation and develop a work plan. This applies unless the parents are exempt from JOBS as per Section 204 or the parents live in a remote area of a JOBS county. A parent who fails to participate prior to approval is disqualified. Exclude the disqualified parent's needs in determining the AFDC-AU grant amount. Count the disqualified parent's income and resources in full. The disqualification continues until the parent complies. (7-1-96)

177. NON-JOBS COUNTIES AND REMOTE - REFERRAL TO DOE.

Unless exempt, both parents living in non-JOBS counties and remote sections of JOBS counties must sign up for employment, training, and education with Job Service (DOE). Remote means the round-trip commute time to JOBS program by reasonable public or private transportation is more than two (2) hours. This does not include the time necessary to take a child to and from a child care provider. (7-1-96)

178. AFDC-AU INELIGIBILITY BASED ON EMPLOYMENT.

Deprivation based on unemployment of a PWE no longer exists, and timely notice of closure is required, if the principal wage earner's hours of employment exceed one hundred (100) hours in a calendar month. This does not apply in a calendar month where the work hours exceed one hundred (100) hours per month but the work is intermittent. Intermittent work means the PWE worked less than one hundred (100) hours per month in the two (2) preceding calendar months and is expected to work less than one hundred (100) hours during the following calendar month. If the hours actually exceed one hundred (100) hours for two (2) consecutive months, the second month's payment is an overpayment. (7-1-94)

179. RELATIONSHIP BETWEEN AFDC AND AFDC-AU.

Eligibility for AFDC or AFDC-AU must be explored when a budget unit, or any member of the budget unit, is determined ineligible for AFDC or AFDC-AU. Eligibility for Medicaid under another coverage group must be explored when a budget unit or any member of the budget unit is determined ineligible for AFDC-AU or AFDC-MU. (3-1-93)

01. Parent Returns Home. Eligibility for AFDC-AU must be explored if an AFDC budget unit, or individual member of a budget unit, is no longer deprived because an absent parent returns to the home or is no longer incapacitated. An AFDC-AU Supplemental Application form (HW-0928) signed by both parents is required before AFDC-AU benefits can be authorized. (7-1-94)

02. Parent Becomes Employed. Eligibility for AFDC based on another type of deprivation must be explored if an AFDC-AU budget unit, or an individual member of a budget unit, is no longer deprived based on the unemployment of the PWE. A redetermination must be completed when this change occurs and the case changed from AFDC-AU to AFDC, if eligible.

03. Cooperation in Establishing AFDC-AU Eligibility. The budget unit must cooperate in establishing AFDC-AU eligibility. AFDC-UP eligibility must take precedence over AFDC eligibility. If the budget unit does not cooperate in establishing AFDC-AU eligibility, it is not eligible for AFDC. (3-1-93)

180. INELIGIBLE ALIEN PWE.

Some family members may be eligible for AFDC-AU if the PWE is authorized to work, but is an ineligible alien. This includes aliens whose sole reason for ineligibility is the five (5) year bar from receiving AFDC. Eligible budget unit members must meet all financial and non-financial AFDC eligibility requirements. Eligible budget unit members must be either citizens, nationals, or have an eligible alien status. The PWE must apply for and accept UIB if eligible, be unemployed, not have refused to accept a bona fide offer of employment or training, and have a work record. The ineligible alien PWE is not eligible to participate in JOBS, but must register for work, education, or training at DOE. Consider the needs, income and resource of the alien PWE as per the requirement found in Section 451. (3-1-93)

181. PREGNANT WOMAN WITH NO OTHER CHILDREN.

A pregnant woman with no other children may be AFDC eligible based on the unemployment of the budget unit's PWE. The father is on eligible for AFDC-AU benefits, until after the child is born. The pregnant woman's AFDC eligibility is determined by considering the needs, income, and resources of all members required to be included in the unit if the child was born. This includes the father if the couple is married or if unmarried, the couple can sign the "Acknowledgement of Paternity or Subsequent Marriage, and Surname of Child", form HW 0142. The client must also complete the absent or alleged parent questions on the AFA. If this budget unit is eligible, then the pregnant woman is AFDC eligible. To determine her grant amount, count only the pregnant woman's income and resources. Add both the father, the newborn, and any other eligible family members effective the date of the child's birth. (7-1-96)

182. ONE (1) MONTH CONTINUED BENEFITS.

The AFDC benefit will be continued for one (1) calendar month following the month an absent parent returns home, the parent is no longer incapacitated, or the PWE is employed for more than one hundred (100) hours per month. To receive the additional benefits, the unit's income and resources must not exceed the AFDC income and resource limits. This is to help the budget unit overcome the effects of deprivation. (12-1-95)T

183. -- 199. (RESERVED).

200. JOB OPPOTUNITIES AND BASIC SILLS (JOBS) TRAINING PROGRAM.

The JOBS program is designed to assist AFDC clients to become self-sufficient. The provisions of Sections 200 through 216 govern the JOBS program in counties served by the program in Idaho. The provision of Section 217 through 231 govern the work and training requirements in non-JOBS counties. (12-1-91)

201. ORIENTATION.

The Department must, at application, inform all AFDC clients in writing of the information listed in Subsections 201.01 through 201.06. (12-1-91)

01. Opportunities. The education, employment and training opportunities available in the JOBS program. (12-1-91)

02. AFDC-AU JOBS Requirements. Both AFDC-AU parents must be informed of the JOBS requirements. Give them the date, time, and place of the JOBS orientation. (12-1-91)

03. Support Services. The availability of supportive services during the program and during subsequent employment. (12-1-91)

04. Rights and Responsibilities. The rights, responsibilities, and obligations of participants in the program. Good cause rights and the consequences of failure to participate. (12-1-91)

05. Exemptions Child Care Services. Who is exempt from participation. The types and locations of child care services reasonably accessible to participants and the assistance available to help participants obtain appropriate child care services. (12-1-91)

06. Child Support. Participant responsibilities and obligations relative to child support. (12-1-91)

202. WRITTEN NOTICE.

Following orientation, each AFDC recipient must receive a written notice advising him of the requirement and/or opportunity to begin participation with the JOBS program. The notice must clearly explain the procedures to enter the program and any time limits that apply. For AFDC-AU, notice must be given to the client at application or during the initial interview. For AFDC, notice must be mailed within one (1) month of approval, after a referral status changes to mandatory, and at redetermination. (7-1-96)

203. MANDATORY PARTICIPANTS.

All AFDC clients who live in JOBS counties and have the availability of guaranteed child care must be referred to the JOBS program and participate in JOBS activities unless the recipient meets at least one (10 of the exemptions listed in Section 204. In remote areas of JOBS counties, the mandatory clients must register for work and training with the local DOE. (See Section 220). (7-1-96)

204. JOBS EXEMPT AFDC CLIENTS.

An AFDC client is exempt and not required to participate in JOBS, or register with the DOE in counties without a JOBS program, for the reasons stated in Subsections 204.01 through 204.12. (12-1-91)

01. Client Under Sixteen (16). The AFDC client is under sixteen (16) years of age. (3-1-93)

02. Client Under Eighteen (18) in School. The AFDC client is under eighteen (18) years old and attends and elementary, secondary, vocational, or technical school on a full-time basis. He must be expected to graduate or complete training by his nineteenth birthday. (7-1-96)

03. VISTA Volunteer. The client is a full-time VISTA volunteer. (3-1-93)

04. Over Sixty (60). The client is sixty (60) years of age or older. (3-1-93)

05. Temporarily Ill of Injured. The client is ill or injured and the illness or injury prevents the individual from continuing employment or training or seeking employment or training for at least ninety (90) days. The field office must determine the severity of the illness or injury based on sound medical grounds. If the field office

determines a client's illness will be of a duration of thirty (30) days or less for such reasons as a broken limb, scheduled surgery or recuperation from surgery, the client will be determined exempt for the duration of the illness. If the client's illness or injury is expected to prevent job search or employment for more than thirty (30) days, the Department must request a written statement from a physician or licensed psychologist to verify the time needed for recovery. (3-1-93)

06. Incapacitated. A client is considered incapacitated where a physician or licensed psychologist determines a physical or mental condition prevents the client from continuing or beginning employment or training, and the condition will continue for more than ninety (90) days. The regional Medical Review Team (MRT) will make the determination a client is incapacitated and is exempted from JOBS participation. (3-1-93)

07. Pregnant. A woman is in the second or third trimester of a medically verified pregnancy or is in a post-partum recuperations period as verified by a physician. (3-1-93)

08. Remote. Remote means the client lives in a JOBS county but a round trip to a JOBS program or activity would take more than two (2) hours by available public or private transportation. The two (2) hours do not include time necessary to take children to and from a child care provider. Clients who live in remote sections of JOBS counties must register for work and training with the local DOE. (3-1-93)

09. Employed. The client is employed or self-employed and working at least thirty (30) hours per week and receiving at least the federal minimum wage. (7-1-96)

10. Caring for Ill Household Member. The client is needed in the home to care for another member of the household who is ill or incapacitated and no other suitable member of the household can provide the care. The illness or incapacity must be determined by a physician or licensed psychologist. (12-1-91)

11. Caring for a Child. The AFDC client is the parent or other relative who is personally providing care for at least one (1) child who is under three (3) years old. The AFDC-AU client is the parent or other relative who is personally providing care for at least one (1) child who is under one (1) year old. Only one (1) parent or other relative in an AFDC or AFDC-AU unit can be exempted under this Section. This exemption does not apply to custodial parents under twenty (20) who have not completed a high school education or an equivalency course and who have guaranteed child care available to them. (7-1-96)

12. Caring for a Child Under Six (6). In non-JOBS counties, the parent or other relative who is personally providing care for a child under six (6) years of age is exempt. Only one (1) parent or other relative can be exempted under this Section. (7-1-96)

205. EXEMPTIONS REEVALUATED.

Exemptions must be reevaluated at each redetermination and each time a change occurs that could cause an exemption to change. (12-1-91)

206. VACATIONAL REHABILITATION SERVICES (VRS) REFERRAL OF JOBS EXEMPT CLIENTS.

Any client determined incapacitated will be referred by the field office to Vocational Rehabilitation Services (VRS) even if the person is to volunteer for JOBS. Clients referred to VRS are required to report to VRS and to accept any program of rehabilitation offered by VRS. Clients who fail to participate in the VRS program will not have their needs included in the eligibility determination for the AFDC grant or Medicaid. At each redetermination, the Department must verify and document in the case record the incapacitated client continues to cooperate with VRS. (12-1-91)

207. NOTIFICATION OF CHANGES IN EXEMPTIONS.

When the AFDC or AFDC-Unemployed Parent (AFDC-AU) client's exemption status changes, both the client and the JOBS staff must be notified of the change within ten (10) calendar days from the date of the change. (12-1-91)

208. EMPLOYMENT OF A JOBS PARTICIPANT.

When a JOBS participant begins working thirty (30) hours or more per week, the participant becomes exempt from JOBS. The client must earn at least the federal minimum wage. The employment must meet the goals of the client's employability plan under the JOBS program. (7-1-96)

209. VOLUNTEERS.

All AFDC clients living in JOBS counties, including those who are exempt from JOBS participation, can volunteer to participate in JOBS. AFDC-AU parents not receiving AFDC money payments solely because of the six (6) month time limitation can volunteer to participate in JOBS. (12-1-91)

210. NET LOSS OF CASH INCOME.

A mandatory JOBS client has good cause for failure to accept a job if taking the job will result in a net loss of cash income. The JOBS staff makes the good cause determination that acceptance of the job will result in a net loss of cash income. The examiner calculates the net loss of cash income and give the calculation to the JOBS staff. (12-1-91)

211. CALCULATION OF NET LOSS OF CASH INCOME IF AFDC ELIGIBLE.

The examiner determines if the assistance unit would remain eligible for AFDC if the client accepts the job. If the assistance unit remains eligible, the examiner must determine the amount of the AFDC grant available to the unit if the job is accepted. Net income loss is determined using steps in Subsections 211.01 through 211.041. (12-1-91)

01. Step 1. Add together the reduced AFDC grant, any other unearned income including, but not limited to, the child support bonus and all earned income. (12-1-91)

02. Step 2. Subtract from the total in Step 1 all the actual work expenses, including the actual mandatory payroll deductions for state and federal taxes, FICA, retirement, pensions, and medical insurance and any actual unreimbursed dependent care costs. (12-1-91)

03. Step 3. Add together the current AFDC grant and all other earned and unearned income, including the child support bonus available to the assistance unit if the job is not accepted. (12-1-91)

04. Step 4. Compare the total of Step 2 to the total of Step 3. If Step 3 is larger, the assistance unit will experience a net loss of income if the job is accepted. (12-1-91)

212. CALCULATION OF NET LOSS OF CASH INCOME IF NOT AFDC ELIGIBLE.

If the assistance unit would not remain eligible for an AFDC grant after accepting the job, the net loss of cash income is determined as directed in Table 212.

TABLE 212. AFDC NOT ELIGIBLE NET LOSS OF CASH INCOME

Step 1	Add together the gross earned and unearned income including currently assigned child support which is paid on a regular basis which would be available to the unit if the job is accepted.
Step 2	Subtract from the total in Step 1 the actual work expenses including actual mandatory payroll deductions.
Step 3	Add together the current AFDC grant and all other earned and unearned income available to the unit if the job is not accepted.
Step 4	Compare the total of Step 2 to the total of Step 3. If Step 3 is larger, the assistance unit will experience a net loss of income if the job is accepted

(7-1-96)

213. SANCTIONS IN JOBS COUNTIES.

In JOBS counties, the JOBS staff makes the determination a mandatory JOBS participant failed to participate, refused to accept a job, reduced earnings, or quit a job. The JOBS staff notifies the examiner the client has failed to comply and the sanction action is required. Upon receiving the request for sanction from the JOBS staff, the examiner must impose the sanctions for failure to comply following timely notice. The Notice of Adverse Action imposing the sanction must be sent to the client within five (5) calendar days from the date the JOBS staff sends the Notice of Conciliation. A notified client has thirty (30) days following his noncompliance to show good cause for this failure to comply. If the JOBS staff determines the client had good cause, AFDC benefits must be reinstated. Benefits are

reinstated back to the day the sanction was imposed. (7-1-96)

01. Excluding Needs of Sanctioned Client. The needs of the client who failed to comply with the JOBS participation requirement are excluded in determining eligibility for the AFDC grant and Medicaid until the end of the sanction period. If the only eligible child in the budget unit is sanctioned, the caretaker relative may remain eligible for an AFDC grant and Medicaid. (12-1-91)

02. Excluding Needs of AFDC-AU Parents. Exclude the needs of AFDC-AU parents as shown in Subsections 213.02.a through 213.02.b. (7-1-96)

a. Both Parents Participating. If both parents are participating in JOBS and one parent fails to comply, the non-complying parent is disqualified. Exclude the need of the non-complying parent in determining the AFDC-AU grant and Medicaid. (7-1-96)

b. One (1) Parent Participating and One (1) Exempt. If one parent fails to comply and the second parent is exempt from JOBS to care for a child or for an ill or incapacitated budget unit member, both parents are disqualified. Exclude the needs of both parents in determining the AFDC-AU grant and Medicaid. The non-complying parent is disqualified until the end of the sanction period. The exempt parent is disqualified until the end of the sanction period or until he begins participating in JOBS. (7-1-96)

03. Sanction Periods. The sanction periods are as stated in Subsection 213.03.a. through 213.03.c. The sanction period ends for the first sanction if a client becomes exempt. The sanction period ends for the second and subsequent failures at the end of the minimum period if a client becomes exempt. (3-1-93)

a. First Failure. Until the failure to comply ends, or the client becomes exempt. (3-1-93)

b. Second Failure. Until the failure to comply ends or three (3) months pass, whichever is longer. The needs of a client who becomes exempt during the sanction period are added at the end of the three (3) months. (3-1-93)

c. Subsequent Failure. Until the failure to comply ends or six (6) months pass, whichever is longer. The needs of a client who becomes exempt during the sanction period are added at the end of the six (6) months. (3-1-93)

04. Excluding Needs of Both AFDC-AU Parents. For an AFDC-AU family, each parent who is not exempt must comply with JOBS. The needs of each nonexempt parent who fails to comply with JOBS are excluded in determining eligibility for the AFDC-AU grant and Medicaid until the end of the sanction period. Each nonexempt parent is separately sanctioned, if that parent fails to comply with JOBS. Only one (1) parent in an AFDC-AU budget unit may be exempt from JOBS to care for a child or for an ill or incapacitated budget unit member. If one parent is exempt from JOBS to care for a child or for an ill or incapacitated budget unit member and the nonexempt parent fails to comply with JOBS, the needs of both parents are excluded in determining the eligibility of the AFDC grant and Medicaid until the end of the sanction period. The second parent's needs must be excluded, if he is not participating in JOBS on the date the Family Self Support staff determines the nonexempt parent has failed to participate in JOBS without good cause. Do not remove the second parent's needs if the second parent meets an exemption criteria other than caretaker of a child or an ill or incapacitated budget unit member. If the second parent begins participating in JOBS after his needs have been removed, add the second parent's needs back to the grant effective the date he begins participating in JOBS. (3-1-93)

05. Sanction Periods. The sanction period are as stated in Subsection 213.03.a. through 213.03.c. The sanction period ends for the first sanction if a client becomes exempt. The sanction period ends of the second and subsequent failures at the end of the minimum sanction period if a client becomes exempt. (3-1-93)

a. First Failure. Until the failure to comply ends, or the client becomes exempt. (3-1-93)

b. Second Failure. Until the failure to comply ends or three (3) months pass, whichever is longer. The needs of a client who becomes exempt during the sanction period are added at the end of the three (3) months. (3-1-93)

c. Subsequent Failure. Until the failure to comply ends or six (6) months pass, whichever is longer. The needs of a client who becomes exempt during the sanction period are added at the end of the six (6) months. (3-1-93)

214. NOTICE OF ADVERSE ACTION.

A timely notice of adverse action must be sent to a client who fails to comply with JOBS. The notices must be sent to the client within five (5) calendar days from the date the client fails to comply. The notices must inform him the date the sanction will begin, the amount of the AFDC grant, the length of the sanction period, and the steps the client must take to end the sanction. The AFDC payments are made to a protective payee during the sanction period. (7-1-96)

215. REMINDER TO CLIENT.

The Department must send the sanctioned client a letter, by the end of the third (3rd) month, informing him he may immediately end the sanction if it is the second (2nd) sanction by complying with JOBS, or he may end the sanction at the end of six (6) months for the third (3rd) sanction by complying with JOBS. (12-1-91)

216. FAIR HEARING FOR NOTICE OF ADVERSE ACTION.

If the participant does not agree with the actions described in the Notice of Adverse Action, the sanctioned participant must be allowed the opportunity to request a fair hearing in accordance with IDAPA 16, Title 05, Chapter 03, Section 300, Rules Governing Contested Cases and Declaratory Rulings. (7-1-96)

217. WORK AND TRAINING REQUIREMENTS IN COUNTIES WITHOUT A JOBS PROGRAM.

AFDC and AFDC-AU clients, who live in counties not served by JOBS program and who are not exempt for reasons other than remoteness, are required to meet work and training requirements described in this section. The provisions of Sections 217 through 231 govern the work and training requirements in non-JOBS counties. (12-1-91)

218. EMPLOYABLE PERSON.

Employment which meets the requirements of Subsections 219.01 through 219.06 is available employment. (12-1-91)

01. Commute Time. The time required to commute to and from the job site using reasonable available private or public transportation must not exceed two (2) hours per day. This does not include the time necessary to transport a child to and from a child care provider. (12-1-91)

02. Health/Safety. The employment meets Idaho's minimum health and safety standards. (12-1-91)

03. Wages. The wages offered meet at least the federal or state minimum wage standard. (12-1-91)

04. Work Hours. If full-time work is available, part-time work does not meet the requirements of available employment. (12-1-91)

05. Opportunity. The employment is offered without regard to race, color, sex, age, handicap, religion, national origin or political belief. (12-1-91)

06. Competence. The employment is within the competence of the individual to perform. (12-9-92)

220. REGISTRATATION WITH DEPARTMENT OF EMPLOYMENT (DOE).

AFDC and AFDC-AU clients in non-JOBS counties or in remote sections of JOBS counties must register for work, education, and training with the DOE unless determined exempt. Exemption criteria is the same for JOBS and non-JOBS counties. A client registers by completing a DOE form 511 and providing proof from DOE the 511 has been completed by proving he has not refused to report to and cooperate with DOE, and by proving he has not refused or failed to accept an offer of available employment or training. (12-1-91)

221. ACCEPTANCE OF AVAILABLE EMPLOYMENT OR TRAINING.

All employable persons applying for or receiving AFDC and AFDC-AU, and having guaranteed availability of child care, must not refuse to report to, or accept, available employment or training without good cause. The requirements for the availability of guaranteed child care and any changes to the requirements are found in IDAPA 16, Title 06,

Chapter 09, Section 002, Rules Governing the Family Self-Support Program. If the DOE refers the client to the job, DOE makes the determination if the individual refused without good cause to report for or accept an offer of available employment or training. If DOE did not refer the client to the job, the field office must make the determination the individual refused without good cause to report for or accept an offer of available employment or training. The Department must verify and document in the case record a bona fide offer was made. Acceptable verification is an oral or written statement from the employer which clearly states the employer offered the person specific employment, on a specific date, for a specific wage. (7-1-96)

222. GOOD CAUSE DETERMINATIONS.

A mandatory registrant may experience any number of situations beyond the control of the family which can disrupt participation in education, training, or employment. A recipient with a valid reason for being unable to meet program requirements is said to have "good cause" for not participating. A determination a valid good cause situation exists is the responsibility of the eligibility staff where DOE did not refer the client to the job and the individual refused to report for or accept an offer of availability employment or training. (12-1-91)

223. GOOD CAUSE AS A FACTOR IN NONCOMPLIANCE.

Good cause is the first explanation considered during exploration of an issue of a refusal to report for or accept an offer of available employment or training. A recipient who has failed to comply with program requirements may avoid sanctions by establishing good cause exists for the failure. (12-1-91)

224. NEED FOR DOCUMENTATION.

Determinations of good cause must take into consideration the individual circumstances of the family and participant. The good cause criteria listed in Section 227 serve as guidelines for eligibility staff decisions which must be justified by documentation in the client's case record. (12-1-91)

225. DOCUMENTATION OF MEDICAL DISABILITIES AND LIMITATIONS.

An individual may allege poor health or a physical or emotional disability as good cause for limiting or prohibiting acceptance or maintenance of employment. Eligibility staff may refer medical decisions to the Department's Regional Medical Review Teams. A Medical Review Team decision an individual is incapacitated to the point of prohibiting acceptance of a job will be evaluated to determine if the person meets an exemption reason. (12-1-91)

226. RESPONSIBILITY OF CLIENT FOR VERIFICATION.

The client is responsible for supplying any needed documentation or other verification for a determination of good cause. The Department will assist with this process as necessary. (12-1-91)

227. GOOD CAUSE CRITERIA.

Good cause criteria for the failure to report for or accept a bona fide offer of employment or training or cooperate with the DOE referral service include, but are not limited to, the criteria listed in Subsections 227.01 through 227.08. (12-1-91)

01. Pay Below Minimum Wage Standard. When a person fails to accept employment, other than a work training program, because the wage is below minimum state wage. (12-1-91)

02. Physically Unable to Work. When a person fails to accept employment because physical requirements of the job are beyond the person's physical abilities. (12-1-91)

03. Unhealthy Work Conditions. When a person fails to accept employment due to work conditions not meeting legal or local standards for health and safety. The employee must seek all remedies to correct conditions before refusing employment. (12-1-91)

04. Work Distance Excessive. When a person fails to accept employment because a place of work is located over one (1) hour normal travel from home. Time does not include child care travel or arrangements. (12-1-91)

05. Discrimination and Harassment. When a person fails to accept employment due to discrimination or harassment on the job site. The employee must seek all remedies before refusing employment. (12-1-91)

06. Parent of Child Under Six (6). The recipient is the parent or other relative personally providing care for a child under age six (6), and the employment or training would require the participant to attend training or work more than twenty (20) hours a week. (12-1-91)

07. Child Care Not Available. In order for the recipient to participate in training or accept or maintain employment, care for a child or incapacitated individual living in the home is necessary but is unavailable, and the Department is unable to provide such care. (12-1-91)

08. Net Loss of Income. Acceptance of employment would result in a net loss of cash income for the family of the participant per Sections 212 through 219. (12-1-91)

228. SPECIAL CIRCUMSTANCES FOR GOOD CAUSE.

Special circumstances which take priority over education, training and employment, or which must be overcome before participation with DOE or acceptance of employment is practical, constitute good cause. Documentation of such circumstances is in reality a barrier to participation and is critical to a legitimate finding of good cause in this section. These circumstances include, but are not limited to, those listed in Subsections 228.01 through 228.04. (12-1-91)

01. Personal Difficulties. Personal difficulties are ill health, structured drug or alcohol treatment, incarceration or necessary court appearance or conflicts with verified and practiced religious and ethical beliefs. (12-1-91)

02. Family Emergencies. Family emergencies include the unexpected failure of arrangements for child care, a crisis in family health or child legal or behavioral problems. (12-1-91)

03. Environmental Barriers. Environmental barriers include weather conditions which prevent the participant from reaching the work site, unexpected loss of transportation or housing or utility problems which require immediate attention. (12-1-91)

04. Work Site or DOE Placement Problems. Work site or DOE placement problems include temporary layoff from a regular, full-time job to which the participant can return within a ninety (90) day period, or work site conditions which do not meet legal or local standards of health and safety, pay or benefits, or allegations of discrimination in educational or training activity or on the job site. (12-1-91)

229. INCAPACITATED INDIVIDUALS REFERRED TO VOCATIONAL REHABILITATION SERVICES (VRS).

Individuals exempted from the requirement to register with the DOE based on incapacity as defined in Section 204 must be referred to VRS and participate in the VRS program. (12-1-91)

230. SANCTION FOR FAILURE TO COMPLY.

The individual's needs are excluded in determining eligibility for the AFDC grant and Medicaid where a mandatory individual fails or refuses to register with the Department of Employment without good cause or fails or refuses to accept employment or training without good cause or failed to cooperate with VRS. (12-1-91)

01. Excluding Needs of Sanctioned Client. The needs of the client who failed to comply with DOE or VRS are excluded in determining eligibility for or the amount of the grant until the end of the sanction period. (12-1-91)

02. Excluding Needs of AFDC-AU Parents. For an AFDC-AU family, each parent who is not exempt must register for employment and training. The needs of each nonexempt parent who fails to comply with DOE are nonexempt parent is separately sanctioned, if the parent fails to comply with DOE. Only one (1) parent in the AFDC-AU budget unit may be exempt from the requirement to register at DOE to care for a child or for an ill or incapacitated budget unit member. If one (1) parent is exempt to care for a child or for an ill or incapacitated budget unit member and the nonexempt parent fails to comply with DOE, the needs of both parents are excluded in determining the eligibility for the AFDC grant and Medicaid until the end of the sanction period. The second parent's needs must be removed if he is not registered for work, education, or training on the date the nonexempt parent failed to register for work, education, or training. Do not remove the second parent's needs if the second parent meets an

exemption criteria other than caretaker of a child or an ill or incapacitated budget unit member. If the second parent registers for work, education, or training after his needs have been removed, add the second parent's needs back to the grant effective the date he registers. (3-1-93)

03. Sanction Periods. The sanction periods are as stated in Subsections 230.03.a. through 230.03.c. (3-1-93)

a. First Failure - Until the failure to comply ends, or the client becomes exempt. (3-1-93)

b. Second Failure - Until the failure to comply ends or three (3) months pass, whichever is longer. The needs of a client who becomes exempt during the sanction period are added at the end of the three (3) months. (3-1-93)

c. Subsequent Failure - Until the failure to comply ends or six (6) months pass, whichever is longer. The needs of a client who becomes exempt during the sanction period are added at the end of the six (6) months. (3-1-93)

231. REDETERMINATION.

At each redetermination, the examiner will verify and will document in the case record the employable parents continue to be registered for work with DOE and clients exempted due to incapacity continue to participate in the VRS program. (12-1-91)

232. -- 249. (RESERVED).

250. RESOURCE LIMIT.

The budget unit's countable resources must be one thousand dollars (\$1,000) or less for the budget unit to be AFDC eligible. (12-1-91)

251. RESOURCE DETERMINATION.

Resources include liquid assets, vehicles, and real property with a cash value available to the client upon disposition. All resources available to a client must be counted to determine eligibility. Resources are available when the client has a legal interest in the resource and it is available to the client. Resources are available when action can be taken by the individual to obtain or use them. (12-1-91)

252. LIQUID ASSETS.

Liquid assets include such things as cash, bank accounts, cash value of life insurance, stocks, bonds, mutual funds, promissory notes, mortgages, tax refunds, settlement of damage claims, and other financial instruments that can be converted into cash. Liquid assets available to the client are counted toward the resource limit. (12-1-91)

253. EQUITY VALUE OF RESOURCES.

Resources will be counted according to their equity value. This is the value of the resource after all liens, mortgages and other encumbrances against the resource are subtracted. (12-1-91)

254. INCLUDED RESOURCES.

The resources listed in Table 254, will not be counted toward the AFDC resource limit. (12-1-91)

TABLE 254 - EXCLUDED RESOURCES

TYPE OF RESOURCE	SECTION
One (1) automobile with an equity value up to one thousand five hundred dollars (\$1,500)	255
One (1) burial plot for each AFDC member	256
One (1) Funeral Agreement for each AFDC member up to one thousand five hundred dollars (\$1,500)	257
Household Goods	258

TYPE OF RESOURCE	SECTION
Personal Effects	259
Home in which the client lives	260
Real Property under a Conditional Eligibility Agreement	261
Home Replacement	262
Family Self-Sufficiency Escrow Accounts Established by HUD	273

255. VEHICLES.

One (1) car, pickup truck, or motorcycle used to provide transportation will be excluded from the resource limit. The equity value must not exceed one thousand five hundred dollars (\$1,500). If the equity value exceeds one thousand five hundred dollars (\$1,500), the amount of equity over one thousand five hundred dollars (\$1,500) must be counted toward the resource limit. The full equity value of additional vehicles, snowmobiles, boats, aircraft or other recreational vehicles will be counted toward the resource limit. The value of special equipment for the use or transportation of a handicapped person will not be counted in determining the equity value of the vehicle. Recreational vehicles which are the sole mode of transportation for the client can be excluded if the equity value does not exceed one thousand five hundred dollars (\$1,500). (4-1-93)

256. BURIAL PLOTS.

Each client can own one (1) burial plot or other repository for his remains. The value of the plot or repository will not be counted toward the resource limit. (12-1-91)

257. BONA-FIDE FUNERAL AGREEMENTS.

Each client can own one (1) bona-fide funeral agreement to pay all or part of funeral expenses upon his death. The agreement must be purchased from a business lawfully entitled to enter into such an agreement. The agreement will not be counted toward the resource limit as long as its equity value does not exceed one thousand five hundred dollars (\$1,500). The equity value in excess of one thousand five hundred dollars (\$1,500) will be counted toward the resource limit. (4-1-93)

258. HOUSEHOLD GOODS.

Household goods are basic maintenance items essential to day-to-day living such as clothes, furniture, linens, household appliances, carpets, television sets, tools, and items used in the maintenance, occupancy, and useage of the premises. Items must be of limited value. These are not counted toward the resource limit. (12-1-91)

259. PERSONAL EFFECTS

Personal effects are items of personal property worn or carried by the client or that have an intimate relation to him. These items include clothing, jewelry, sporting goods, bicycles, musical instruments, hobby items, and personal grooming articles. Personal effects of limited value are not counted toward the resource limit.

260. REAL PROPERTY.

Real property includes land, house, and immovable objects attached permanently to the land. If a client has purchased or is in the process of purchasing the house in which he lives, the house is not counted as a resource as long as it is considered the normal place of residence. Real property which is associated with the house, including farm land, is not counted as a resource unless it is separated by intervening real property owned by others. Real property which is separated by public rights-of-way or water courses which run through the land is considered to join the house. Real property which contains another habitable dwelling, not occupied by the client or his dependents, or contains a building suitable for a business enterprise, will have the equity value of the second parcel counted toward the resource limit, if it can be severed from the property without destroying the ability to sell either parcel. If the home is temporarily unoccupied by the client, the home can remain exempt from resources as long as the client intends to return to the home. Temporary absences include, but are not limited to: hospitalization, trips, following the migrant job stream, and attending school. If such absences are expected to exceed six (6) months, the intent to return to the home must be evaluated and documented. (13-1-91)

261. CONDITIONAL AFDC ELIGIBILITY.

If a client owns real property and only the value of the real property causes the client to be ineligible for AFDC, the client may be granted AFDC payments upon the condition the property is to be sold. (4-1-93)

01. Agreement to Sell Property. If the client chooses to receive the conditional AFDC payment, he must agree in writing, to make a good faith effort to sell the property. The property must be offered for sale at not more than the highest written estimate of its market value and not less than ninety percent (90%) of its estimated market value. The client must provide at least two (2) written property value estimates from relevant sources located in the same geographical area as the property. The client must provide proof the property is listed for sale. (4-1-93)

02. Agreement to Repay the Department. The client must agree in writing to immediately repay the Department the total sum of AFDC payments received during the conditional eligibility period when the property is sold. The client has five (5) working days from the date he receives the payment from the sale of the property to repay the Department. The agreement must be signed by all budget unit members who own or control the sale of the property. (4-1-93)

03. Department Files Lien and Verifies Listing. The Department must file a lien on the property in the county where the property is located. The examiner must verify the market value and the sale listing. (4-1-93)

04. Time Limits Conditional Agreement. The client will be allowed six (6) consecutive months to sell the property from the time the agreement is signed and approved by the Department. The Department may grant one (1) three (3) consecutive month extension if the good faith effort to sell is made. If the client refuses a reasonable offer for the property, the AFDC grant must be closed. (4-1-93)

05. Repayment at End of Conditional Eligibility Period. When the grant is closed, the property is sold, or the six (6) month and three (3) month extension periods expire, the Department must determine the amount of the AFDC payments the client must repay. This amount is collected as an overpayment within five (5) working days from the date the client receives the money from the sale. The support payments collected by the Bureau of Child Support Services are subtracted from the AFDC debt. If the net proceeds from the sale of the real property are less than the AFDC payments, the client is not obligated to repay the remainder. If the property is sold on installments, the installment payments are applied to the AFDC debt until it is satisfied. If a client fails to repay the overpayment within five (5) day limit, the money from the sale is considered an available resource. If the unit becomes ineligible for AFDC for any reason during the conditional period, the client is not required to repay the overpayment until the property is sold. If the client fails to sell the property by the end of the period, the client is not required to repay the overpayment until the property is sold. (4-1-94)

06. Client Fails to Abide by Terms of Agreement. The overpayment amount is computed from the beginning of the conditional eligibility period, if the client fails to abide by the terms of the agreement. The beginning of the conditional eligibility period for applicants is the first month of payment. The beginning of the conditional eligibility period for recipients is the month in which the recipient receives the property. (4-1-93)

07. Release of Lien. After a client repays the Department for the AFDC payments received during the Conditional Eligibility Period, the lien against the property must be released. To release a lien against real property held by the Department, a "Release of AFDC Conditional Eligibility Lien" form (HW 0468) must be completed and the signature must be notarized. The original of the signed and notarized release form must be recorded in the county in which the property is located. The release must be completed, the signature notarized, and then submitted to the county recorder within ten (10) working days following the date the client repays the Department in full. (4-1-93)

262. REPLACEMENT OF HOME EXCLUDED FROM RESOURCE LIMIT.

The net proceeds from the sale of a client's home will not be counted as a resource for up to three (3) months from the date of receipt if the client intends to use the proceeds to replace the home. The proceeds of an insurance reimbursement, due to the loss of an excluded home, will not be counted as a resource for up to six (6) months from the date of receipt, if the client intends to replace or repair the home. The proceeds from the sale or insurance will be applied to the resource limit when any of the following occur: (12-1-91)

01. Home Not Replaced. The client indicates the home will not be replaced or repaired; or (12-1-91)

02. Exempt Period Expires. The three (3) month or six (6) month exempt period has expired and the money from the sale or settlement has not been obligated; or (12-1-91)

03. Money Not Used for Home Replacement. The money from the insurance settlement or sale of the home is used for purposed other than to replace the home. The purchased item cannot be excluded from resources unless it is defined as an excluded resource in Section 254. (12-1-91)

263. COUNTABLE RESOURCES.

For AFDC applicants, the value of a resource is determined as of the date of application. Countable resources exceeding one thousand dollars (\$1,000) on the application date will result in denial of benefits. Members of a budget unit receiving AFDC will have their resources determined each month. If an eligible budget unit has countable resources in excess of one thousand dollars (\$1,000) during a month, the case must be closed for a minimum of one (1) calendar month following timely notice. The budget unit will remain ineligible for each calendar month in which the resources exceed the limits. A resource is countable when the client has the legal right to dispose of the resource and can do so in a reasonable length of time. Resources will not be counted if: (5-5-92)

01. Resource is Co-Owned. The client is not the sole owner of a resource, and the co-owner is unwilling to dispose of the resource; or (12-1-91)

02. Client Cannot Legally Sell Resource. The resource cannot be legally sold; or (12-1-91)

03. Client is Incompetent. A court has determined the client is not legally competent, and there is no legal guardian. (12-1-91)

04. Client is Unaware of Resource. All budget unit members were unaware of a resource and had no reason to be aware of the resource. The resource is not counted until a budget unit member becomes aware of the resource or has a reason to become aware of the resource. The client must provide a written explanation stating why each member of the budget unit was unaware of the resource and had no reason to be aware of the resource. (7-1-96)

264. BANK ACCOUNTS.

Money deposited to a bank account by the client is countable toward the resource limit. Deposits which are counted as income will not be counted as a resource within the same month. If any of this money is not spent the same month, it will be counted as a resource the following month. Interest to an account is considered income the month it is posted, and any amount retained the following month is counted as a resource. If a client shares a joint account with an individual who is not the spouse or a member of the budget unit, the deposits will not be counted if they are not intended for or used by the client. If a client shares a joint account with a spouse, the deposits are considered community property and must be counted. (7-1-96)

265. LIFE INSURANCE.

The cash surrender value of each life insurance policy owned by the client will be counted toward the resource limit. The cash surrender value is the amount the insurer will pay the client who owns the policy before death or before the policy matures. This amount will be counted toward the resource limit. Life insurance covering the client but owned by a person not in the budget unit does not count toward the resource limit. (12-1-91)

266. PROCEEDS FROM THE SALE OF A RESOURCE.

When a countable resource has been sold, the money or goods received from this sale will continue to count as a resource. Cash received from the sale of an excluded resource will not count for six (6) months from the date of conversion if the client intends to replace the resource with this money. The client must inform the Department of the sale and the intent to replace the excluded resource. The money will lose its exempt nature when the client intends to use the money for another purpose. When the money is used for another purpose, the purchased item will be considered a resource. (12-1-91)

267. REFUND AND SETTLEMENT PAYMENTS.

Refund and settlement payments include, but are not limited to, the following:

01. Earned Income Tax Credit (EITC) Payments. EITC payments are federal payments made to qualifying individuals who are employed. At the option of the employee, EITC payments can be received with each

paycheck or they can be received in a lump sum payment on an annual basis. The EITC payment is not counted as a resource in the month it is received and the following month. (5-5-92)

02. Income Tax Refunds. Income tax refunds are counted as a resource in the month received. When the amount of the income tax refund combined with all other countable resources exceeds the limits, AFDC must be closed following a ten (10) day notice. (12-1-91)

03. Insurance Settlements for Property Loss or Damage. An insurance settlement awarded to a client for property loss or damage is considered a resource. Insurance settlements must be evaluated for their intended purpose of compensation. When an insurance settlement exceeds the resource limits, the examiner must discuss the intended use of the money with the client. Insurance settlements awarded for excluded resources are not counted as a resource for up to six (6) months when the client intends to replace the excluded resource. The insurance settlement will be counted as a resource when the use, or intended use, of the money is obligated for purposes other than to replace the excluded resource. Insurance settlements cannot be excluded if they are awarded for loss or damage of a countable resource. (12-1-91)

04. Property Settlements Received in One Lump Sum. Property settlements can be awarded for real and personal property. Property settlements received for a countable resource are considered a resource in the month received. Property settlements received for an excluded resource are treated as a resource unless the client intends to use the money to replace the excluded resource. Property settlements received in installment payments will be treated as income in the month received. (12-1-94)

05. Retirement Account Withdrawals. A client withdraws the total amount of a portion of his retirement fund in a lump sum shall have the withdrawal treated as a resource, except that portion designated as interest. The interest will be counted as income. (11-1-94)

268. SALES CONTRACT AS RESOURCES.

If the client owns a mortgage, promissory note, or other form of sales contract, verification of whether or not the contract can be sold must be obtained from a financial institution or authoritative source. If the contract can be sold, the net value of the contract, after discount or cost of sale, will be applied toward the resource limit. If the contract cannot be sold, it cannot be applied to the resource limit until it matures. (12-1-91)

269. TREATMENT OF RESOURCES FOR NON-AFDC HOUSEHOLD MEMBERS.

Household members who live with AFDC clients but do not receive AFDC, shall have their resources determined as follows: (12-1-91)

01. SSI Recipients. All resources owned by an SSI recipient will not be counted as a resource to the AFDC unit. (12-1-91)

02. Stepparents. Resources owned by a stepparent prior to marriage are considered his sole and separate property and cannot be considered available to the AFDC unit. Resources obtained by the stepparent after marriage are considered community property. Resources owned by the stepparent prior to marriage are counted toward the resource limit when they are made available to the budget unit. (12-1-91)

03. Sanctioned Parents. The resources of a parent who would be included in the AFDC budget unit were it not for sanctioned status must be counted. (12-1-91)

04. Minor Parent's Parent. Resources owned by the parent of a minor AFDC parent will not be counted as a resource to the AFDC unit. (12-1-91)

270. TOOLS AND EQUIPMENT USED IN A TRADE, BUSINESS, OR SELF-EMPLOYMENT.

Tools and equipment used in a trade, a business, or self-employment, including items which an employer requires his employees to furnish, will not be counted toward the resource limit. The client must prove the equipment or tools are used for income-producing purposes or have produced income, and can reasonably be expected to do so again within one (1) year of their most recent use. After one (1) year, equity value of the tools and equipment will count toward the resource limit. (12-1-91)

271. DISPOSAL OF RESOURCES.

If an AFDC client disposes of a resource within six (6) months prior to application for AFDC, or at any time the AFDC case is open, it must be for adequate payment. Adequate payment consists of goods, money, or services received for the resource which are equal to the fair market value of the disposed resource. Disposing of a resource without adequate payment, with the intent of becoming eligible for AFDC or Medicaid benefits, make the client ineligible for those benefits. When determining if the client received adequate payment, the following factors must be taken into account: (12-1-91)

01. Disposal of Resource to Settle Debt. A resource transferred to settle a legally enforceable debt must be equal in value to the debt to be adequate payment. (12-1-91)

02. Disposal of Resource for Life Estate. A "Life Estate", that is, ownership or use of a resource sold by a client until the death of that client, is not adequate payment. (12-1-91)

03. Disposal of Resource Without Adequate Payment. A countable resource, disposed of without adequate payment, is available to the client. The resource amount counted is the difference between the fair market value of the resource and the amount of payment the client received. If the resource is traded for another resource, the resource amount counted is the difference in fair market value of the traded properties. If the difference amount exceeds the resource limit, the client disposing of the resource will not be eligible for AFDC until the resource is returned to him, adequate payment is made, or until the period of ineligibility has passed. Pending the receipt of adequate payment or until the period of ineligibility has passed, the client is not eligible for AFDC. The children and any AFDC adult member who were not a party to the transfer will continue to receive AFDC payments. To calculate the ineligibility period of the client, perform the steps in Subsections 271.03.a. through 273.03.d. (12-1-91)

a. Step 1. Calculate the amount of resource to be counted by subtracting the amount of payment received from the fair market value, unless encumbrances, of the transferred resource. (11-1-94)

b. Step 2. Determine the client's portion of the grant by dividing the need standard by the number of people in the AFDC unit. (7-1-93)

c. Step 3. Divide the amount of the countable resource figured in Step 1 by the client's portion of the grant to determine the number of months the client is ineligible. Any remainder will be disregarded. (12-1-91)

d. Step 4. Determine medical expenses a client incurs on his own behalf. Deduct medical expenses from the remaining resource amount to shorten the period of ineligibility. The medical expenses must have occurred after the client disposed of the resource without adequate payment.

04. Disposal of Resource by Sanctioned Person. If a sanctioned client disposes of a resource without adequate payment, the resource is considered available to the client. The resource amount counted is the difference between the fair market value of the resource and the amount of payment the client received. If the amount exceeds the AFDC resource limit, the client is not eligible for AFDC. To determine the client's period of ineligibility, follow the same procedures contained in Subsections 271.03.a. through 271.03.d. The client's period of ineligibility will start with the month following the month of the transfer and may run jointly with other sanctions imposed on the client. (12-1-91)

05. Exception to Adequate Payment. If the client disposed of a resource without adequate payment, as the victim of fraud or misrepresentation, or by court order, the difference between the payment received and the fair market value will not be counted toward the resource limit. (12-1-91)

272. INCOME/ASSISTANCE PAYMENTS EXCLUDED AS RESOURCES.

The following income and assistance payments are not considered in determining the amount of resources available to the client: (12-1-91)

01. Commodities and Food Stamps. The value of U.S. Department of Agriculture donated commodities and Food Stamps are not counted as resources. (12-1-91)

02. Relocation Assistance. Payments received under Title II of the Uniform Relocation Assistance and

Real Property Acquisition Act of 1970 is not counted as resources. (12-1-91)

03. Student Grants. Any student financial assistance provided under Title IV of the Higher Education Act or under the Bureau of Indian Affairs education assistance programs is not counted as a resource. Grants and loans for an undergraduate student for educational purposes made or insured under any programs administered by the Department of Education are not counted as resources. (7-1-94)

04. Indian Payments. Payments distributed per capita to, or held in trust for, members of any Indian tribe under Public Law 92-254, Public Law 93-134, or Public Law 94-540, are not counted as resources. Receipts distributed to members of certain Indian tribes which are referred to in Section 5 of Public Law 94-114 that became effective October 17, 1975 including payments to member of the Shoshone-Bannock Tribe of Fort Hall, Idaho, are not counted as resources. Any per capita judgment funds paid to members of the Blackfeet Tribe of the Blackfeet Indian Reservation, Montana and the Gros Ventre Tribe of Fort Belknap Reservation, Montana are not counted as resources. Per P.L. 98-64 payments per capita to an Indian tribe from funds held in trust by the Secretary of the Interior for members of the tribe, interest and investment income and any purchases made with such funds are not counted as resources. These include PELL grants. (12-1-91)

05. Elderly Nutrition Benefits. Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older American Act of 1965, as amended, are not counted as resources. (12-1-91)

06. Senior Volunteer Programs. Payments for supportive services or reimbursement of out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides, or senior companions and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corp of Executive (ACE) and any other program under Title II and Title III of the Domestic Volunteer Service Act of 1973, Section 418, P.L. 93-113, are not counted as resources. (12-1-91)

07. VISTA Volunteers. Payments to individual volunteers under Public Law 96-143, the Domestic Volunteer Service Act of 1979, (under Title I of P.L. 93-113 pursuant to Section 404(D) unless and until the exclusion is revoked by the director of ACTION) which governs the Volunteers in Service to America (VISTA) Program, are not counted as resources. (12-1-91)

08. Child Nutrition Benefits. The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Fund Act, as amended, (Public Law 92-433 and Public Law 93-150) are not counted as resources. (12-1-91)

09. Alaska Native Claims. Tax-exempt portions of payments made pursuant to the Alaska Native Claims Settlement Act, Public Law 92-203. Cash, including cash dividends on stock received from a native corporation, will not be counted unless the amount exceeds two thousand dollars (\$2,000) per individual, per year. Any amount over two thousand dollars (\$2,000) must be counted as unearned income in the month received. (12-1-91)

10. Foster Care Payment. Foster care payments paid by the Department for Children and Their Families are not counted as resources. (12-1-91)

11. Home Energy Assistance. Per Public Law 100-203, Section 901, home energy assistance, or support and maintenance designed to meet the expenses of day-to-day living, is not counted as resources. The assistance must be provided to individuals based upon need certified by the Department. The assistance must be provided in kind by a non profit organization, in cash or in kind by any supplier of home heating gas or oil or a municipal utility providing home energy, or an entity whose revenues are derived on a rate of return basis by the state or federal government. (12-1-91)

12. Low Income Energy Assistance. Benefits paid to an eligible household under the Low Income Energy Assistance Act of 1981 are not counted as resources. (12-1-91)

13. Retroactive AFDC Grant Corrections. Any retroactive payments made to correct an AFDC underpayment is not counted as resources during the month of payment or the next month. (12-1-91)

14. **Work-Related Reimbursements.** Reimbursements, made by an employer, for employment-related expenses are not counted as resources. These expenses include travel, per diem, and other work-related expenses. (12-1-91)

15. **IWEP Reimbursements.** Payments to Idaho Work Experience Program (IWEP) clients by the Department as reimbursement for expenses related to IWEP participation will not be counted as resources. (12-1-91)

16. **JOBS Advance Payments and Reimbursement.** Advance payments or reimbursements for child care, transportation, work-related expenses, or work-related supportive services to JOBS participants will not be counted as resources. Advance payments or reimbursements for child care to clients who are not participating in JOBS, but are in training or education approved by JOBS, will not be counted as resources. (5-5-92)

17. **Loans.** Bona fide loans for which the client has a signed written repayment agreement are not counted as resources. A bona fide loan can be made by a business, by a person, or by an organization. The person or organization does not need to be in the business of making loans. The signed agreement must state how the loan will be repaid. The signed agreement can be secured by real or personal property. The loan can be repaid within a specified time or when expected income is received. The signed written agreement can be obtained after the loan is received. If the client places the loan in a money making account, only the principal on the loan is excluded as a resource. Count the interest as unearned income in the month received and as a resource in the following months. Count any non-excluded purchases made with the loan monies as resources. (7-1-94)

18. **Disaster Relief.** Assistance paid under the Disaster Relief Act of 1974 and assistance provided under any federal statute for a President-declared disaster will not be counted as resources. Comparable disaster assistance provided by States, local government, and disaster assistance organizations are not counted as a resource. (7-1-94)

19. **Child Support Payments.** Child support payments made to the Department of Health and Welfare Bureau of Child Support Services (BCSS) will not be counted as resources. (7-1-93)

20. **Agent Orange Settlement Fund.** Payments made to veterans from the Agent Orange Settlement Fund are not counted as resources. (12-1-91)

21. **Radiation Exposure Compensation Act.** Payments made to persons under this act are not counted as resources. (12-1-91)

273. HUD FAMILY SELF-SUFFICIENCY ESCROW ACCOUNT.

An escrow account established by the U.S. Department of Housing and Urban Development (HUD) for families participating in the Family Self-Sufficiency program is not considered an available resource. The Family Self-Sufficiency program was established by Section 544 of the National Affordable Housing Act. The funds in these escrow accounts cannot be paid to the family as long as the family is receiving assistance for housing from a federal, state or other public assistance program. (11-1-92)

274. -- 299. (RESERVED).

300. INCOME AVAILABILITY.

All income available to the client must be budgeted to determine eligibility for and the amount of the AFDC grant. Income is available when the client has a legal interest in a liquidated sum and the sum is available for support and maintenance. Income must be under the control of the client during the period for which need is being determined. Income is available when action can be taken by the individual to obtain or use it. Certain income is excluded or disregarded according to Department policy. (12-1-91)

301. LIMIT OF ONE HUNDRED EIGHT-FIVE PERCENT (185%) OF THE NEED STANDARD.

A budget unit is not eligible for benefits in any month the total gross income exceeds one hundred eighty-five percent (185%) of the monthly need standard. This includes income, after exclusions, but before disregards, for all members of the budget unit. Income subject to the one hundred eighty-five percent (185%) limit includes earned or unearned income from the following: (12-1-91)

01. Caretaker Relative Income. All income received by the caretaker relative is counted in the one hundred eighty-five percent (185%) limit, except income excluded by Department policy. (12-1-91)

02. Deemed Stepparent Income. The deemed income from a stepparent must be counted in the one hundred eighty-five percent (185%) limit. (12-1-91)

03. Child Income. Unearned income of a child who is included in the AFDC budget unit must be counted in the one hundred eighty-five percent (185%) limit. The earned income of a child, who is attending school full time, is not counted for six (6) months in a calendar year. This includes a child's earned income from participation in a JPTA program. Income of a child, not a member of the AFDC budget unit, is not counted. A child's income included in the stepparent computation is deemed to the AFDC budget unit. (7-1-94)

04. Support. Support income received directly by a client or collected by the IV-D Agency, will be counted in the one hundred eighty-five percent (185%) limit. (4-1-93)

302. LIMIT ONE HUNDRED PERCENT (100%) OF THE NEED STANDARD.

A second eligibility test is applied for applicants who are eligible under the one hundred eighty-five percent (185%) test. This test does not apply to applicants who have received FADC in at least one (1) of the four (4) calendar months prior to the application month and who have not exhausted the thirty (30) plus one-third (1/3) disregard. To complete this test, determine the total non-excluded income. Subtract from the budget unit's earned income the ninety dollar (\$90) standard earned income disregard, and the dependent care disregard. Allow the dependent care disregard, if the client has dependent care costs and is eligible for the disregard. Do not subtract thirty (30) plus one-third (1/3) disregard. Compare the income available after subtracting the allowable disregards, to one hundred percent (100%) of the need standard. If the available income is less than one hundred percent (100%) of the monthly need standard, the applicant is AFDC eligible. Income subject to the one hundred percent (100%) limit includes earned or unearned income from the following: (4-1-93)

01. Caretaker Relative Income. All income received by the caretaker relative is counted in the one hundred percent (100%) test, except income excluded by Department policy. (4-1-93)

02. Deemed Stepparent Income. The deemed income for a stepparent must be counted in the one hundred percent (100%) limit. (4-1-93)

03. Child Income. Unearned income of a child who is included in the AFDC budget unit must be counted in the one hundred percent (100%) test. Earned income, including earned JTPA income, of a child who is attending school full time, is not counted for six (6) months in a calendar year. Income of a child, not a member of the AFDC budget unit, is not counted. (4-1-93)

303. EXCLUDED INCOME.

The following kinds of income are excluded in determining a client's eligibility and grant amount for AFDC. Except as noted, the following income is also excluded from the one hundred eighty-five percent (185%) monthly need standard. (4-1-93)

01. Garnishments. Garnishments not available to the client are excluded income. (12-1-91)

02. Loans. Bona fide loans for which the client has a signed written repayment agreement are not counted as income. A bona fide loan can be made by a business, by a person, or by an organization. The person or organization does not need to be in the business of making loans. The signed agreement must state how the loan will be repaid. The signed agreement can be secured by real or personal property. The loan can be repaid within a specified time or when expected income is received. The signed written agreement can be obtained after the loan is received. If the client places the loan in a money making account, only the principal on the loan is excluded as income. Count the interest as unearned income in the month received. Count any non-excluded purchases made with the loan monies as resources. (7-1-94)

03. Third-Party Deposits to a Checking Account. Deposits made to a client's checking account by a third party are not counted if all of the following conditions are met: (12-1-91)

- a. The deposit is solely for use of the third party; and (12-1-91)
- b. The client receives no benefit from the deposit; and (12-1-91)
- c. Unavailability of the deposit to the client is supported by documented evidence. (12-1-91)
- 04. Child Support Payments or Child Support Bonus Payments. Fifty dollars (\$50) of child support paid to an applicant and all BCSS child support bonus payments, collected for or received by a budget unit, must be excluded each month. The support payment may represent a payment on a current monthly support obligation or voluntary support. Child support payments assigned to the State must not be counted as income unless the amounts exceed the AFDC grant amount after the fifty dollar (\$50) disregard is applied. (7-1-93)
- 05. Child's Earned Income. The earned income of a dependent child who is a full-time student is not counted in determining the grant. A child's earned income is not counted in determine the grant, if the child is a part-time student and works less than thirty (30) hours per week. A child is a student if he attends a school, college, university, vocational or technical training school, or Job Corps program. (7-1-94)
- 06. Income Tax Refunds and EITC Payments. Income tax refunds are excluded as income, but counted as a resource. Earned-income tax credit (EITC) payments, or the advance payment of the EITC, is not counted as income in determining AFDC eligibility and grant amount (PL 100-485). (4-1-93)
- 07. Work-Related Payments. Payments made by an employer for employment-related expenses are not counted as income. These expenses include travel, per diem, and other work-related expenses. (12-1-91)
- 08. IWEP Payments. Payments paid to Idaho Work Experience Program (IWEP) for IWEP expenses are not counted as income. (12-1-91)
- 09. JOBS Advance Payments and Reimbursement. Advance payments or reimbursements for child care, transportation, work-related expenses, or work-related supportive services to JOBS participants are not counted as income. Advance payments or reimbursements for child care to clients who are not participating in JOBS, but are in training or education approved by JOBS, are not counted as income. (1-1-92)
- 10. SSI Income or AABD Income. Income of a person who been determined eligible for or is receiving SSI or AABD is not counted. (7-1-96)
- 11. Foster Care/Adoption Assistance Payment. Foster care payment paid by the Department are not counted as income. Adoption Assistance payments paid by federal, state or local agencies are not counted as income. (7-1-96)
- 12. Retroactive AFDC Grant Corrections. Any retroactive payment made to correct an AFDC underpayment is not counted as income. (12-1-91)
- 13. Low Income Energy Assistance. Benefits paid to an eligible household under the Low Income Energy Assistance Act of 1981 are not counted as income. (12-1-91)
- 14. Indian Payments. The following Indian payments are not counted as income. (12-1-91)
 - a. Payments distributed per capita to, or held in trust for, members of any Indian tribe under Public Law 92-254, or Public Law 94-540. (12-1-91)
 - b. Payments distributed to members of certain Indian tribes, including the Shoshone-Bannock Tribe of Fort Hall, Idaho, as described in Section 5 of Public Law 94-114 that became effective October 17, 1975. (12-1-91)
 - c. Any per capita judgment funds paid to members of the Blackfoot Tribe of the Blackfoot Indian Reservation, Montana and the Gros Ventre Tribe of Fort Belknap Reservation, Montana. (12-1-91)

- d. Per Public Law 98-64, payments per capita to an Indian tribe from funds held in trust by the Secretary of the Interior for members of the tribe, interest and investment income and any purchases made with such funds. (12-1-91)
- e. Effective January 1, 1994, up to two thousand dollars (\$2,000) of payments derived from interests of individual Indians in trust or restricted lands are excluded per calendar year. These payments are excluded by Section 8 of Public Law 93-134 as amended by Public Law 103-66. (1-7-94)
15. Elderly Nutrition Benefits. Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older American Act of 1965, as amended, are not counted as income. (12-1-91)
16. Senior Volunteer Programs. Payments for supportive services or out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides, or senior companions and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corp of Executive (ACE) and any other program under Title II and Title III of the Domestic Volunteer Service Act of 1973, Section 418, Public Law 93-113, are not counted as income. (12-1-91)
17. VISTA Volunteers. Payments to individual volunteers under Public Law 96-143, the Domestic Volunteer Service Act of 1979, (under Title I of P.L. 93-113 pursuant to Section 404(g) unless and until the exclusion is revoked by the director of ACTION) which governs the Volunteers in Service to America (VISTA) Program, are not counted as income. (12-1-91)
18. Child Nutrition Benefits. The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Fund Act, as amended, (Public Law 92-433 and Public Law 93-150) are not counted as income. These are the WIC and School Lunch program. (12-1-91)
19. Alaska Native Claims. Tax-exempt portions of payments made pursuant to the Alaska Native Claims Settlement Act, Public Law 92-203. Cash, including cash dividends on stock received from a native corporation, will not be counted unless the amount exceeds two thousand dollars (\$2,000) per individual, per year. Any amount over two thousand dollars (\$2,000) must be counted as unearned income in the month received. (12-1-91)
20. Housing Subsidies. The value of government rent and/or housing subsidies is not counted as income. (12-1-91)
21. Home Energy Assistance. Per Public Law 100-203, Section 9101, home energy assistance is not counted as income. The aid must be provided to individuals based upon need certified by the Department. The aid must be provided in kind by a nonprofit organization. The aid must be in cash or in-kind by suppliers of home heating gas or oil or a municipal utility providing home energy, or an entity whose revenues are derived on a rate of return basis by the state or federal government. (12-1-91)
22. Home Produce. The value of home produce used by the budget unit is not counted as income. (12-1-91)
23. Commodities and Food Stamps. The value of U.S. Department of Agriculture donated commodities and Food Stamps is not counted as income. (12-1-91)
24. Relocation Assistance. Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 are not counted as income. Relocation payments paid to civilians of World War II per Public Law 100-383 are not counted as income. (12-1-91)
25. Disaster Relief. Assistance paid under the Disaster Relief Act of 1974 and aid provided under any federal statute for a President-declared disaster are not counted as income. Comparable disaster assistance provided by States, local government, and disaster assistance organizations are not counted as income. (7-1-94)
26. Agent Orange Settlement Fund. Payments made to veterans from the Agent Orange Settlement

Fund are not counted as income. (12-1-91)

27. Income Not Available. Income not available to meet the client's needs is not counted as income. (12-1-91)

28. Radiation Exposure Compensation Act. Payments made to persons under this act are not counted as income. (12-1-91)

29. Utility Reimbursement Payments. Utility reimbursement payments made to help clients pay for utility costs are not counted as income. These payments are made to clients who live in housing subsidized by the U.S. Department of Housing and Urban Development (HUD). This includes payments made to clients directly for made jointly to clients and the utility company. (5-5-92)

30. HUD Family Self-Sufficiency Escrow Account. Interest earned on an escrow account established by the U.S. Department of Housing and Urban Development (HUD) for families participating in the Family Self-Sufficiency program is not counted as income. The Family Self-Sufficiency program was established by Section 544 of the National Affordable Housing Act. The funds in these escrow accounts cannot be paid to the family as long as the family is receiving assistance for housing from a federal, state or other public assistance program. (11-1-92)

31. AmeriCorps. AmeriCorps stipends or living allowances received by adults are counted as income. Other AmeriCorps payments are excluded. Other payments include child care allowances if used to meet the child care costs for participation in AmeriCorps, payments to a dependent child who is a full- or part-time student and employed less than thirty (30) hours per week, and educational awards. (7-1-96)

304. APPLICATION FOR POTENTIAL BENEFITS.

When there is potential eligibility for benefits the client has not applied for, the client must apply for the benefits and verify the application. Such benefits include RSDI, VA, Workman's Compensation or Unemployment Insurance. A client must be advised in writing what type of benefit he must apply for and be allowed at least ten (10) days to supply proof he has applied. When a mandatory member of the budget unit fails to apply for stated benefits, the AFDC application must be denied or an open AFDC case must be closed as soon as possible following timely notice. A client must not be required to apply for SSI benefits or VA improved pensions. (12-1-91)

305. EARNED INCOME DEFINITION.

Earned income is income, cash or in-kind, derived from labor or active participation in a business. The income can be wages, tips, salary, commissions, advances, jury duty payments, sale of plasma, vacation pay, bonuses, living allowance or stipend from AmeriCorps and Senior Corps, or profit from employment or self-employment. Earned income is gross earnings before deductions for taxes or any other purposes. It is counted as income when it is received, or would have been received except for the decision of the client to postpone receipt. Earnings over a period of time and paid at one (1) time, such as the sale of farm crops, livestock, or poultry are annualized and self-employment expenses deducted. (7-1-96)

306. SELF-EMPLOYMENT EARNED INCOME.

Income from self-employment must be treated as earned income. The countable income available to the client is the difference between the amount of gross receipts and the amount of allowable operating expenses incurred in producing the income. (12-1-91)

307. SELF-EMPLOYMENT ALLOWABLE EXPENSES.

Allowable operating expenses deducted from self-employment income include: Stock, raw materials, seed and fertilizer, interest paid for income-producing property, insurance premiums, taxes paid on income-producing property, business transportation, and labor, including labor paid to members of the budget unit. (12-1-91)

308. NON ALLOWABLE SELF-EMPLOYEMENT EXPENSES.

Non allowable self-employment expenses include:

01. Payments on the Principal of Real Estate. Payments on the principal of real estate mortgages on income-producing property; and (12-1-91)

02. Purchase of Capital Assets or Durable Goods. Purchases made for capital assets, equipment, machinery, and other durable goods and must not be deducted from self-employment income. Payments made on the principal of loans for such items are not permitted as deductions; and (12-1-91)

03. Taxes. Federal, state, and local income taxes; and (12-1-91)

04. Savings. Monies set aside for future use such as retirement or work-related expenses; and (12-1-91)

05. Depreciation. Depreciation for equipment, machinery, or other capital investments. (12-1-91)

309. CALCULATION OF SELF-EMPLOYMENT INCOME.

Proof of self-employment income and expenses must be obtained from current IRS forms and supporting documentation. Where IRS proof is not possible, the client's business records may be used. Self-employment income may be calculated in one (1) of the following ways: (12-1-91)

01. Self-Employed More than One (1) Year. If the client has been self-employed for more than one (1) year, income and expenses must be averaged over the past twelve (12) months. The gross income is the total income received in a calendar year plus the amount of capital gains. Capital gains are profits made on the sale or exchange of a client's property. Capital gains do not include sale of inventory or real estate used in a trade or business. The allowable expenses incurred within a calendar year must be subtracted from the total gross income. Actual, not rounded, figures are used. This amount is divided by twelve (12) to arrive at a monthly amount; or (6-7-93)

02. Self-Employed Less than One (1) Year. If the client has been self-employed for less than one (1) year, income and expenses must be averaged over the period of time the business has been in operation. The gross income is the total income received within the life of the business plus the amount of capital gains. The total allowable expenses incurred during the life of the business must be subtracted from the total gross income. This amount must be divided by the number of months the business has been in operation to arrive at a monthly amount. Actual, not rounded, figures are used. (6-7-93)

03. Increase or Decrease in Business. If the averaged amount does not reflect the client's current or projected income from his business, determine self-employment gross income, less allowable expenses, by anticipating self-employment income. Anticipate income as per Section 405. (6-7-93)

310. INCOME PAID UNDER CONTRACT.

The earned income of an employee paid on a contractual basis is prorated over the period of the contract, less allowable expenses. Actual, not rounded, figures are used. This amount must be used in determining AFDC eligibility and grant amount. (6-7-93)

311. JTPA INCOME.

Income from the JTPA program is counted as described below. (12-1-91)

01. Incentives. Incentives are counted in the same manner as earnings and are subject to the AFDC earned income disregards. (12-1-91)

02. Allowances. An allowance is excluded if it is provided for specific goods or services not included in the AFDC standard of need. A transportation allowance furnished to meet an expense resulting from participation in a JTPA program is disregarded. (12-1-91)

03. Minor's JTPA Income. Earned income from a JTPA program is disregarded when earned by a minor child on AFDC. Such income is excluded when determining the budget unit's eligibility for a period not to exceed six (6) calendar months. Earned JTPA income is excluded when determining the AFDC grant. Unearned income from JTPA is excluded and is not time-limited. (7-1-94)

312. UNEARNED INCOME DEFINITION.

Unearned income includes benefits such as individual pensions, RSDI, Unemployment Compensation, Worker's Compensation, Veteran's Benefits, Government Benefits, contributions, child support, and money gifts. Unearned income includes capital investment returns, such as dividends and interest, or other income not gained through

employment. Unearned income is counted when calculating an AFDC grant. (12-1-91)

313. RENTAL INCOME FROM REAL PROPERTY.

Rental income is payment for the use of real or personal property. Rental payments may be received for the use of land, buildings, apartments, houses, or for machinery and equipment. Rental deposits are not income as they are subject to return to the tenant. The net rental income is the gross rental receipts less allowable expenses. The net rental income must be treated as earned income, unless all activities associated with the rental are conducted by an outside agency. The income must be treated as unearned income if all activities associated with the rental are conducted by an outside agent or agency. (11-1-92)

314. ALLOWABLE RENTAL EXPENSES.

To compute the amount of net rental income, reduce the gross amount of rental income by ordinary and necessary expenses of producing the income. Allowable expenses include, but are not limited to, property taxes, real estate insurance, minor repairs, advertising for tenants, landscaping or lawn maintenance, snow removal, utilities not paid by the renter, and interest payments on mortgage. The principal portion of a mortgage payment is not a deductible expense. (2-1-91)

315. NON ALLOWABLE RENTAL EXPENSES.

Non allowable rental expenses include the principal portion of the mortgage payment, depreciation or depletion, capital payments, and personal expenses not related to the rental income. (12-1-91)

316. UNEARNED INCOME COVERING MORE THAN ONE MONTH.

Unearned income received less often than monthly; such as, quarterly, semi-annually, and annually must be prorated over the period of the time it is intended to cover. (6-7-93)

317. INTEREST INCOME.

Interest posted to a bank account on a monthly or quarterly basis must be counted as unearned income, rather than a resource, in the month received. (12-1-91)

318. RSDI INCOME (SOCIAL SECURITY).

This entitle amount of Retirement, Survivors, and Disability Insurance (RSDI) benefits is counted as unearned income, unless an overpayment is being withheld. If an overpayment is being withheld, the net amount of the RSDI income will be counted. When a child receives RSDI and must be included in the AFDC budget unit, the caretaker relative does not have the option of excluding that child from the AFDC budget unit even when such benefits meet the child's needs. (12-1-91)

319. MONEY GIFTS.

Money gifts received for occasions such as birthdays, Christmas, graduation, anniversaries, or cash rewards, must not be counted as unearned income when the amount does not exceed thirty dollars (\$30) per person in a calendar quarter. If the client claims the gift is for the entire budget unit, the amount is divided in the way most advantageous to the budget unit. (6-7-93)

320. CONTRIBUTIONS.

Money contributions received by members of an AFDC budget unit must be counted prospectively. Contributions are cash payments from persons not legally liable to support the budget unit. The contributions are counted prospectively, if they can reasonably be anticipated. Contributions not counted prospectively are an overpayment in the month received. Non-cash contributions received in the form of food, clothing, or household goods must not be counted as income to the AFDC budget unit. (7-1-94)

321. DISABILITY INSURANCE PAYMENTS.

Disability payments paid to a client through an insurance company are unearned income in the month received. Taxes withheld from the disability payment are not available to the client and are not counted. Attorney's fees paid to secure insurance payments are not counted as income. The net payment to the client must be counted as unearned income. (12-1-91)

322. CHILD'S INCOME.

A dependent child's earned income is not counted if the child is attending school full time. A child's earned income is

not counted if the child is a part-time student and works less than thirty (30) hours per week. A child's earned income, also includes income received from participation in JTPA and the AmeriCorps program. A child is a student if he attends a school, college, university, vocational or technical training program, or Job Corps program. A child who is not a part of the AFDC budget unit must not have his income counted. (7-1-96)

323. IN-KIND INCOME.

An individual receiving a service, benefit, or durable goods, instead of wages, is earning in-kind income. In-kind income is counted as earned income allowing all earned income disregards and exclusions. (7-1-93)

324. GARNISHMENT OF INCOME.

Income garnished by court order is not available to the client and is excluded as income. (12-1-91)

325. INCOME FROM ROOMER OR BOARDER.

Income from a roomer or boarder is unearned income unless the client operates a commercial boarding house as proved by bookkeeping and FICA records. Money received from a roomer or a boarder in a commercial boarding house is earned income. Gross income from a roomer or a boarder is computed by subtracting twenty-five dollars (\$25) from the payment of each roomer, fifty dollars (\$50) from the payment of each boarder, or seventy-five dollars (\$75) from each payment of each person receiving room and board. If the room and board income is earned income, the room and board disregard must be applied and then the earned income disregards must be applied. When the AFDC budget unit shares common household expenses with persons not in the budget unit, payments received for expenses from the other persons are excluded as income. (112-1-991)

326. TREATMENT OF LUMP SUM INCOME.

Nonrecurring lump sum income must be treated as income in budgeting eligibility for and the amount of an AFDC payment. Lump sum income is retroactive monthly benefit or a windfall payment. This may be earned or unearned income paid in a single sum. These payments include, but are not limited to, RSDI, VA, Unemployment Insurance, inheritances, lottery winnings, personal injury awards, worker's compensation awards, severance pay, or disability insurance received in one lump sum to cover a retroactive period. That portion of lump sum payments earmarked and used for the purposes for which payment was made is not counted in the lump sum computation. These excluded amounts include medical bills resulting from accidents, injury, funeral or burial costs, or replacement or repair of resources. The lump sum period of ineligibility begins the month the lump sum payment is received. The lump sum payment is counted using the following procedures in Subsections 326.01 through 326.07. (7-1-94)

01. AFDC Total Allowance. Determine the total allowance of the AFDC grant by totaling the basic allowance and appropriate shelter needs allowance. (12-1-91)

02. Earned Income. Compute the amount of net earned income, if any, by applying all appropriate disregards. (12-1-91)

03. Unearned Income. Add the amount of net earned income to any unearned income received by the AFDC unit. (12-1-91)

04. Lump Sum Payment. Add the amount of the lump sum payment to the unearned and net earned income to arrive at the total household income for the month. (12-1-91)

05. Divide Income by Total Allowance. Divide the total countable income for the month by the AFC total allowance. (12-1-91)

06. Determine Ineligible Months. The number derived from these calculations must be used to determine the number of months the client is ineligible to receive AFDC payments. (12-1-91)

07. Determine Grant. If a remainder exists after the division is calculated, the remaining amount is used to determine the AFDC grant amount in the month immediately following the ineligible period. (12-1-91)

327. SHORTENING OF LUMP SUM INELIGIBILITY PERIOD.

The lump sum ineligibility period can only be shortened if the lump sum payment is spent due to a life threatening circumstance. Life threatening circumstances shall include situations such as a medical emergency, fire, flood, or

other natural disaster. If the budget unit receives additional income or resources to pay for the life threatening circumstances, the lump sum ineligibility period must not change. (12-1-91)

328. LUMP SUM PAYMENT RECEIVED BY A STEPPARENT.

A lump sum payment received by a stepparent who is not included in the AFDC budget unit, must count as income only in the month received. The payment must not be used to calculate a period of ineligibility for the AFDC unit. (12-1-91)

329. LUMP SUM INELIGIBILITY PERIOD FOR NEW HOUSEHOLD MEMBERS.

An individual who enters an AFDC household during the lump sum ineligibility period is ineligible to receive AFDC. The family's period of eligibility would decrease based upon recalculation of the need standard for the number of people in the AFDC unit. (12-1-91)

330. SSI PAYMENT.

The client is not eligible for AFDC and SSI in the same month. AFDC, paid in the same month as SSI payment is paid, is an overpayment unless SSA has already subtracted the AFDC payment as income determining the SSI payment. The overpayment amount must be figured by removing the SSI recipient from the AFDC grant. Compare this amount to the actual AFDC benefits received by the budget unit. The difference is the overpaid amount. The income received by the AFDC/SSI recipient for such month is not counted toward the AFDC budget unit. (7-1-94)

331. RETIREMENT ACCOUNT WITHDRAWALS.

Retirement accounts paid monthly to a client are unearned income for that month. A retirement account withdrawn in one lump sum is resource, except that portion designated as interest. The interest will be counted as income. (11-1-92)

332. PROPERTY SETTLEMENTS.

Property settlements are awarded to a client to pay for vested interest in real property. Settlements may be awarded by a court of law or may be awarded by contract. Property settlements paid to a client are resources. (12-1-91)

333. TRUST DEED INCOME FROM SALE OF REAL PROPERTY.

Contract payments received by a client for the sale of real property (trust deed income) are unearned income. Only the taxes and insurance costs a client incurs may be deducted from the property payment. The amount a client pays on the original mortgage may not be subtracted from the property payment. (12-1-91)

334. MEDICAL INSURANCE PAYMENTS.

Medical insurance payments, received by a client for medical services, must be excluded from income and resources if the payment is used for its intended purpose. Clients must provide proof the money was used to pay medical expenses. Insurance payments not used for the intended purpose of paying medical expenses must be treated as lump sum income in the month received. Medical insurance payments must be treated as lump sum income, if the individual no longer has an obligation to pay the medical expenses because they have been paid by another source. (11-1-94)

335. SUPPORT INCOME.

Support income is any payment an absent parent or absent spouse makes to an AFDC budget unit. The payment is support when either parent defines it as such, or when the payment is used to meet the budget unit's needs. Support may be voluntary or court ordered. Child support is counted as unearned income to the child. The total amount of child support received from all sources each month is subject to a monthly disregard of fifty dollars (\$50). Only one (1) fifty dollar (\$50) is allowed in any month, even when delinquent support is received. Child support does not include a child's share of benefit payments paid to his absent parent such as Social Security or Veteran's benefits. (4-1-93)

336. SUPPORT OVERAGE.

Support overage is assigned support paid in excess of the monthly AFDC grant. The excess must be within the current monthly obligation. BCSS pays the support overage to the AFDC grant. Support overage must be budgeted as unearned income to determine if the budget unit is prospectively eligible. The AFDC grant must be closed if the budget unit is not longer AFDC eligible. Timely notice must be given. If the budget unit remains eligible, count the overage payment as unearned income. It is counted in the month following the month eligibility determination is

completed. (11-1-94)

337. DIRECT CHILD SUPPORT.

Direct child support is paid by the absent parent directly to the AFDC client. Direct support received by the client from the absent parent shall be treated as follows: (4-1-93)

01. Support Received Before Release of Benefits. Support payments received and retained by the client prior to release of AFDC benefits are counted as unearned income. The fifty dollar (\$50) child support disregard must be applied to the total amount of child support received for that month. The remainder of the child support must be budgeted against the AFDC grant. If the client chooses to relinquish the support payment to BCSS, the payment is treated as if paid directly to BCSS and is used to determine prospective eligibility after the fifty dollar (\$50) disregard has been applied. (7-1-96)

02. Support Received After AFDC Is Released. An AFDC client, who receives a direct support payment after AFDC has been released, must remit the payment to BCSS. Payments not remitted to BCSS are subject to overpayment recovery by BCSS and must not be counted as income in calculating the AFDC grant. (7-1-96)

03. Child Support Received by a Sanctioned Client. Direct child support is unearned income when received and retained by a client sanctioned for failure to cooperate in securing support. The payment is subject to the fifty dollar (\$50) disregard. (12-1-91)

338. EDUCATIONAL INCOME.

Any student financial assistance provided under Title IV of the Higher Education Act or under the Bureau of Indian Affairs education assistance programs is counted as income. Educational grants and loans to an undergraduate student, paid or insured under any program administered by the Secretary of Education are not counted as income. The only exception is student financial assistance paid under the Carl D. Perkins Vocational and Applied Technology Education Act. (7-1-94)

01. Carl D. Perkins Vocational and Applied Technology Education Act. Do not count Carl D. Perkins Vocational and Applied Technology student financial assistance used for attendance costs. Attendance costs are tuition and fees normally charged to all students in the same course of study. Fee include costs for rental or purchase of any equipment, materials, or supplies. Attendance costs also include an allowance for books, supplies, transportation, dependent care, and miscellaneous personal expenses. This applies to any student attending on at least a half-time basis. Half-time attendance is determined by the school. (7-1-94)

02. Work Study Income of Student. College work study income funded only under the Title IV of the Higher Education Act is not counted as income. Work study income, partially or wholly funded through the State, is counted as earned income in the month received. Work disregards are subtracted from Idaho College Work Study income. Tuition and mandatory fees, not paid by another program, must be deducted from the countable work study income after the work disregards have been subtracted. (12-1-91)

03. VA Educational Assistance. VA Educational Assistance payments are unearned income in budgeting the AFDC grant. The verified costs of tuition, books, fees, equipment, special clothing needs and transportation for school purposes, must be deducted from the VA Educational payment. When VA Educational Assistance is paid on a monthly basis, the deductions must be calculated as follows: (12-1-91)

a. Total the amount of countable deductions for the period of time they cover; (12-1-91)

b. Subtract this amount from the VA monthly payment; (12-1-91)

c. If the total deductions exceed the monthly VA payment, and a negative balance results, the negative balance must be used to deduct from the following month's VA payment. When the VA payment exceeds the total deductions, the remaining balance must be countable unearned income. The deductions must not be counted again until a new cost is verified. (12-1-91)

04. AmeriCorps. The AmeriCorps Education Award is not counted as income. The AmeriCorps Child Care Allowance is not counted as income, if used to meet the child care costs needed for participation in the program.

The AmeriCorps living allowance or stipend is counted as earned income. (7-1-96)

05. Federally or Nonfederally Supported Services. Persons may receive scholarships, grants, or awards from state sources, civic, fraternal, and alumni/alumnae organizations, or from relatives because of verified needs, achievements or a combination of such reasons. Scholarship, grant, or award money used for tuition, books, fees, equipment or transportation for school purposes is not counted when budgeting need and assistance payment amount. (12-1-91)

339. -- 399. (RESERVED.)

400. ELIGIBILITY AND BENEFIT DETERMINATION.

At application, redetermination, and when processing a change, benefit determination requires two (2) separate actions. First, there must be a determination the budget unit is eligible for AFDC. Second, if the budget unit is eligible, the grant amount is calculated. To determine eligibility and grant amounts, the Department uses the budget unit's projected circumstances for each month. Projection of circumstances is the best estimate of a budget unit's resources, income, expenses, composition, and other circumstances that will exist in that month. This projection is based on the Department's knowledge of the budget unit's past, and current circumstances, along with a reasonable expectation of future circumstances. The criteria for prospectively determining eligibility and grant amounts are found in Sections 401 through 452. (6-7-93)

401. TERMS USED IN BENEFIT DETERMINATION.

Terms used in benefit determination include: Prospective budget, projecting income, anticipating income, averaging income, and conversion factor. These terms are explained in the following sections. (6-7-93)

402. DETERMINING RESOURCES.

For AFDC applicants, the value of a resource is determined as of the date of application. For AFDC recipients, if the client has countable resources of more than one thousand dollars (\$1,000) during a month, the case must be closed for a minimum of one (1) calendar month following timely notice. (7-1-96)

403. DETERMINING INCOME.

To determine initial and continued eligibility, the Department must determine the monthly income amount available to the budget unit. Determine the monthly income amount by projecting income for that month. Past amounts are useful indicators of what may be projected in the future, but any changes expected must be considered. The methods used to project income are anticipating or averaging income. A combination of budgeting methods may be used, if the client has more than one (1) income source. Do not round any figures or calculations of income in determining available income. (6-7-93)

404. INCOME ALREADY RECEIVED.

Count all income received by the budget unit during the application month. If the actual amount of income from any pay period is known, use the actual pay period amounts to determine the total month's income. If the actual amount of income is unknown, anticipate the income. Convert the actual income to a monthly amount, if a full month's income has been received or is expected to be received. (See Section 406.) Do not convert the actual income to a monthly amount if less than a full month's income has been received or is expected to be received. (7-1-94)

405. ANTICIPATE INCOME.

Count any anticipated income the Department and the client are reasonably certain will be received. Anticipate income using the rules found in Sections 405.01.a. through 405.01.f. Anticipate income using the methods shown in Subsections 405.02.a. through 405.02.i. (6-7-93)

01. Rules for Anticipating Income. (6-7-93)

a. Income Already Received. Count income already received by the budget unit. If no changes are expected, use the actual pay for the past thirty (30) days to project future income. If the actual income from any pay period is known, use the actual pay to determine the total month's income. Convert the actual income to a monthly amount if a full month's income has been received or is expected to be received. (See Section 406.) (7-1-94)

b. Uncertain Income. Do not count income if the budget unit and the Department are not certain the

income will be received. If the exact income is uncertain or unknown, that uncertain or unknown portion must not be counted. (7-1-94)

c. **Income Received in Past Thirty (30) Days.** Use income received in the past thirty (30) days as one (1) indicator of anticipated income if the income has not changed in the past thirty (30) days and no changes can be anticipated in the next thirty (30) days. (6-7-93)

d. **Past Income.** Past income cannot be used as an indicator of anticipated income if income changes have occurred or can be anticipated. Do not automatically count income based solely on the budget unit's past income. (6-7-93)

e. **Fluctuating Income.** If income fluctuates so income received in the past thirty (30) days does not give an adequate indication of anticipated income, use a longer period of time to anticipate income. Use the longer period of time if income fluctuates from month to month. Use the longer period of time if it will provide a more accurate indication of anticipated income. Use the income received during a longer period of past time as one (1) indicator of anticipated income. (6-7-93)

f. **Employer's Estimate.** Use the employer's estimate of future income as only one (1) indicator of estimated income. Do not automatically count income based solely on the employer's estimate of future income. (6-7-93)

g. **Talk to Client.** Talk to the client when determining the anticipated income or hours of work. Use information gathered from the client as one (1) indicator of estimated income. (6-7-93)

02. **Use Anticipated Method.** (6-7-93)

a. **Paid on Salary.** Anticipate income received on a salaried rather than an hourly basis as the monthly salary rate. (6-7-93)

b. **Income Paid at Hourly Rate.** Anticipate income for a client paid at an hourly rate. Multiply the hourly pay rate by the expected number of hours the client will work in the pay period. Multiply this figure by the conversion factors found in Section 406 to reach a monthly amount. Do not round these figures. (7-1-94)

c. **Seasonal Income.** Anticipate seasonal income. Talk with the client and contact the employer to determine the appropriate monthly income amount. Base monthly income on the season of the year, market factors, and past history. Do not automatically use past season's wage history when anticipating seasonally fluctuating income because income may change from season-to-season. Do not automatically use the past thirty (30) days income when anticipating seasonal income because income may change month-to-month during the season. (6-7-93)

d. **Expected Changes.** Anticipate income if changes in income are expected in the future. If a change is expected, and the nature of the change is known, use the known information to project income. Use verification from the income source, including the employer, and talk to the client to determine the anticipated pay period amount. Multiply the anticipated pay period amount by the conversion factors found in Section 406 to reach a monthly amount if a full month's income is expected from an ongoing source. Do not round these figures. (11-1-94)

e. **Terminated Income.** Anticipate income still expected from terminated income sources. This income includes regular wages due to the client, and any vacation pay or severance pay due to the client. (6-7-93)

f. **Stable income.** Anticipate the monthly income amount will continue for stable income. Use the monthly income amount if the amount has not changed and no changes are expected in the future. (6-7-93)

g. **New Rate of Pay.** Anticipate income for a client whose rate of pay has changed. Multiply the new rate of pay by the expected number of hours the client will work in the pay period. Multiply this figure by the conversion factors found in Section 406 to reach a monthly amount. Do not round these figures. Use both the old and the new pay rates to determine a monthly amount if the client is paid under both rates in the same month. (7-1-94)

h. **Change in Self Employment.** Anticipate income received from self employment if averaging the

income as described in Sections 408.01 and 408.02 does not reflect the client's current or future income from the business. Talk to the client and use current business records to determine an anticipated monthly amount. (7-1-94)

i. **New Source of Income.** Anticipate income received from a new source. Use verification from the new source and talk to the client to determine the anticipated pay period amount. Multiply the handicapped pay period amount by the conversion factors in Section 406 to reach a monthly amount if a full month's income is expected. (11-1-94)

j. **Less Than a Full Month's Income.** Ongoing income is income from an ongoing source. Ongoing income has been received in the past and is expected to be received in the future. If a full month's income is not expected from an ongoing source, count the amount of income expected for the month. If the actual income amount is known, count the actual income amount for the month. If the actual amount of income is unknown, project the income. Convert the income to a monthly amount. If income is from a new source and a full month's income is not expected, count the actual income expected for the month. Do not convert the new source of income to a monthly amount. If income is from a terminated source and no additional income is expected in future months from this source, count the actual amount received during the month. Do not convert the terminated source of income. If a full month's income is not expected from a new or terminated source, count the income amount expected for the month. For new or terminated income and the amount is unknown, project the income. Do not convert this new or terminated income to an monthly amount if a full month's income is not expected. (11-1-94)

406. CONVERSION FACTOR.

Convert income received other than on a monthly basis to a monthly amount, when a full month's income is anticipated. Do not convert income to a monthly amount unless a full month's income is anticipated. Do not round any figures when converting income to a monthly amount. Convert the income to a monthly amount as shown on Subsections 406.01 through 406.03. (6-7-93)

01. **Weekly Pay Dates.** Multiply projected weekly amount by 4.3 to determine monthly amount. (6-7-93)

02. **Paid Bi-Weekly (Every Other Week).** Multiply projected by-weekly amount by 2.15 to determine monthly amount. (6-7-93)

03. **Paid Semi-Monthly (Paid Twice a Month).** Multiply projected semi-monthly amount by 2 to determine monthly amount. (6-7-93)

407. AVERAGE INCOME.

Average income received other than on a monthly basis. Average income for clients who receive income under a contract, are self-employed, or receive other types of income intended to cover more than one (1) month. These clients include, but are not limited to, school employees, share croppers, farmers, other self-employed households, and persons receiving VA school income. Do not use this method if changes in income are expected, instead anticipate income received in those months. Do not average income for seasonal or migrant farm workers, instead anticipate their income. (See Sections 405). (6-7-93)

01. **Determine Time Period.** Discuss the client's income situation with him to determine the number of months the income is intended to cover. (6-7-93)

02. **Divide by Number of Months Income Intended to Cover.** Divide the self-employment income, after subtracting allowable business expenses, by the number of months the income is intended to cover. (See Section 306). Divided the amount of contractual or other income earned during the months the income is intended to cover by the number of months the income is intended to cover. (6-7-93)

03. **Determine Monthly Amount.** The result of this division is the projected monthly income amount for each month the income is intended to cover. (6-7-93)

408. DOCUMENT HOW INCOME DETERMINED.

Document clearly in the case record the method used to project income. Document the conversion factor if anticipated income was converted to a monthly amount. Document in the case record the calculations used, the

projected monthly income amount, and income changes considered in projecting income. (6-7-93)

409. DETERMINING STANDARDS.

After determining the projected monthly income amount, determine AFDC Need Standard and Payment Standard. (7-1-93)

410. -- 412. (RESERVED).

413. ALLOWANCES FOR LIVING EXPENSES.

The AFDC grant amount is based on budget unit size and allowances for basic living expenses and needs. Allowance for living expenses are a Basic Allowance, Shelter Allowance, and Special Needs Allowance. The amount of the allowance is based upon the size of the AFDC budget unit. (6-7-93)

414. AFDC NEED STANDARD.

The AFDC need standard is based on the number of clients in the budget unit. The need standard is listed according to the budget unit size in Table 414. (7-1-93)

TABLE 414 - NEED STANDARD

NUMBER OF CLIENTS	MONTHLY STANDARD
1	\$643
2	\$786
3	\$991
4	\$1,196
5	\$1,401
6	\$1,606
7	\$1,811
8	\$2,016
9	\$2,221
10	\$2,426
OVER 10 PERSONS	ADD \$205 EACH

415. -- 421. (RESERVED).

422. PAYMENT STANDARD.

The need standard for that size budget unit is multiplied by thirty-two percent (32%), dropping any left over cents, to determine the payment standard. This percentage is determined by legislative appropriations for payment of grants. The payment standard is listed according to the budget unit size in Table 422. (7-1-94)

TABLE 422 - PAYMENT STANDARD NUMBER OF CLIENTS MONTHLY AMOUNT

NUMBER OF CLIENTS	MONTHLY AMOUNT
1	\$205
2	\$251
3	\$317

NUMBER OF CLIENTS	MONTHLY AMOUNT
4	\$382
5	\$448
6	\$513
7	\$579
8	\$645
9	\$710
10	\$776
Over 10 persons	Add \$65 each

423. AFDC GRANT AMOUNT FOR UNITS WITH NO INCOME OR UNEARNED INCOME ONLY.

The grant amount is the payment standard when the budget unit has no income available. When the budget unit has unearned income, but no earned income, the available unearned income is subtracted from the payment standard to arrive at the grant amount. The grant amount is paid for the full calendar month except for the month of application. The grant amount is prorated for the application month. The grant amount for the closure month is paid for the full month. When the budget unit has income, the available income is subtracted from the payment standard to arrive at the grant amount. Grant payments are rounded down to the next lowest dollar. (71-193)

424. PRORATING BENEFITS FOR THE APPLICATION MONTH.

The grant amount in the calendar month of application is prorated from the date of application. The grant amount in the month a person is added to a budget unit is prorated. The grant amount is prorated from the date the person becomes a mandatory budget unit member. The grant amount is prorated from the date the Add-A-Person form is received by the field office for optional budget unit members. The proration formula is: Subtract the application date from thirty-one (31). Divide the difference by thirty (30). Multiply the result by the full benefit amount to calculate the prorated grant amount. Any grant amount less than a full dollar is rounded down. (71-93)

425. AFDC PAYMENTS LESS THAN TEN DOLLARS (\$10) NOT PAID.

AFDC payments must not be paid when the grant amount is less than ten dollars (\$10). Clients who do not receive an AFDC grant because they are eligible for less than ten dollars (\$10) are considered AFDC recipients for all purposes other than payment. (12-1-91)

426. (RESERVED).

427. AFDC GRANT AMOUNT FOR UNITS WITH EARNED INCOME.

For client's with earnings, the grant amount is the adjusted allowance minus the monthly earned and unearned income, after all disregards are applied. The grant amount is paid for the full calendar month, except for the month of application. The grant amount is prorated for the application month. The grant amount for the closure month is paid for the full month. Grant payments are rounded down to the next lowest dollar. The total gross monthly earned income is not counted in full to determine the grant amount. Portions of the earnings are disregarded. The following earned income disregards are subtracted from each client's monthly gross earnings to determine the grant amount. (6-7-93)

428. EARNED INCOME DISREGARDS.

Earned income disregards are subtracted from each client's monthly gross earnings. The disregards include the standard earned income disregard, the thirty dollar (\$30) plus one-third (1/3) earned income disregard, and the dependent care disregard. Disregards are subtracted from the gross earned income of each client in the order listed below. (6-7-93)

429. STANDARD WORK EXPENSE DISREGARD.

The first ninety dollars (\$90) of each client's monthly gross earned income is disregarded. (1-7-94)

430. THIRTY PLUS ONE-THIRD DISREGARD.

Thirty dollars plus one-third ($\$30 + 1/3$) of the remainder of earned income is disregarded for four (4) consecutive months. This disregard is allowed for each person in the budget unit with earned income. (12-1-91)

01. Qualified for Disregard. The AFDC or Medicaid applicant must have received AFDC in at least one (1) of the four (4) months prior to application for AFDC to qualify for this disregard. If AFDC has not been previously issued, the budget unit's income must not exceed one hundred percent (100%) of the need standard after the standard and dependent care disregards are subtracted to be eligible for the disregard. Previous receipt of the disregard to qualify for Medicaid does not affect the AFDC applicant's eligibility for the disregards. A new cycle of disregards begins when a family becomes AFDC eligible. (7-1-93)

02. Four (4) Month Time Limit. The thirty dollar plus one-third ($\$30 + 1/3$) disregard limit is four (4) consecutive months for AFDC. After the disregard has been allowed for four (4) consecutive months, it must not be allowed again until the client has not received an AFDC grant for at least twelve (12) consecutive months. If any portion of the thirty dollar plus one-third ($\$30 + 1/3$) disregard is used to calculate the client's AFDC grant, the disregard is used and counted as one (1) of the four (4) consecutive months. If a client is sanctioned by not being allowed this disregard because of a late reporting, that month still counts as one (1) of the four (4) consecutive months of disregard. Receipt of the disregard in another state does not count toward the Idaho time limit. (6-7-93)

03. Disqualified Person. The disregard is subtracted from the earned income of a disqualified member of the budget unit whose needs are not considered in the AFDC need standard. (12-1-91)

431. THIRTY DOLLAR (\$30) ONLY DISREGARD.

The thirty dollar (\$30) only disregard is subtracted for eight (8) months after the thirty dollar plus one-third ($\$30 + 1/3$) disregard has expired. (12-1-91)

01. Eight (8) Month Time Limitation. The thirty dollar (\$30) only disregard is limited to the eight (8) consecutive months following the end of the thirty dollar plus one-third ($\$30 + 1/3$) disregard. After the disregard has been allowed for eight (8) consecutive months, it is not allowed again until the client has been off AFDC for at least twelve (12) consecutive months. The disregard is counted until the eight (8) consecutive month period has passed, even if the client has no earned income or the case closes during this time period. Receipt of the disregard in another state does not count toward the time limit in Idaho. (12-1-91)

02. Disqualified Person. The thirty dollar (\$30) only disregard is subtracted from the earned income of a disqualified member of the budget unit, whose needs are not considered in the AFDC need standard. (12-1-91)

03. Determine Eligibility. An applicant is allowed the thirty dollar (\$30) only disregard if he reapplies during the eight (8) month disregard time period. (6-7-93)

432. DEPENDENT CARE DISREGARD.

The dependent care disregard is subtracted for each dependent who requires care for work-related reasons. The dependent requiring care can be a child or an incapacitated adult member of the AFDC budget unit. Allow the disregard if the budget unit is responsible for a money payment for the child care service. Do not allow the dependent care disregard if the care provider is a member of the budget unit. The amount of the disregard is based on the cost to the budget unit, not the amount paid. A dependent care disregard is not allowed for dependent care expenses reimbursed by the Department in JOBS and Non-JOBS counties. The client and the care provider must submit proof of the dependent care expenses. (6-7-93)

433. ANTICIPATING DEPENDENT CARE COSTS.

Anticipate dependent care costs based on the most recent months' bills, unless it is reasonably certain a change will occur. If it is reasonably certain a change will occur, talk to the client and contact the child care provider to determine the anticipated monthly cost. If the expense is billed on a monthly basis, use the exact cost or anticipated monthly cost. If the expense is billed on a weekly, bi-weekly, or semi-monthly basis, convert the expense to a monthly amount. Do not round these figures. Use the conversion factors as shown in Table 433. Document in the case record the method used to compute the monthly dependent care expenses. (6-7-93)

01. Billed Weekly. Multiply projected weekly costs by 4.3 to determine monthly cost. (6-7-93)
02. Billed Every Other Week (Bi-Monthly). Multiply projected bi-weekly costs by 2.15 to determine monthly cost. (6-7-93)
03. Billed Twice a Month (Semi-Monthly). Multiply projected semi-monthly costs by 2 to determine monthly cost. (6-7-93)

434. AMOUNT OF DEPENDENT CARE DISREGARD.

The maximum dependent care disregard amount depends on the ages of the dependent children and the number of hours the employed person works in a month. The amount disregarded is the anticipated cost for care or the maximum allowance, whichever is less. (6-7-93)

01. Dependents Aged Two (2) or Older. Up to one hundred seventy-five dollars (\$175) is disregarded for each dependent child under age two (2) if the caretaker relative works eighty (80) or more hours per month. Up to one hundred fifteen dollars (\$115) is disregarded if the caretaker relative works less than eighty (80) hours per month. (4-1-93)
02. Dependents Under Age Two (2). Up to two hundred dollars (\$200) is disregarded for each dependent child under age two (2) if the caretaker relative works eighty (80) or more hours per month. Up to one hundred thirty-five dollars (\$135) is disregarded if the caretaker relative works less than eighty (80) hours per month. The under age two (2) disregard is allowed through the month the child's second birthday. (4-1-93)
03. Dependent Care Monthly Costs. When there is a cost for dependent care during a month when the client is employed but wages are not received, the dependent care costs may be subtracted the following month. The amount subtracted in the following month must not exceed the maximum allowance and must include the current month's expense for dependent care. (12-1-91)

435. DEPENDENT CARE DISREGARD FOR INCAPACITATED ADULTS.

A dependent care disregard can be allowed for care of an incapacitated adult. The disregard is allowed if the disability is obvious, supported by medical proof, or the dependent receives RSDI or similar governmental payments based on disability. The care must be needed to allow a budget unit member to work. The incapacitated adult must be a member of the budget unit's household. Veteran's disability payments do not establish incapacity for the dependent care disregard. (6-7-93)

436. DISREGARDS ALLOWED FOR DISQUALIFIED CLIENT.

The need of a disqualified client is removed from the grant. His income continues to count toward the budget unit. Disregards are allowed for disqualified client's income. Disregards are not allowed if the disqualified client terminated or reduced income without good cause. The disregard is not allowed if the disqualified client refused to accept suitable employment. The disregard is not allowed if the disqualified client fails to report earned income within time limits. (6-7-93)

437. CLIENT FAILS TO ACCEPT SUITABLE EMPLOYMENT.

A client with earned income must accept suitable employment to qualify for earned income disregards, unless required to care for a child under age three (3). Disregards must not be allowed for the month a client fails to accept suitable employment without good cause within a thirty (30) day period preceding such month. An overpayment must be written and benefits recouped if the disregards were allowed for the month a client failed to accept suitable employment, within a thirty (30) day period preceding such month. This applies unless the client had good cause for failing to accept suitable employment. The month still counts as one (1) of the four (4) consecutive months of the thirty dollar (\$30) plus one-third (1/3) disregard. Good cause exists if one (1) of the criteria listed in Subsections 437.01 through 437.08 are met. (12-1-91)

01. Pay Below Minimum Wage Standard. When a person fails to accept employment, other than a work training program, because wage is below minimum state wage, good cause exists. (12-1-91)
02. Physically Unable to Work. When a person fails to accept employment because physical requirements of the job are beyond the person's physical abilities, good cause exists. (12-1-91)

03. Unhealthy Work Conditions. When a person fails to accept employment due to work conditions not meeting legal or local standards for health and safety. The employee must seek all remedies to correct conditions before refusing employment. (12-1-91)

04. Work Distance Excessive. When a person fails to accept employment because a place of work is located over one (1) hour normal travel from home. Time does not include child care travel or arrangements. (12-1-91)

05. Discrimination or Harassment. When a person fails to accept employment due to discrimination or harassment on the job site. The employee must seek all remedies before refusing employment. (12-1-91)

06. Parent of Child Under Six (6). The recipient is the parent or other relative personally providing care for a child under age six (6), and the employment or training would require the participant to attend training or work more than twenty (20) hours a week. (12-1-91)

07. Child Care Not Available. In order for the recipient to participate in training or accept or maintain employment, care for a child or incapacitated individual living in the home is necessary by is unavailable, and the Department is unable to provide such care. (12-1-91)

08. Net Loss of Income. Acceptance of employment would result in a net loss of cash income for the family of the participant. (12-1-91)

438. CLIENT FAILS TO REPORT EARNED INCOME.

A client failing without good cause to report a change in earned income within ten (10) calendar days must not be allowed the earned income disregards. Disregards must not be allowed effective the month a client fails to report a change in earned income without good cause. An overpayment must be calculated for the month(s) the income was not reported as required. The unreported gross income must be used as the income available. The thirty dollar plus one-third ($\$30 + 1/3$) disregard is not allowed in calculating the overpayment. The disregard is considered used for the month the overpayment occurred. If a client reported one (1) source of earned income and failed to report income from another source, the client is allowed the thirty dollar plus one-third ($\$30 + 1/3$) disregard for the reported income. A good cause determination is made as follows: (6-7-93)

01. Unreported Income Is Less Than Five Dollars (\$5). Good cause exists if the unreported income is less than five dollars (\$5). (12-1-91)

02. Income Not Reported Within Ten (10) Days. Earned income disregards are not allowed for any income not reported within ten (10) calendar days unless good cause exists. Good cause exists if the client fails to report income within ten (10) calendar days, but reports the income in time for the field office to make the grant adjustment. (6-7-93)

439. CLIENT REQUESTS CLOSURE TO AVOID LOSS OF THIRTY PLUS ONE-THIRD DISREGARD.

Earned income disregards are not allowed for the client's earned income when the client requests AFDC closure to avoid the loss of the thirty dollar plus one-third ($\$30 + 1/3$) disregard. When the client acknowledges this is the reason for closure, the thirty dollar plus one-third ($\$30 + 1/3$) disregard is considered as expired if the client reapplies for AFDC within twelve (12) months. The client must not be allowed the thirty dollar plus one-third ($\$30 + 1/3$) disregard again until he has been off of AFDC for at least twelve (12) consecutive months. (12-1-91)

440. CLIENT TERMINATES EMPLOYMENT.

When an applicant or recipient voluntarily reduces his income, including termination of employment, without good cause, the gross earned income paid in the following month is counted in its entirety. The client must not be allowed any of the earned income disregards for the month which follows the month of termination or income reduction. The client has an overpayment for any month the disregards are allowed because timely notice cannot be provided. It will be collected through grant reduction. (6-7-93)

441. GOOD CAUSE DETERMINATION.

To determine if a client had good cause for failure to accept suitable employment or terminate employment, use the good cause criteria in Subsection 437.01 through 437.08 for guidance. (6-7-93)

442. LIVING ARRANGEMENTS.

Sections 443 through 452 explain budgeting procedures for various living arrangements. (6-7-93)

443. CHILD LIVES WITH NATURAL PARENT AND STEPPARENT.

When a child lives with a natural parent and a stepparent, a portion of the stepparent's income is deemed to the AFDC budget unit. When an AFDC client marries, the stepparent's deemed income is considered as soon as possible following timely notice. The following calculation is used to determine the income deemed to the AFDC budget unit from a stepparent. The calculation must be completed in the order specified below. (6-7-93)

01. Need Standard. Allow the need standard for the stepparent and the stepparent's own dependent children meeting the AFDC eligibility requirements. The children must not be children in the AFDC budget unit. (7-1-93)

02. Total Monthly Income. To determine monthly income available to the AFDC unit, follow the steps listed below in Subsections 443.02.a. through 443.02.e.: (1-7-94)

a. Step 1. Subtract a ninety dollar (\$90) work disregard from the stepparent's total monthly earned income. (1-7-94)

b. Step 2. Add the remaining earned income and unearned income of a stepparent to arrive at the total monthly income. (12-1-91)

c. Step 3. Subtract any verified support payments made by the stepparent. (6-7-93)

d. Step 4. Subtract verified payments made to a dependent not residing in the home. The stepparent must claim this dependent for income tax purposes before the payments can be subtracted. The amount remaining after the subtraction of the disregards is the net income. (12-1-91)

e. Step 5. Subtract the need standard for the stepparent and the stepparent's own dependent children from the net income. The difference is the available income deemed to the AFDC unit. (7-1-93)

444. MINOR PARENT (MP) LIVING WITH PARENTS.

A minor parent (MP) living with her parents or legal guardian may be eligible for AFDC for herself and her child, if the parent(s) are not applying for or receiving AFDC for themselves or for the MP's siblings. An MP is a child under the age of eighteen (18). The MP's parent(s) are not required to apply for AFDC, unless the MP's parent or siblings living in the household also apply for or receive AFDC. The pregnant MP with no other children may also be eligible for AFDC in the final trimester of her pregnancy. The income of the MP's parent must be deemed to the MP when determining AFDC eligibility and grant. The income is deemed by following the steps in Subsections 444.01 through 444.02. (7-1-94)

01. Need Standard. Allow the need standard for the MP's parent(s) and the dependent children of the MP's parent(s) who meet the AFDC eligibility requirements. The children must not be children in the AFDC budget unit. The income of the MP's stepparent is not deemed to the MP's AFDC budget unit, unless the stepparent makes a payment to the MP or the MP's parent. If the stepparent makes payments to the AFDC budget unit, the amount will be considered as unearned income, unless excluded. When the stepparent makes the income available to the MP's parent, the income is subject to deeming. (7-1-93)

02. Total Monthly Income. To determine monthly income available to the AFDC unit, perform the steps listed below in Subsections 444.02.a. through 444.02.e. (1-7-94)

a. Step 1. Subtract a ninety dollar (\$90) work disregard from each parent's total monthly earned income. (1-7-94)

b. Step 2. Add the remaining earned income and unearned income of a parent to arrive at the total monthly income. (12-1-91)

c. Step 3. Subtract any verified child support payments made by the parent. (6-7-93)

d. Step 4. Subtract verified payments made to a dependent not residing in the home. The parent must claim this dependent for income tax purposes before the payments can be subtracted. The amount remaining after the subtraction of the disregards is the net income. (12-1-91)

e. Step 5. Subtract the Need Standard from the net income. The difference is the available income deemed to the MP. (7-1-93)

445. DOUBLE STEPPARENT.

A double stepparent household contains two (2) parents that have no children in common. Each parent has a natural child not related by blood to the other parent. Both parents may apply for AFDC for their own children. The income of each budget unit is separate and not deemed to the other parent's AFDC unit if both units are eligible for AFDC. SSI recipients must not be budgeted with either budget unit to determine eligibility or grant amount. They will be invisible for budgeting purposes. When one (1) of the AFDC budget units is closed, the income of the stepparent must be deemed to the AFDC budget unit which remains open. The income must be deemed from the month following the month of closure. (7-1-93)

446. TWO (2) UNRELATED AFDC UNITS LIVING IN THE SAME HOME.

When a home contains two (2) separate AFDC budget units, the income of each budget unit is separate. (7-1-93)

447. CHILD LIVING WITH SSI CARETAKER RELATIVE.

The needs of a SSI caretaker relative must not be considered in determining eligibility or grant amount for AFDC. (7-1-93)

448. BUDGETING AFDC/AABD BUDGET UNITS.

When a household has members qualifying for AFDC and members qualifying for AABD, the housing costs are first applied to the AFDC budget unit. Any remaining shelter costs are applied to the AABD budget unit, up to the maximum. When a household consists of an AFDC budget unit and two (2) separate AABD units, the housing cost is applied to the AFDC budget unit first. Any remaining shelter cost is divided equally between the two (2) AABD budget units. If no budget deficit remains after allowing each AABD unit an equal housing cost, one (1) AABD unit is allowed the remaining shelter cost up to the maximum after the AFDC allowance has been subtracted. (12-1-91)

449. CHILD LIVING WITH RELATIVES OTHER THAN PARENTS.

When a child lives with a caretaker relative, other than a natural or adoptive parent, the caretaker relative can choose to be included in the AFDC budget unit. The non-parent caretaker relative must indicate he wants his needs included in determining AFDC eligibility and grant amount. If the relative chooses not to be included in the AFDC budget unit, the income and resources of the relative are not considered. Only the contributions the relative makes to the child are counted as income. If there are two (2) non-parent caretaker relatives in the home, only one (1) can get AFDC. If the two (2) non-parent caretaker relatives are a married couple and one (1) chooses to receive AFDC, the income of the spouse who is not receiving AFDC must be deemed to the AFDC budget unit for AFDC grant purposes only. Use the following calculation to determine the income deemed to the AFDC unit from the non-parent caretaker's spouse. The calculation must be completed in the order specified below. (7-1-93)

01. Need Standard. A need standard is permitted for the non-caretaker spouse and spouse's separate dependent children who meet the AFDC eligibility requirements. The children must not be children in the AFDC budget unit. (7-1-93)

02. Total Monthly Income. To determine monthly income deemed to the AFDC unit from the ineligible spouse, perform the steps listed in Subsections 449.02.a. through 449.02.e. (1-7-94)

a. Step 1. Subtract a ninety dollar (\$90) work disregard from the spouse's total monthly earned income. (1-7-94)

- b. Step 2. Add the spouse's remaining earned income and unearned income to arrive at the total monthly income. (11-1-92)
- c. Step 3. Subtract any verified child support payments made by the spouse. (11-1-92)
- d. Step 4. Subtract verified payments made to a dependent not residing in the home. The spouse must claim this dependent for income tax purposes before the payments can be subtracted. The amount remaining after the subtraction of the disregards is the net income. (11-1-92)
- e. Step 5. Subtract the need standard from the net income. The difference is the available income deemed to the AFDC unit. (7-1-93)

450. SSI CHILD LIVING WITH NATURAL PARENT.

When an SSI child is the only child in the home, the natural parent may receive AFDC for one (1) person if the child meets all the AFDC eligibility criteria, other than receipt of SSI. The child is not eligible for AFDC because he receives SSI but could be eligible for Medicaid. Both parents may receive AFDC if the SSI child they reside with is deprived based on disability or the unemployment of the principal wage earner. The SSI child must be otherwise eligible for AFDC except for the receipt of SSI. (12-1-91)

451. CHILD LIVING WITH AN INELIGIBLE ALIEN PARENT.

When a child lives with an ineligible alien parent, a portion of the alien parent's income is deemed to the AFDC budget unit. All alien parent's resources are counted toward the AFDC budget unit's resource limit. The following calculation is used to determine the income deemed to the AFDC budget unit from an alien parent. The calculation must be completed in the order specified below. No other disregards apply to the alien parent's earned income. (6-7-93)

- 01. Need Standard. A need standard is permitted for the alien parent(s) and the alien parent's own dependent children living with him and not in the AFDC budget unit. (7-1-96)
- 02. Total Monthly Income. To determine monthly income available to the AFDC unit, perform the steps listed in Subsections 451.02.a. through 451.02.e. of these rules. (7-1-96)
 - a. Step 1. Subtract a ninety dollar (\$90) work disregard from each alien parent's total monthly earned income. (1-7-94)
 - b. Step 2. Add the remaining earned income and unearned income of an alien parent to arrive at the total monthly income. (11-1-92)
 - c. Step 3. Subtract any verified child support payments made by the alien parent. (11-1-92)
 - d. Step 4. Subtract verified payments made to a dependent not residing in the home. The alien parent must claim this dependent for income tax purposes before the payments can be subtracted. The amount remaining after the subtraction of the disregards is the net income. (11-1-92)
 - e. Step 5. Subtract the Need Standard from the net income. The difference is the available income deemed to the AFDC unit. (7-1-93)

452. PREGNANT WOMAN LIVING WITH HER OTHER CHILDREN AND/OR HUSBAND.

A pregnant woman living with her other children may be in a budget unit by herself. A pregnant woman living with her husband and/or her other children may be in a budget unit by herself. The couple must be legally married and deprivation must be due to the incapacity of one or both parents or the unemployment of the family's principal wage earner. The pregnant woman is not required to apply for AFDC for her other children. The other children are not mandatory budget unit members, until the birth of the unborn. If she does apply for a child, however, all siblings of that child must be included in the budget unit. To determine the pregnant woman's eligibility in the budget unit consisting of herself and if married her husband, include the needs, income and resources of all persons living in the household who would be mandatory budget unit members if the child was born. If this unit is eligible, the pregnant woman is AFDC eligible. In determining the AFDC grant amount, count the pregnant woman's needs, income, and

resources. The husband's needs, income, and resources are included in the eligibility determination, but not in the grant amount. He is not eligible for benefits until the birth of the unborn. (11-1-94)

453. SPONSORED ALIEN.

The income and resources of a permanent resident alien's sponsor are treated in accordance with this Section. The sponsor must have signed an affidavit of support on behalf of an alien as a condition of the alien's entry into the United States. The income and resource of the sponsor's spouse are also counted if the spouse is living with the sponsor. (7-1-96)

01. Sponsors Who Are Parents or Spouses. This section does not apply to a sponsor who is the alien's parent or spouse. (7-1-96)

02. Refugees. This section does not apply to the sponsor of a Cuban-Haitian entrant, or to the sponsor of a refugee or parolee admitted under sections 203(a)(7), 207(c), 208, or 212(d)(5) of the Immigration and Nationality Act. (7-1-96)

03. Time Limit. The sponsor's income and resources are counted for three (3) years after the alien's entry for permanent residence into the United States. (7-1-96)

04. Sponsor's Income. A portion of the income of the sponsor and the spouse is deemed to the AFDC budget unit. The following calculation is used to determine the income deemed to the AFDC budget unit. The calculation must be completed in the order specified below. No other disregards apply to the sponsor's earned income. (7-1-96)

a. Step 1. Subtract twenty percent (20%) from the total monthly unearned and earned income of the sponsor and spouse. This total amount must not to exceed one hundred and seventy-five dollars (\$175). (7-1-96)

b. Step 2. Subtract a ninety dollar (\$90) work disregard from each sponsor's total monthly earned income. (7-1-96)

c. Step 3. Add the remaining earned and unearned income of the sponsor and the sponsor's spouse to arrive at the total monthly income. (7-1-96)

d. Step 4. Subtract any verified child support payments made by the sponsor. (7-1-96)

e. Step 5. Subtract verified payments made to a dependent not residing in the home. The sponsor must claim this dependent for income tax purposes before the payments can be subtracted. The amount remaining after the subtraction of the disregards is the net income. (7-1-96)

f. Step 6. Subtract the Need Standard from the net income. The difference is the available income deemed to the AFDC unit. (7-1-96)

05. Sponsor's Resources. The resources of the sponsor and the sponsor's spouse, minus one thousand five hundred dollars (\$1,500), are counted as available to the alien. Any remaining resources are counted toward the alien's resource limit. (7-1-96)

06. Required Proof. For three (3) years following the alien's entry for permanent residence, a sponsor and spouse must provide the Department with any proof necessary to determine their income and resources. (7-1-96)

454. -- 499. (RESERVED).

500. REPORTING REQUIREMENTS.

When changes occur, the responsibility for changes lies both with the client and the Department. The client must report and verify changes in circumstances within timelines. The Department must act timely to determine continued eligibility and adjust the grant amount. The Department must act on all changes reported by the client and on changes initiated by the Department. (6-7-93)

501. CLIENT RESPONSIBILITIES.

The client must report any change of circumstances verbally or in writing. The timelines for clients to report changes are as follows: (7-1-94)

01. Applicants. Any change which occurs after an AFA is filed, but before the interview, must be reported by the client at the application interview. Changes which occur after the application interview, but before the date of approval, must be reported immediately. All changes occurring after the application date, but before the approval date must be considered in the approval action. (7-1-94)

02. Recipients. AFDC recipients are required to report changes to the Department within ten (10) calendar days from the date the change becomes known to the budget unit. (6-7-94)

502. CHANGES CLIENTS MUST REPORT.

Clients must report all changes in circumstances including those listed as Client Reporting Responsibilities, Subsections 502.01 through 502.17. (6-7-93)

01. Name or Address. The client must report any change in name or address. (6-7-93)

02. Household Composition. The client must report any changes in the number of persons or the composition of the household. (6-7-93)

03. Marital Status. The client must report the marriage or divorce of any budget unit member. (6-7-93)

04. Earned Income. The client must report any change in the source of earned income for any person whose income is considered in the AFDC budget. The client must report a change in hourly rate or salary. Households must report a change from part-time to full-time work or full-time to part-time work. Work of less than thirty (30) hours weekly is part-time work. Thirty (30) or more hours weekly is full-time work. (11-1-94)

05. Unearned Income. The client must report all changes in the amount and source of an unearned income. (11-1-94)

06. Employment Status. The client must report when any person whose income is considered in the AFDC budget gains or leaves employment. (6-7-93)

07. Hours of Work. The client must report any change in the hours of work for any person whose income is considered in the AFDC - Unemployed Parent budget. (11-1-94)

08. Support Income. The client must report any change in the amount of support ordered or paid to the unit. (6-7-93)

09. Resources. The client must report any change in available resources. This includes receiving money or goods of worth from any source. (6-7-93)

10. Vehicles. The client must report any change in the number or type of licensed vehicles. (6-7-93)

11. School/Training Attendance. The client must report any person over sixteen (16) years of age who leaves or enters school or a training program. (6-7-93)

12. New Social Security Number. The client must report the receipt of a Social Security Number (SSN). (6-7-93)

13. Citizenship Status. The client must report any change in citizenship or alien status. (6-7-93)

14. Disability. The client must report if a budget unit member becomes disabled or is no longer disabled. (6-7-93)

15. Dependent Care Costs. The client must report any changes in the dependent care costs. (6-7-93)

16. Grant Payment. The client must report any increase in grant payment of ten dollars (\$10) or more, if prior written notice from the Department was not received. (6-7-93)

503. REPORT METHOD.

Changes may be reported by telephone, personal contact, or mail. Written changes may be reported on the Change Report form (HW 0594). (6-7-93)

504. DATE OF REPORT.

Date of report for verbal reports is the date the client contacts the Department and reports the change. The date of report for written reports is the date the written report is received by the field office. All written reports must be date stamped by the Department on the date received. (6-7-93)

505. FAILURE TO REPORT.

If a client's failure to report a change results in an overpayment of benefits, an Overpayment Report (HW 0462) must be completed. The overpaid benefits must be recouped. (See Section 551). (6-7-93)

506. GOOD CAUSE WHEN CHANGE REPORT NOT RECEIVED.

If circumstances beyond the budget unit's control prevented the Change Report from being received on time, good cause exists. If good cause exists, the AFDC benefit can be reinstated. Good cause includes hospitalization or documented serious illness of the client or a member of the client's family, lost or stolen mail confirmed by the postal service, and catastrophe caused by fire, flood, or a severe weather condition. (6-7-93)

507. DEPARTMENT RESPONSIBILITIES.

Examiners must explain to clients their responsibilities to report changes within the required time periods at the application and redetermination interviews. Sections 508 through 522 provide actions the Department must take. (6-7-93)

508. CHANGE REPORT FORM.

The Department must provide each budget unit a Change Report Form (HW 0594) at the time of approval and at redetermination. The Department must provide the budget unit a Change Report Form after each change is reported and when the client asks for one. (6-7-93)

509. DOCUMENTATION OF CHANGES.

The Examiner must document all reported changes and the actions taken as a result of the reported change in the case record. Changes must be documented, even if, there is no change in the grant amount. (6-7-93)

510. TIMELINES FOR ACTING ON CHANGES.

The Department has ten (10) calendar days from the date a change is reported to secure verification and complete action on a change which causes a decrease or termination of benefits. The client must be allowed ten (10) calendar days timely notice, if the change causes a termination or decrease in benefits. If the change will cause an increase in benefits, the client has ten (10) calendar days to verify the change from the date of the report. If the verification is not provided by the tenth (10th) calendar day, the Department must decrease or terminate benefits following timely notice. If the verification is provided, the Department must complete the change. (6-7-93)

511. CHANGES NOT AFFECTING BENEFITS.

When the budget unit reports a change which does not affect eligibility or benefit amount, the Department must inform the client that the report has been received but it does affect the client's eligibility or benefit amount. A new Change Report (HW 0594) form must also be sent to the client. Document these actions in the case file. (6-7-93)

512. REQUEST FOR REQUIRED VERIFICATION.

If a client reports a change affecting the budget unit's continued eligibility or benefit amount, the Department must request verification required to establish the budget unit's continued eligibility and grant amount. Verification is the third party data or proof required to complete a change. Verification must be provided in a timely manner. (6-7-93)

01. Request for Required Verification. The client must be told what verification items are required and for which programs. The client must be told the time lines to provide the verification. The request must state that

failure to provide verification within timelines may result in a decrease in or termination of benefits. The request for verification must be documented in the case record. (6-7-93)

02. Timelines to Provide Verification - Decrease. Timely verification must be secured in time to allow the Department to act on the change which causes a decrease in benefits within ten (10) calendar days from the date the report was received. If a deadline falls on a weekend or holiday, the client must be allowed until the close of the next working day to provide the verification. (6-7-93)

03. Timelines to Provide Verification - Increase. The client must be allowed ten (10) calendar days from the date the report was received to provide verification of the change which causes an increase in benefits. If a deadline falls on a weekend or holiday, the client must be allowed until the close of the next working day to provide the verification. The client must be told he may contact the field office prior to the deadline, if he is unable to obtain the necessary verification. He may request an extension of the deadline. (6-7-93)

513. EXTENSION OF VERIFICATION DEADLINE.

The client may require an extension, if he is unable to obtain required information for an increase in benefits within the time limits. The client must make the request before the time limit expires. The extension must be granted, if the client shows good cause for the delay. Good cause provisions are found in Section 506. The client must be told the new deadline for providing verification. The extension of the verification deadline must be documented in the case record. (7-1-96)

514. DEPARTMENT ASSISTANCE.

When a client is unable to obtain the required verification, the Department must offer to assist the client. (6-7-93)

515. CHANGES AFFECTING ELIGIBILITY.

If a client reports a change potentially affecting the budget unit's eligibility, the Department must request proof of the change. If proof is provided within timelines, benefits are adjusted or terminated as appropriate. Provide timely notice, if required. If proof is not provided within timelines, the case is closed following timely notice. If the client provides the proof after the closure action but before the first day of the calendar month in which the unit would be ineligible, the budget unit's benefits are continued and adjusted, or terminated as appropriate. Whenever benefits are continued or terminated, adequate notice must be provided. These actions must be documented in the case record. (7-1-96)

516. CHANGES AFFECTING ELIGIBILITY OF MANDATORY BUDGET UNIT MEMBER.

If a client reports a change affecting the eligibility of a mandatory budget unit member, the Department must request verification of the change. (6-7-93)

01. Verification Provided. If verification is provided within timelines, adjust or terminate the benefits as appropriate. Provide timely notice, if required. (6-7-93)

02. Verification Not Provided - Budget Unit Ineligible. If verification required to determine the budget unit's continued eligibility is not provided within the timelines, terminate benefits after providing timely notice. (6-7-93)

03. Verification Not Provided - Budget Unit Member Fails to Cooperate. If verification required to determine that a budget unit member has cooperated with a program requirement is not provided within the timelines, remove the budget unit member's needs following timely notice. This person is a disqualified budget unit member. Count the disqualified member's income and resources in full. The disqualification and the reason for the disqualification must be documented in the case record. (6-7-93)

517. CHANGES IN DEPENDENT CARE COSTS.

If a client reports a change in dependent care costs, the Department must request verification of the change. Act on the changes as shown in Subsections 517.01 through 517.09. (6-7-93)

01. Increase, Change Reported and Verified Timely. Adjust benefits effective the month following date of report. (6-7-93)

02. Decrease, Change Reported and Verified Timely. Adjust benefits effective as soon as possible following timely notice. (6-7-93)

03. Increase Not Reported Timely, but Verified Timely. Adjust benefits effective the month following date of report. (6-7-93)

04. Decrease Not Reported Timely, but Verified Timely. Adjust benefits effective as soon as possible following timely notice. An overpayment may exist. (6-7-93)

05. Increase Not Reported Timely and Not Verified Timely. Adjust benefits effective the month following date of report. (6-7-93)

06. Decrease Not Reported Timely and Not Verified Timely. Adjust benefits effective as soon as possible following timely notice. An overpayment may exist. (6-7-93)

07. Change in Dependent Care Costs Reported Timely, but Not Verified Timely. Do not close benefits solely due to the client's failure to provide proof change in dependent care costs. Do not allow the dependent care disregard. If the budget unit remains eligible without the disregard, adjust benefits and provide timely notice of the reduction. If the change could affect eligibility, follow the steps in Section 515. (6-7-93)

08. Good Cause for Delay Proven. If the client later provides proof he had good cause for the delay in reporting or providing the verification, allow the disregard back to the month following the month of report. Issue supplemental benefits. (See Section 506). (7-1-94)

09. Good Cause for Delay. Proven If the client later provides proof he had good cause for the delay in reporting or, providing the verification, allow the allowance or the disregard back to the month following the month of report. Issue supplemental benefits. (See Section 506). (6-7-93)

518. EFFECTIVE DATE INCREASES IN BENEFITS.

Increases, other than adding a mandatory budget unit member, are effective as shown in Subsections 518.01 through 518.05. (6-7-93)

01. Change Reported Timely and Verified Timely. Increase benefits effective the month following the date of report. (6-7-93)

02. Change Not Reported Timely, but Verified Timely. Increase benefits effective the month following the month the change report is received. (6-7-93)

03. Change Reported Timely, but Not Verified Timely. Increase benefits effective the month following the month the change report is received, if good cause exists. Terminate or reduce benefits for failure to provide verification, following timely notice if good cause does not exist. If the client provides the verification after the closure action but before the first day of the calendar month in which the negative action was taken, the budget unit's benefits are continued and increased effective the month following the month the verification is secured. (6-7-93)

04. Change Not Reported Timely, and Not Verified Timely. Terminate or reduce benefits for failure to provide verification, following timely notice. If the client provides the verification after the closure action but before the first day of the calendar month in which the negative action was taken, the budget unit's benefits are continued and increased effective the month following the month the verification is secured. (6-7-93)

05. Good Cause, for Failure to Report Timely. Increase benefits effective the month following the month the report, would have been submitted, if timely. Issue supplemental benefits if necessary. (See Section 506). (6-7-93)

06. Good Cause, for Failure to Provide Verification Timely. Increase benefits effective the month following the month the, the verification would have been secured, if timely. Issue supplemental benefits if necessary. (See Section 506). (6-7-93)

519. ADDING A MANDATORY BUDGET UNIT MEMBER TO AN AFDC GRANT.

A mandatory budget unit member must be added to the AFDC grant, in order for the budget unit to remain eligible for AFDC. The budget unit must report changes in household composition to the Department within ten (10) calendar days. When a new mandatory budget unit member is reported, the budget unit's continued eligibility is determined based on the new member's needs, income, and resources. The mandatory budget unit member is required to be included in the unit effective the date of birth, adoption, or of becoming a member of household. Benefits are prorated from the date the person becomes a mandatory budget unit member. If the unit remains eligible, determine if adding the person causes an increase or decrease in benefits. Add the mandatory budget unit member as shown in Subsections 519.01.a. through 519.01.c. of these rules if adding his needs causes an increase in benefits. Add the mandatory budget unit member as shown in Subsections 519.02.a. through 519.02.c. of these rules, if adding his needs causes a decrease in benefits. If the addition of this person causes an overpayment, establish an overpayment. If the addition of this person causes an underpayment, issue supplemental benefits. A member must not receive AFDC benefits in more than one (1) budget unit during any calendar month. (7-1-96)

01. Adding a Mandatory Budget Unit Member - Increase in Benefits. (4-1-93)

a. **Add Newborn.** Add a newborn child who is a mandatory budget unit member effective the date of birth. Before the child's needs are added, all proof necessary for determining eligibility must be provided. If the required proof is not provided within the requested time frames, close the case following timely notice. An Add-A-Person form is not required. (6-7-93)

b. **Add Person Joining the Unit.** Add persons joining the unit effective the date they become mandatory members, if adding their needs results in increased benefits. Before a new members needs can be added, all proof needed to determine eligibility must be provided. If the required proof is not provided within the requested time frames, close the case following proper notice. An Add-A-Person form can be requested, but is not required. (4-1-93)

c. **Add Previously Disqualified Member.** When a mandatory budget unit member's disqualification period has ended, add the person effective the day after the disqualification ends if all required proof is provided. For the first JOBS disqualification, add the person effective the day the client asks to take corrective action. For the second and third JOBS disqualification periods, add the person the day after the penalty period expires if the client has taken the corrective action. If the client has not taken the corrective action when the penalty period expires, add the person effective the day the client asks to take corrective action. If the Department does not have the required proof, allow the client ten (10) calendar days to provide the proof. If proof is not received, close the case following proper notice. An Add-A-Person form is not required. (7-1-96)

02. Adding a Mandatory Budget Unit Member - Decrease in Benefits. (4-1-93)

a. **Add Newborn.** Add a newborn child who is a mandatory budget unit member effective the first day of the month following timely notice period. Before the child's needs are added, all proof necessary to determine eligibility must be provided. If the required proof is not provided within the requested time frames, close the case following proper notice. An Add-A-Person form is not required. (4-1-93)

b. **Add Person Joining the Unit.** Add persons joining the unit effective the first day of the month following the timely notice period. Before a new members needs can be added, all proof needed to determine eligibility must be provided. If the required proof is not provided within the requested time frames, close the case following proper notice. An Add-A-Person form can be requested, but is not required. (4-1-93)

c. **Add Previously Disqualified Member.** When a mandatory budget unit member's disqualification period has ended, add the person effective the month after the disqualification ends. Do not add the person until all required proof is provided and timely notice can be given. For the first JOBS disqualification, add the person effective the month after the client asks to take corrective action and timely notice is given. For the second or third JOBS disqualifications, add the person the month after the penalty period expires. If the client has not taken the corrective action when the penalty period expires, add the client effective the month after the client asks to take corrective action. Timely notice must be given. If the Department does not have the required proof, allow the client ten (10) calendar days to provide the proof. If proof is not received, close the case following timely notice. An Add-A-Person form is not required. (7-1-96)

520. ADDING AN OPTIONAL BUDGET UNIT MEMBER TO AN ELIGIBLE.

AFDC UNIT. When a client requests to add an optional budget unit member to the AFDC grant, an Add-A-Person form, HW0913, must be completed and verification to prove eligibility must be provided. The Add-A-Person form must be signed and the Field Office must date stamp it. Determine, if adding the person causes an increase, decrease, or termination of benefits. Add the optional budget unit member's needs as shown in Subsections 520.01.a. through 520.01.c. of these rules, if the change would cause an increase. Add the optional budget unit member's needs as shown in Subsections 520.01.a. through 520.01.c. of these rules, if the change would cause a decrease. (7-1-96)

01. Add an Optional Budget Unit Member - Increase in Benefits. (6-7-93)

a. **Add Newborn.** Add a newborn child who is an optional budget unit member effective the date the Add-A-Person form is received. Before the child's needs are added, all proof necessary to determine eligibility must be provided. Do not add the newborn to the unit if the required proof is not provided within the requested time frames. (6-7-93)

b. **Add Person Joining the Unit.** Add an optional budget unit member effective the date the Add-A-Person form is received, if adding his needs results in increased benefits. Before a new member's needs can be added, all proof needed to determine eligibility must be provided. Do not add the new person to the unit, if the required proof is not provided within the requested time frames. (4-1-93)

c. **Disqualified Member.** When an optional budget unit member's disqualification period has ended, add him effective the day after the disqualification ends if all required proof is provided. For the first JOBS disqualification, add the person effective the day the client asks to take corrective action. For the second and third JOBS disqualification periods, add the person the day after the penalty period expires if the client has taken the corrective action. If the client has not taken the corrective action when the penalty period expires, add the person effective the day the client asks to take corrective action. If the Department does not have the required proof, allow the client ten (10) calendar days to provide the proof. Do not add the person to the unit, if the required proof is not provided within the requested time frames. (7-1-96)

02. Adding an Optional Budget Unit Member - Decrease in Benefits. (4-1-93)

a. **Add Newborn.** Add a newborn child who is an optional budget unit member effective the first day of the month following timely notice period. Before the child's needs are added, all proof necessary to determine eligibility must be provided. If the required proof is not provided within the requested time frames, do not add the child's needs. (4-1-93)

b. **Add Person Joining the Unit.** Add persons joining the unit effective the first day of the month following the timely notice period. Before a new members needs can be added, all proof needed to determine eligibility must be provided. If the required proof is not provided within the requested time frames, do not add the persons needs. (4-1-93)

c. **Add Previously Disqualified Member.** When an optional budget unit member's disqualification period has ended, add the person effective the month after the disqualification ends. Do not add the person until all required proof is provided and timely notice can be given. For the first JOBS disqualification, add the person effective the month after the client first asks to take corrective action and timely notice is given. For the second or third JOBS disqualifications, add the person the first day of the month the penalty period expires. If the client has not taken the corrective action when the penalty period expires, add the client effective the month after the client asks to take corrective action. Timely notice must be given. If all required verification is available, add the person's needs effective the date after the disqualification ends. If the Department does not have the required proof, allow the client ten (10) calendar days to provide the proof. If proof is not received, do not add the person's needs. (7-1-96)

521. VERIFICATION OF ELIGIBILITY.

AFDC grant eligibility must be verified before adding a client. The Department must determine if the client is a mandatory member of the budget unit. To verify these factors, the client must be allowed at least ten (10) days to supply the necessary proof. (11-1-94)

01. Request for Proof. The Department request must contain the information in Subsection 521.01.a. through 521.01.d. (11-1-94)

a. Proof Required. The client must provide proof for the added person. Proof necessary to determine eligibility includes: deprivation status, residence, relationship, citizenship declaration, social security number, income, and resources; (11-1-94)

b. Required Forms. If the child is deprived of parental support and care due to absence, the HW-0429 must be completed; (11-1-94)

c. Date Required. Tell the client the date the proof and forms are required; (11-1-94)

d. Sections. Tell the client the AFDC Sections relevant to the request for verification. (11-1-94)

02. Failure to Provide Verification for Added Person. The case must be closed, following timely notice, for failure to supply eligibility verification for mandatory budget unit members. If the requested proof is not supplied and the added person's mandatory budget unit status is unknown, the case must be closed. If the person is not a mandatory budget unit member, the person must not be added. Deny the optional budget unit member's application and sent notice of the denial. (6-7-93)

03. Budgeting Procedures for Newly Added Person. Count the newly added person's income and resources prospectively. If the addition of his needs, income and resources causes a decrease in benefits, decrease the benefits as soon as possible following timely notice. If the addition of a mandatory budget unit member's needs, income and resources causes an increase in benefits, increase the benefits effective the date the new person became a mandatory budget unit member. (6-7-93)

522. EFFECTIVE DATE FOR TERMINATION OR DECREASE IN BENEFITS.

If a reported change results in a decrease or termination of benefits, the Department must issue a Notice of Decision within ten (10) calendar days of the date of the report. The decrease or closure will be effective as soon as possible following timely notice. Adequate notice may be provided, if an exception to timely notice exists. (See Section 526). An overpayment exists and benefits must be recouped, if the AFDC grant is not decreased timely. (6-7-93)

523. NOTICE OF LOWERING OR ENDING BENEFITS.

The budget unit must be sent timely and adequate notice aid will be ended, if it is not eligible for aid. The budget unit must be sent timely and adequate notice that aid will be lowered, if the payment paid will be less than the previous month. (6-7-93)

524. ADEQUATE NOTICE.

Adequate notice is a written statement telling the client what action the Department is taking. The notice must tell the reasons for the action and the regulations supporting the action. The notice must give an explanation of the hearing/appeal process. (12-1-91)

525. TIMELY NOTICE.

All notices must be adequate. Timely notice means a notice must be mailed at least ten (10) calendar days prior to the effective date of the action. If timely notice is not required, adequate notice must be sent on or before the date of the action. Timely notice is not required when the conditions specified in Subsections 526.01 through 526.10 are met. (6-7-93)

526. TIMELY NOTICE NOT REQUIRED.

Adequate notice must be sent but timely notice is not required when the conditions specified in Subsections 526.01 through 526.10 are met. (6-7-93)

01. Death of a Client. The Department has confirmation of the death of all budget unit members. (6-7-93)

02. Statement of Client. The Department receives a written statement signed by a client he no longer wishes to receive benefits. A written, signed statement is received that gives information which requires ending or

reduction of benefits. The client must indicate, in writing, he understands the ending or reduction of benefits is the result of supplying such information. Clients can sign a "Waiver of Ten-Day Notice" (HW 0960) form to waive the timely notice requirement. (11-1-94)

03. Client in Institution. The client has been admitted or committed to an institution, and further payments to that individual are prohibited. (6-7-93)

04. Nursing Care. The client has been placed in skilled nursing care, intermediate care or long-term hospitalization. (6-7-93)

05. Client's Address Unknown. The client's whereabouts are unknown and Department mail directed to him has been returned by the post office showing no known forwarding address. The client's check must be made available to him if his whereabouts become known during the payment period covered by the check. (6-7-93)

06. AFDC in Another State. A client has been approved for AFDC in another state and this fact has been verified. (6-7-93)

07. Child Removed. An AFDC child is removed from the home as a result of a judicial determination. An AFDC child voluntarily placed in foster care by his parent or legal guardian. (12-1-91)

08. Special Allowance. A special allowance granted for a specific period is stopped and the client has been informed, in writing, at the time of initiation the allowance must automatically be discontinued at the end of the specified period. (12-1-91)

527. UNDERPAYMENT.

An underpayment is an AFDC payment which is less than the amount for which the budget unit is eligible. The failure to issue an AFDC payment for a payment month to an eligible budget unit is also an underpayment. (12-1-91)

528. CORRECTION OF UNDERPAYMENT.

The field office must correct the underpayment to a budget unit within ten (10) working days after discovery of an underpayment. The corrective payment covers the period beginning with the first (1st) month the underpayment occurred. To determine continued eligibility and the amount of aid, a corrective payment is not considered income. Corrective payments are not considered a resource in the month paid. Corrective payments are not considered a resource in the month after the month paid. (12-1-91)

529. OVERPAYMENT AND UNDERPAYMENT.

When computing an underpayment, any overpayment must be offset before a payment can be made. When computing an overpayment, any current underpayment must be offset from the overpayment. (12-1-91)

530. (RESERVED).

531. REASONABLE EFFORT TO PURSUE RECOVERY.

In a closed AFDC case, if a nonfraud overpayment is more than thirty-five dollars (\$35), the eligibility examiner must refer the case to collections. (12-1-91)

532. SUSPECTED FRAUD REPORTING.

Any Department employee that has evidence AFDC payments have been made due to fraudulent actions of a client must report the case to the region's fraud investigator. Fraud is defined in Idaho Code, Section 56-277. Fraud is defined under Idaho criminal code in Idaho Code, Title 18, Chapter 24. The Department must investigate and refer appropriate cases for an Intentional Program Violation (IPV) determination regardless of AFDC payment status. (4-1-93)

533. INTENTIONAL PROGRAM VIOLATIONS.

An Intentional Program Violation (IPV) is an action by an individual to establish or maintain the family's eligibility for AFDC, or to increase or prevent a reduction in the amount of the grant. An IPV includes the individual's action to intentionally, knowingly and willfully commit a program violation. An IPV penalty, as described in Section 538, can occur without an overpayment. Sections 534 through 539 set forth policies for fraud control in the AFDC program.

(6-7-93)

534. COMMITTING AN IPV.

A member of a budget unit commits an IPV by committing any act intended to mislead, misrepresent, conceal, or withhold facts. The purpose of this action is to establish or maintain eligibility for AFDC or to increase or prevent a reduction in the amount of AFDC. This includes: (4-1-93)

01. False or Misleading Statement. Making a false or misleading statement to the Department, either orally or in writing, to obtain benefits to which the budget unit is not entitled; or (4-1-93)

02. Concealing Facts. Misrepresenting, concealing or withholding facts to obtain benefits to which the budget unit is not entitled; or (4-1-93)

03. Violates State Law. Committing any act that constitutes a violation of state statutes relating to obtaining AFDC benefits. (4-1-93)

535. DETERMINING AN IPV.

An IPV is established only when it is determined that a family member committed an IPV. The determination must be made by: (4-1-93)

01. Administrative Disqualification Hearing. An administrative disqualification hearing as described in IDAPA 16, Title 05, Chapter 03, Section 351; or (7-1-96)

02. Court. A court of appropriate jurisdiction; or (4-1-93)

03. Waiver of Disqualification. Signing of a "Waiver of Disqualification Hearing" form as described in Section 542 of these rules; or (7-1-96)

04. Deferred Adjudication Disqualification Consent Agreement. Signing a "Deferred Adjudication Disqualification Consent Agreement" form as described in Sections 543 and 544 of these rules. (7-1-96)

536. ADMINISTRATIVE RESPONSIBILITY FOR ESTABLISHING AN IPV.

The Department must investigate and refer appropriate cases for IPV determination. The department must coordinate the AFDC action with any Food Stamp program action if the issue involved is the same or related. (4-1-93)

537. DISQUALIFICATION FOR IPV.

When it is determined an individual has committed an IPV, that client must be disqualified from the AFDC program. (4-1-93)

01. IPV Disqualification Effective Date. The effective date for disqualification due to fraud or IPV is the date the fraudulent act or IPV is determined. The disqualification period begins the first month following the month the member receives written notice of disqualification. (4-1-93)

02. No Cumulative Effect on AFDC for Food Stamp Offenses. Food stamp IPV or fraud offenses are not considered when determining the AFDC disqualification period. The first fraud or IPV offense committed under the AFDC program is counted as the first offense, regardless of food stamp program offenses. (12-1-91)

03. Disqualification Deferral. When a client is not eligible for AFDC at the time of the IPV determination, the disqualification period is deferred until the client becomes eligible. (4-1-93)

04. IPV Provisions for Former Client. IPV provisions apply to persons who are no longer applicants or recipients but were AFDC applicants or recipients at the time the fraud or IPV was committed. (4-1-93)

538. IPV DISQUALIFICATION PENALTY.

When it is determined a client has committed an IPV or fraud, his needs must not be taken into account when determining eligibility or grant amount for the remaining members of the budget unit. This disqualification penalty may run concurrently with other AFDC sanctions. The penalty timelines are shown in Subsections 538.01 through

538.04. (6-7-93)

01. First Fraud or IPV Offense. The disqualification period is six (6) months for the first AFDC fraud or IPV offense or the length of time specified by the court. (6-7-93)

02. Second Fraud or IPV Offense. The disqualification period is twelve (12) months for the second AFDC fraud or IPV offense or the length of time specified by the court. (7-1-93)

03. Subsequent Fraud or IPV Offenses. The client is permanently disqualified for AFDC benefits when a third or subsequent offense is committed or the length of time specified by the court. (6-7-93)

04. Medicaid Disqualification for AFDC Fraud. A client is disqualified from Medicaid benefits for the same period as the AFDC IPV or fraud disqualification. (12-1-91)

539. INFORMING CLIENT REQUIREMENTS.

An individual must be advised in writing of the penalties before the penalties can be imposed. This notification must be provided at the time of the application or, for recipients, at the next redetermination following April 1, 1993.

(4-1-93)

540. DISQUALIFIED PERSON'S INCOME AND RESOURCES.

The income and resources of a disqualified member of a budget unit will be considered available to the budget unit. Income and resource exclusions apply for the disqualified person. The disqualified member is entitled to earned income disregards. (12-1-91)

541. DISQUALIFIED PERSON'S NEEDS.

The needs of a disqualified member of a budget unit are not considered to determine the budget unit's needs or grant amount. If the disqualified client is the only dependent child and is disqualified for reasons other than noncooperation with JOBS, the AFDC grant must be stopped following proper notice. (12-1-91)

542. WAIVED HEARINGS.

Accused individuals are allowed to waive their rights to an Administrative Disqualification Hearing by completing and signing Form HW-0547, "Waiver of Disqualification Hearing." The caretaker relative must also sign the waiver if the accused member is not the caretaker relative. Provisions for waived hearings are in Subsections 542.01 through 542.06. (6-7-93)

01. Review of Documentary Evidence. Prior to giving the individual(s) suspected of an IPV the waiver option, the Department must ensure the evidence warrants scheduling a Disqualification Hearing by reviewing the circumstances. This review must be completed by the Examiner assigned the case and the regional program manager, or his designee. (4-1-93)

02. Advance Notification. If it is determined a waiver is appropriate after reviewing the evidence, the budget unit member suspected of an IPV must be mailed or presented with a "Waiver of Disqualification Hearing" form. The "Waiver of Disqualification Form" must contain the accused member's name and address, and the case name and number. The appropriate penalty violation box must be checked. The date the waiver must be returned to the field office to avoid a hearing must be specified. This date is thirty (30) days following the mail date. The hearing schedule information, the telephone number, field office, and contact person must be included on the waiver form. If the accused member is not the caretaker relative, the caretaker relative must be advised of the signature requirements. (4-1-93)

03. Imposition of Disqualification Penalties. If the accused member signs, completes and returns the waiver form within the time frame specified, the individual must be disqualified. If the accused member is not the caretaker relative, the caretaker relative and the accused member must sign the waiver form. (4-1-93)

04. Effective Date of Disqualification Period. The disqualification period begins the first month following the month the member received written disqualification notice. The written disqualification notice must be sent regardless of the family's current eligibility. (4-1-93)

05. Postponed Disqualification Period. If the member is not eligible when the disqualification is to begin, the disqualification must be postponed until the individual applies for and is determined otherwise eligible. (4-1-93)

06. Notification of Disqualification Period. To impose the disqualification the Department must send a completed "Notice of Disqualification" to the disqualified member and the remaining budget unit members. If there is an overpayment, A "Demand Letter for Overpayment and Repayment Agreement" must be sent with the "Notice of Disqualification". (4-1-93)

543. DEFERRED ADJUDICATION.

Deferred adjudication exists when a determination of guilt is not obtained from the court. The determination is not obtained because the accused member has already met the terms of a court order or the terms of an agreement with the prosecutor. (4-1-93)

544. DEFERRED ADJUDICATION AGREEMENT WITH PROSECUTORS.

If the Agency has an agreement with the prosecutor to ensure the prosecutor provides advance written notification to the member of the consequences of consenting to disqualification, the prosecutor may defer adjudication. (4-1-93)

01. Advance Notice. If the prosecutor determines that the deferred adjudication is appropriate, the budget unit member suspected of IPV must be mailed or presented with a "Deferred Adjudication Disqualification Consent Agreement" form. The prosecutor must, at a minimum, enter the accused member's name and address, the case name and number, if possible, the date the agreement must be received by the prosecutor to avoid court action, and check the appropriate penalty violation box. (4-1-93)

02. Imposition of Penalties. The disqualification penalties must be imposed in accordance with the requirements described in Section 538. If the suspected member signs the agreement, and the court confirms the consent agreement, the member must be disqualified in accordance with Section 538 unless the court order is to the contrary. (6-7-93)

03. Effective Date of Disqualification Period. The disqualification period must begin within forty-five (45) days of the date the member signed the "Deferred Adjudication Consent Agreement" form. If the court imposes a disqualification period or specifies the date to initiate the disqualification period, the disqualification must be imposed in accordance with the court order. (4-1-93)

04. Postponed Disqualification Period. If the member is not eligible when the disqualification is to begin, the disqualification must be postponed until the individual applies for and is determined otherwise eligible. (4-1-93)

05. Interruption of Disqualification Period. Once a disqualification penalty is imposed against an otherwise eligible member, the disqualification period continues uninterrupted regardless of the budget unit's eligibility. (4-1-93)

06. Notification of Disqualification Period. The Department must provide the disqualified member and the caretaker relative, if the caretaker relative is not the disqualified member, a completed "Notice of Disqualification." The Department must also provide a "Demand Letter". (4-1-93)

07. Responsibility for Overpayment. The disqualified member's budget unit continues to be responsible for repayment of the overpayment which resulted from the disqualified member's IPV, regardless of the budget unit's eligibility. (4-1-93)

545. REFERRAL FOR PROSECUTION.

The Department may refer a suspected IPV for prosecution if the case circumstances warrant such referral. (4-1-93)

546. DETERMINATION TO REFER FOR PROSECUTION.

The determination that a case warrants referral to the appropriate prosecuting authority is to be made by the regional Program Manager in consultation with the Welfare Fraud Investigator. (4-1-93)

547. ESTABLISHING AN OVERPAYMENT.

An overpayment can be considered an IPV overpayment only after the IPV determination is made pursuant to the methods in Section 535. (7-1-96)

548. RECOVERY OF AFDC OVERPAYMENT.

An overpayment is an AFDC payment issued to a budget unit for a payment month, exceeding the amount for which the budget unit is eligible. An overpayment may result from either a Department or a client error. All over payments paid to open AFDC cases must be collected. Action to recover an overpayment must be started promptly. The Department must take one (1) of the three (3) actions in the Subsections 530.01 through 03 of these rules by the end of the quarter following the quarter in which the overpayment is identified. (7-1-96)

01. Recover Entire Amount. Take action and recover the entire overpayment. (7-1-94)
02. Current AFDC Client. Set up a monthly recovery agreement and begin recovering benefits through monthly payments or grant reduction. (7-1-94)
03. Former AFDC Client. Start action to locate and recover the overpayment from a former AFDC client. (7-1-94)

549. REASONABLE EFFORT TO PURSUE RECOVERY.

In a closed AFDC case, if a nonfraud overpayment is more than thirty-five dollars (\$35), the eligibility examiner must refer the case to collections. (12-1-91)

550. IPV OVERPAYMENT RECOVERY.

Every effort must be made to recover any overpayment amount in cases of court determined fraud. Every effort must be made to recover any overpayment amount in cases determined to have committed an IPV. The Department must take all reasonable steps necessary to correct any overpayment. The remaining members of a budget unit are responsible for an overpayment resulting from one (1) person's IPV or fraud, regardless of the budget unit's current eligibility for AFDC. (4-1-93)

551. PAYMENTS ISSUED PENDING A HEARING DECISION.

A client has ten (10) days from the date of notice to request a hearing and have the payment reinstated at the current month's level. When the client receives an adverse hearing decision, aid paid pending the decision is an overpayment and must be recovered. (12-1-91)

552. INDIVIDUAL/BUDGET UNIT RESPONSIBLE.

Recovery of an overpayment in an open case must be made through repayment by the individual client responsible for the overpayment, or by reducing the amount of aid payable to the budget unit, or both. The overpayment must be collected from the overpaid budget unit members. If the caretaker relative in an overpaid budget unit leaves and joins another unit, collect the overpayment from new budget unit. Collect the overpayment from other overpaid budget unit members, if the caretaker relative cannot be located, is deceased, or was not a budget unit member when the overpayment occurred. Collect the overpayment from an overpaid budget unit member whether or not the member currently gets AFDC. (7-1-94)

553. ELIGIBILITY FACTORS RESULTING FROM OVERPAYMENT.

Members of the budget unit are still considered AFDC clients if the amount payable to the budget unit is reduced to zero (0) due to overpayment recovery. (12-1-91)

554. GRANT REDUCTION.

The Department recovers overpayment from current clients by grant reduction unless the Department first accepts total recovery. Any initial repayment made in the field office by the client must be sent to the collections unit. The client is given a receipt and advised any remainder of the overpayment will be recovered by grant reduction. (12-1-91)

555. RECOVERY RATE.

A maximum allowable recovery rate exists for grant reduction. The maximum recovery rate must allow the budget unit to keep as its combined AFDC, other income, and liquid resources at least ninety percent (90%) of the maximum

payment standard for that size budget unit. If recovery is made at a lower rate, the rate must be high enough to assure prompt recovery. (7-1-97)

556. NOTICE OF OVERPAYMENT.

The Department must notify the client when an overpayment exists. The notice informs the individual of mandatory recovery, the right to a hearing, the method for repayment and the need to arrange a repayment interview. (12-1-91)

557. REPAYMENT FOR OPEN CASES.

In an open case, the client must be advised the overpayment is repayable in full by grant reduction or, if the client chooses, a repayment in full or in part may be made from income or resources. Any balance of the overpayment is repaid by grant reduction. If the client does not respond within a thirty (30) day period to the "Notice of Overpayment" or does not keep the repayment interview appointment, grant reduction is automatically initiated by the eligibility examiner. (12-1-91)

558. REPAYMENT FOR REOPENED CASE.

When a case is reopened and an overpayment balance exists, the client must be informed by the eligibility examiner the overpayment will be recovered by grant reduction unless the client chooses to repay the amount in full. (12-1-91)

559. OVERPAYMENT TO ALIENS.

Any sponsor of an alien, and the alien, are jointly and severally liable for any net overpayment of aid made to the alien during the three (3) years after the alien's entry into the United States if the overpayment resulted from the sponsor's failure to provide correct information during the determination of alien sponsorship liability. (12-1-91)

560. GOOD CAUSE.

When a sponsor is found to have good cause for not providing correct information to the Department, the sponsor is not held liable for the overpayment. Recovery is not to be made from the sponsor. The alien is still liable for the repayment and is not exempted when the sponsor has good cause. Good cause exists when correct information on income or resources was given by the sponsor to the alien and was misrepresented to the eligibility examiner by the alien client. Good cause exists when correct information on income or resources was given by the sponsor and was incorrectly calculated by the eligibility examiner. Good cause exists when information supplied to the sponsor by a third party is incorrect. (12-1-91)

561. REPAYMENT AGREEMENT.

The written agreement, between the client and collections, must acknowledge the client's debt, set up a repayment schedule, and be legally enforceable. The repayment schedule must be reasonably related to the client's income and resources, including the AFDC grant and the amount of the debt. The monthly repayment amount, however, must represent no less than ten percent (10%) of the standard of aid applicable to the family. (12-1-91)

562. REDETERMINATION OF ELIGIBILITY.

Eligibility is redetermined on an ongoing basis and whenever a change occurs that may affect eligibility. A redetermination of eligibility must be completed during the sixth month after the approval month and at least once every six (6) months thereafter. A face-to-face interview is required at every other redetermination. Every financial and non-financial AFDC eligibility requirement must be reviewed during the redetermination process. A redetermination is completed to assure eligibility continues and payment is correct. (7-1-94)

563. RECIPIENTS WHO MOVE.

If a recipient of AFDC reports a move to another administrative area, the field office must provide the client with the address and telephone number of the new field office. The client must be told to contact the new field office as soon as possible to avoid delay or termination of benefits. The client must be told action will be taken to terminate aid if the request for transfer of the case record is not received within thirty (30) days. (12-1-91)

01. Transfer of Case Record. If a recipient moves to another administrative area, the field office in the new area must request the case record from the field office holding the case record. (12-1-91)

02. Holding AFDC Payment. If the client's next AFDC payment will be mailed to his old address, the field office must hold the payment until the receiving field office releases the payment with the new address. (12-1-91)

03 Termination of AFDC Benefits. If the request for transfer of the case record is not received by the thirtieth (30th) day, action will be taken to terminate aid. (12-1-91)

564. RECEIVING FIELD OFFICE.

When the receiving field office receives a client's case record, the eligibility examiner must conduct an interview or home visit with the client. For applicants, the client's initial eligibility must be determined by the receiving Field Office. For recipients, the client's ongoing AFDC eligibility must be redetermined by the receiving Field Office. (11-1-94)

565. RECEIVING FIELD OFFICE.

When the receiving field office receives a client's case record, the eligibility examiner must conduct an interview or home visit with the client. (12-1-91)

566. SPECIAL HELP TO HANDICAPPED CLIENT.

The Department must provide interpreters or special help for clients with visual, mental, hearing, literacy, language impairments, or other communications difficulties. The help must be provided to explain program requirements, eligibility factors, benefits, rights, and responsibilities. Explanations must include consequences for failing to provide verification or refusing to cooperate. (12-1-91)

567. -- 569. (RESERVED).

570. CLIENT RIGHTS.

The client has rights protected by Federal and State laws and Department rules. The Department must inform clients of their rights during the application process and eligibility reviews. (12-1-91)

01. Right to Apply. Any person has the right to apply for any type of public aid. Applications must be in writing on the forms provided by the Department. (12-1-91)

02. Right to Hearing. Any client can request a fair hearing to contest an Department decision. (12-1-91)

03. Civil Rights. Examiners must respect the rights of the clients under the U.S. and Idaho Constitutions, the Social Security Act, Title IV of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, and all other relevant parts of Federal and State laws. (12-1-91)

571. CLIENT REPORTING RESPONSIBILITIES.

The client is responsible for providing correct and complete information so the Department can make accurate eligibility, benefit, and child support decisions. The client must report any change of circumstances within ten (10) calendar days from the date the change became known to the budget unit. The client must report changes listed in Subsections 502.01 through 502.09. (6-7-93)

572. ACKNOWLEDGING RIGHTS.

Each client must formally acknowledge he understands the rights and reporting requirements for AFDC. Formal acknowledgement is accomplished when the client signs the Application for Assistance (AFA). (7-1-96)

573. COOPERATION WITH DEPARTMENT OF HEALTH AND WELFARE, BUREAU OF WELFARE PROGRAMS QUALITY CONTROL UNIT.

Clients must assist Quality Control, when their case is selected for review, to verify the findings of the field office. (12-1-91)

01. Failure to Cooperate with Quality Control. Benefits must be stopped, following timely notice, when a client is unwilling to participate in a Quality Control review or provide required information for that review. (7-1-96)

02. Eligibility after a Failure to Cooperate. A client whose aid has been stopped for failure to cooperate with Quality Control, may reapply for benefits. The QC review period extends from October 1 to September 30. If the

client applies during the review period or within ninety-five (95) days following the review period, the application must be approved if all eligibility requirements are met and the client has fully cooperated in supplying Quality Control and the field office all required proof. If the client applies after ninety-five (95) days following the review period, the application must be approved if all eligibility requirements are met and the client has fully cooperated in supplying the field office all required proof. (7-1-96)

574. FIELD OFFICE INFORMING RESPONSIBILITIES.

The field office must inform the client what is expected from him in the eligibility determination process. The field office must advise the client of the information in Subsections 557.01 through 557.09. (6-7-93)

01. Eligibility Factors and Change Reporting. The field office must inform the client about eligibility factors that must be met and the Change Reporting requirements. (11-1-94)
02. Eligibility Factor Eligibility. The field office must inform the client that all eligibility factors must be verified. (12-1-91)
03. Consequences of Failure to Cooperate. The field office must inform the client about consequences for failure to provide or permit verification of eligibility factors. (12-1-91)
04. Assistance to the Client. The field office must inform the client that the Department can assist the client when the client is unable to provide verification and requests the Examiner's help. (11-1-94)
05. Field Office Methods for Verification. The field office must inform the client about the methods used to verify eligibility factors when the client is unable to provide that verification. (12-1-91)
06. Aid Available. The field office must inform the client about the extent of financial, medical, and social services aid available. (12-1-91)
07. Social Security Number Use. The field office must inform the client that his Social Security Number will be used to obtain wage, income, and employment information from the Department of Employment (DOE), the Social Security Administration (SSA), and the Internal Revenue Service (IRS). (12-1-91)
08. Cooperation with BCSS. The field office must inform the client he must cooperate with the Bureau of Child Support Services (BCSS). (7-1-93)
09. Client's Rights and Responsibilities. The field office must inform the client about the client's rights and responsibilities. (12-1-91)
10. Fraud Penalties. The field office must give the client written notice of the penalties imposed, if the client is determined to have committed an IPV or fraud. (4-1-93)

575. FIELD OFFICE ACTION RESPONSIBILITIES RESOLVING GRANT/NOTICE DISCREPANCIES.

When the client notifies the Department the grant payment is different from the amount advised, the Department must respond to the client, in writing, within twenty-four (24) hours. The Department must confirm the amount as correct or advise the client of a grant correction. (6-7-93)

576. REPORTING CHILD ABUSE OR NEGLECT.

Persons having reasonable cause to suspect that any child under age eighteen (18) has been neglected or abused must report this to the Department (Child Protection). Any vendor of goods or services, to or for the Department, must report any suspected instances of child abuse or neglect. (12-1-91)

577. -- 599. (RESERVED).

600. AFDC-RELATED PROGRAMS ELIGIBILITY REQUIREMENTS.

AFDC related aid, including Medicaid for families with children, is available for some persons not receiving AFDC payments. Eligibility for AFDC-related Medicaid is always determined prospectively. AFDC related program

eligibility is described in Sections 601 through 760 of these rules. To determine Medicaid eligibility for blind or disabled children also see IDAPA 16, Title 03, Chapter 05, Rules Governing Eligibility for Aid to the Aged, Blind and Disabled AABD. (7-1-96)

601. AFDC-RELATED LINK TO MEDICAID.

For AFDC-related Medicaid eligibility, a client must have an AFDC-related link to Medicaid. A client has a link to Medicaid if he meets non-financial criteria for Medicaid, financial criteria for his Medicaid coverage group, and is a child under eighteen (18), or eighteen (18) and expected to graduate from high school by his 19th birthday, a single parent or a related caretaker of a dependent child, two (2) parents of a dependent child deprived due to unemployment or incapacity, a pregnant woman. (7-1-96)

602. AFDC-RELATED MEDICAID APPLICATION.

A person who applies for AFDC is also applying for Medicaid. A separate application is not required. A person can choose to apply for Medicaid only. (7-1-96)

603. MEDICAID EFFECTIVE DATE.

Medicaid effective dates are listed in Subsections 603.01 through 603.04 of these rules. (7-1-96)

01. Application Month. Medicaid coverage begins on the first day of the application month. Medicaid coverage can start up to three (3) calendar months before the application month. The applicant must be eligible for MA during the prior period. Coverage must be provided if services payable by MA were received in the prior period. An application for Medicaid can be made for a deceased person. (7-1-96)

02. Retroactive Eligibility, Applicant Eligible in Application Month. If an applicant is determined eligible for MA, the effective date of eligibility must be no earlier than the first day of the third calendar month before the month the application was filed. The applicant must be eligible for MA during the prior period. Coverage must be provided if services payable by MA were received in the prior period. (7-1-96)

03. Retroactive Eligibility, Applicant Ineligible in Application Month. An applicant ineligible for MA at the time of his application, must have eligibility for retroactive coverage determined. The effective date of eligibility must be no earlier than the first day of the third calendar month before the month the application was filed. The applicant must be eligible for MA during the prior period. Coverage must be provided if services payable by MA were received in the prior period. (7-1-96)

04. Partial Retroactive Eligibility. If an applicant for MA was eligible at one (1) or more separate times during the retroactive period, the Department must determine the specific months he was MA eligible during the prior period. Coverage must be provided for each eligible prior month in which services payable by MA were received. (7-1-96)

604. MEDICAID REDETERMINATION OF ELIGIBILITY.

Eligibility is redetermined when a change occurs that affects eligibility. A redetermination of eligibility must be completed at least once every twelve (12) months. Every financial and non-financial eligibility requirement subject to change must be reviewed during the redetermination process. A redetermination is completed to assure eligibility continues and payment is correct. (7-1-96)

605. REPORTING CHANGES.

The client is responsible for providing correct and complete information, so the Department can make accurate eligibility and benefit decisions. The client must report any change of circumstances, verbally or in writing, within ten (10) calendar days from the date he knows of the change. When a change in circumstances occurs, the Department must determine how the change affects Medicaid eligibility. Both the client and the Department have responsibilities when a change occurs. The client must report and verify changes within time lines. The Department must act timely to adjust the unit's Medicaid eligibility. Applicants must report any change which occurs after an AFA is filed, but before the application interview, at the interview. Changes after the application interview, but before the date of approval, must be reported within ten (10) calendar days from the date the approval Notice of Decision is mailed to the client. Medicaid recipients must report changes to the Department within ten (10) calendar days from the date the change becomes known to the family. (7-1-96)

606. RESIDENCY REQUIREMENT.

The client must be voluntarily living in the state of Idaho and have no immediate intention of leaving. A person planning to live in Idaho until an eligibility decision is made meets this criteria. A person cannot be denied Medicaid solely because he has no fixed address or permanent residence. A person receiving Medicaid from another state can be a resident of Idaho. Medicaid from another state is a third party resource. The length of time a person has lived in Idaho is not a Medicaid residency factor. A person is a resident if he correctly receives AFDC, AABD, or AFDC-FC (Title IV-E) foster care maintenance payments from the state of Idaho. (7-1-96)

607. CITIZENSHIP AND ALIENAGE REQUIREMENT.

The client must be a citizen or national of the United States or an eligible alien. The client must provide proof of citizenship, national status, or alien status. Each client or the responsible adult caretaker, if the client is under age eighteen (18), must sign a declaration, under penalty of perjury, attesting to citizenship, national status, or alien status. (7-1-96)

01. Permanent Residents. Eligible aliens are persons admitted to the United States for permanent residence. (7-1-96)

02. Legal Aliens. Legal aliens entering the country on or after August 22, 1996. Legal aliens entering the country on or after August 22, 1996 are ineligible for benefits for five (5) years from their date of entry into the U.S. An alien can be eligible for five (5) years from the date he obtains a status listed below. (8-22-96)T

a. A refugee admitted under Section 207 of the Immigration and Nationality Act. (8-22-96)T

b. An asylee admitted under Section 208 of the Immigration and Nationality Act. (8-22-96)T

c. An alien with deportation withheld under Section 243(h) of the Immigration and Nationality Act. (8-22-96)T

03. Aliens Eligible With No Time Limit. Aliens meeting a condition listed below can be eligible for benefits with no time limit. (8-22-96)T

a. A veteran honorably discharged for a reason other than alienage. This includes the veteran's spouse and unmarried dependent children. (8-22-96)T

b. An active duty member of the U.S. Armed Forces, who is not on active duty for training only. This includes the member's spouse and unmarried dependent children. (8-22-96)T

c. Cuban/Haitian entrants and refugees authorized by title IV of the Immigration and Nationality Act and Section 501 of the Refugee Education Assistance Act of 1980. (8-22-96)T

04. Temporary Residents. Ineligible aliens are persons admitted for temporary residence under Section 245A and 210a of the Immigration and Nationality Act. Temporary resident aliens are ineligible for Medicaid for five (5) years. The five (5) year period starts the month temporary alien status was issued. This limitation applies to able bodied adults. Children under age eighteen (18), adults age sixty-five (65) or older, pregnant women, and blind or disabled adults can get Medicaid if otherwise eligible. (7-1-96)

05. Family Unity Residents. Spouses and children of ineligible legal aliens admitted to the United States under the INS Family Unity Program are ineligible. Such family members are ineligible for Medicaid for the remaining balance of the five (5) year period imposed on the temporary alien relative. After the five (5) year period expires, family unity members can get Medicaid if otherwise eligible. (7-1-96)

06. Undocumented Aliens. Undocumented aliens are eligible only for treatment of an emergency medical condition, including labor and delivery. They must otherwise qualify for Medicaid. Undocumented aliens are not required to furnish a Social Security Number or make a written declaration of alien status. (7-1-96)

07. Verifying Immigration Status. The immigration status claimed by an alien applicant must be verified through the INS automated Alien Status Verification Index (ASVI). Where INS reports the alien's status

cannot be verified through ASVI, secondary verification is required. Secondary verification from INS is required before Medicaid can be denied, reduced, or stopped based on immigration status. (7-1-96)

608. SOCIAL SECURITY NUMBER.

To qualify for Medicaid, the client must provide a Social Security Number (SSN), or proof he has applied for a Social Security Number. Medicaid must not be denied, delayed or stopped where a SSN has been applied for, but not yet issued by the Social Security Administration (SSA). The field office will assist the client in applying for a SSN. An alien who is eligible solely for treatment of an emergency medical condition is exempt from the SSN requirement. (7-1-96)

01. Application for Newborn. For Medicaid eligibility, SSN application must be made for a child born into the budget unit, by the child's first birthday. (7-1-96)

02. Furnishing SSN for Client Other than Newborn. If a client, other than a newborn, enters the household, an SSN or application for an SSN must be provided prior to adding the client to Medicaid. (7-1-96)

03. Verification. All SSNs must be verified by the SSA. SSN verification must be provided directly to the Department by the SSA. (7-1-96)

609. GROUP HEALTH PLAN ENROLLMENT.

Medicaid clients must apply for and enroll in a cost effective group health plan if one is available. A group health plan is a plan provided by employers to employees and their families for health insurance coverage. A cost effective plan is one which has premiums and cost obligations at a lower cost than Medicaid would pay for the services. Medicaid will pay premiums and other cost obligations for plans the Department finds cost effective. Conditions in Subsections 609.01 through 609.03 of these rules apply to group health plan enrollment. (7-1-96)

01. Prior to Enrollment. Medicaid must not be denied, delayed or stopped pending the start of a client's group health insurance. (7-1-96)

02. Children Medicaid Eligible. A child entitled to enroll in a group health plan must not be denied Medicaid if the caretaker relative fails to apply for the child's enrollment. (7-1-96)

03. When Determined. Medicaid recipients must have group insurance coverage determined at redetermination and whenever the client gains or loses employment. (7-1-96)

610. ASSIGNMENT OF RIGHTS TO MEDICAL SUPPORT AND THIRD PARTY LIABILITY.

By operation of Section 56-203B and Section 56-209b(3), Idaho Code, Medical support rights are subrogated to the Department upon application for assistance. The client must acknowledge, by signature, he understands his rights are assigned and he must cooperate to establish paternity and secure spouse and child support. The assignment covers medical support ordered by a court or an administrative order. The assignment covers medical support by any third party who is or may become liable to pay all or part of the child's medical costs. This does not include Medicare. (7-1-96)

01. Cooperation. The client must cooperate, on behalf of himself, and his dependents. The client must cooperate with BCSS to establish paternity for a dependent born outside of marriage, and to obtain medical support. The client must identify liable third party payors, including an absent parent. (7-1-96)

02. Failure to Cooperate. A client is not eligible for Medicaid if he refuses to acknowledge the assignment for himself or his dependents. A client is not eligible for Medicaid if he refuses to identify a liable third party payor. A client must give payments received directly from a liable third party to the Department. Liable third party payors can be insurance companies or absent parents. A client is not eligible for Medicaid if she refuses to cooperate in establishing paternity. A Low Income Pregnant Woman who fails to cooperate in establishing medical support for her born children loses her Medicaid eligibility. A Low Income Pregnant Woman who fails to cooperate in establishing medical support for an unborn remains Medicaid eligible during the pregnancy and the two (2) postpartum months. (7-1-96)

03. Exception to Cooperation. Medicaid must be provided to any eligible client who cannot legally

assign his own rights. When good cause for not cooperating with BCSS exists, the assignment requirement for Medicaid must be waived. (7-1-96)

611. COOPERATION WITH DEPARTMENT OF HEALTH AND WELFARE, BUREAU OF WELFARE PROGRAMS QUALITY CONTROL UNIT.

Medicaid recipients are required to cooperate with the Quality Control Unit in the manner described in Section 573 of these rules. (7-1-96)

612. (RESERVED).

613. AFDC-RELATED MEDICAID ELIGIBILITY DETERMINATION.

At application, redetermination, and when processing a change, a prospective eligibility determination is made. The family can get AFDC-related Medicaid only if found eligible. (7-1-96)

614. DETERMINING INCOME.

Use AFDC income methods to determine initial and on-going income eligibility for AFDC-related and poverty-related Medicaid. AFDC income methods include AFDC income exclusions and disregards. Apply earned income disregards in the following order and subject to the AFDC-related link to Medicaid found in Section 601 of these rules: (7-1-96)

01. Standard Work Expense Disregard. Each person with earned income gets the standard work expense disregard. Apply the standard work expense disregard regardless of the AFDC-related link to Medicaid. (7-1-96)

02. Thirty Dollar (\$30) Plus One-Third (1/3) Disregard and Thirty Dollar (\$30) Only Disregard. The disregard is applied to earned income of a client with an AFDC-related link to Medicaid. Other family members do not get the disregard. The client gets the disregard if: (7-1-96)

- a. He received AFDC in one (1) of the four (4) prior months; or, (7-1-96)
- b. His countable income is less than the AFDC need standard for the family size. Countable income is his total earned income, less the standard earned income disregard and dependent care disregard, added to unearned income. Remaining income must be less than the AFDC need standard. (7-1-96)

03. Dependent Care Disregard. Each person with earned income who pays dependent care costs for work gets the dependent care disregard. The disregard is subject to AFDC dependent care limits. The disregard is applied regardless of the AFDC-related link to Medicaid. (7-1-96)

615. -- 617. (RESERVED).

618. LUMP SUM INCOME FOR MEDICAID.

A nonrecurring lump sum payment is income for Medicaid eligibility. Lump sum income is a retroactive monthly benefit or a windfall payment. This may be earned or unearned income, paid in a single sum. Lump sum income includes RSDI, VA, worker compensation awards, severance pay and lottery winnings. Lump sum income includes disability insurance received in one lump sum to cover a retroactive period. Other income may be considered lump sum income by the Department. The part of the lump sum, earmarked for a specific purpose and used for that purpose, is not counted for lump sum computation. This includes payment of medical bills resulting from accident or injury, funeral or burial costs, or replacement of or repayment for resources. (7-1-96)

619. LUMP SUM RECEIVED IN APPLICATION MONTH.

A lump sum payment received before the application date, but during the application month, is counted as unearned income for the application month. A lump sum payment received on or after the application date is counted as lump sum income. (7-1-96)

620. COUNTING LUMP SUM INCOME FOR MEDICAID.

The lump sum payment is counted beginning the month it is received. Count the lump sum income only for the Medicaid category the client applies for or receives when he gets the lump sum payment. Use the procedures in

Subsections 620.01 through 620.07 of these rules to compute lump sum treatment. (7-1-96)

01. Monthly Income Level. The income standard is related to the Medicaid category. For Low Income Pregnant Woman and Low Income Child, the income standard is the applicable Federal Poverty Level for the family size. For all other Medicaid categories, the income standard is the AFDC need standard for the family size. (7-1-96)

02. Lump Sum Income Period. Divide the lump sum income by the income standard for the family size. The result is the number of months the income standard amount will be counted as available income for the program(s). Any lump sum income left over is counted in the first month after the period of income consideration. If the lump sum income is less than the monthly income standard, eligibility is not affected. (7-1-96)

03. Earned Income. Compute the amount of net earned income, by applying all appropriate disregards. (7-1-96)

04. Unearned Income. Compute the amount of unearned income, received by the family. (7-1-96)

05. Determine Total Monthly Income. Add the monthly net earned income from Step 3 and the monthly unearned income from Step 4 to the monthly income standard from Step 1. (7-1-96)

06. Determine if Medicaid Eligibility is Affected for Low Income Pregnant Woman and Low Income Child. For Low Income Pregnant Woman and Low Income Child, the income standard is the applicable Federal Poverty Level for the family size. If the amount in Step 5 is equal to or less than the income limits for the family size, eligibility is not affected. If the amount in Step 5 exceeds the income limits for the family size, family members become ineligible. (7-1-96)

07. Determine if Medicaid Eligibility is Affected for Other Medicaid Categories. The income standard is the AFDC need standard for the family size. If the amount in Step 5 is less than the income standard for the family size, eligibility is not affected. If the amount in Step 5 is equal to or exceeds the AFDC payment standard for the family size, family members become ineligible. (7-1-96)

621. SHORTENING OF LUMP SUM PERIOD.

The lump sum income period can be shortened only if the lump sum payment is spent due to a life-threatening event. Life threatening event includes medical emergency, fire, flood, or other natural disaster. If the family gets additional income or resources to pay for the life-threatening event, the lump sum period must not change. (7-1-96)

622. LUMP SUM PERIOD ADJUSTMENT FOR NEW HOUSEHOLD MEMBERS.

The lump sum period decreases if the new household member was not included in the original calculation. Recalculate the income standards for the Medicaid category and the number of persons in the family. (7-1-96)

623. (RESERVED).

624. DETERMINING RESOURCES.

Determine countable resources for the family using AFDC resource determination methods in Sections 205 through 273 of these rules. (7-1-96)

625. RESOURCE LIMITS.

The one thousand dollar (\$1,000) AFDC resource limit applies to AFDC-related Medicaid coverage groups. For poverty related coverage groups, Low Income Pregnant Women and Low Income Child, there is no resource limit is five thousand dollars (\$5,000). (7-1-97)

626. TREATMENT OF POTENTIAL PAYMENTS FROM MEDICAID QUALIFYING TRUST.

For all trusts established and funded prior to August 11, 1993, income available for determining Medicaid eligibility includes the maximum amount of payments permitted to be distributed to a client, who is the grantor of a Medicaid qualifying trust. This applies whether or not the trustee fully exercises his discretion to distribute payments to the client. (7-1-96)

01. Medicaid Qualifying Trust. A Medicaid qualifying trust is a trust or similar legal device established

by a client, a minor child's parent, a client's legal guardian, or a client's spouse. The client is the grantor of the trust. The grantor is the person whose money is placed in trust. The beneficiary is the person who benefits from the trust by receiving payments from the trust. The trustee is the person or institution who holds the money for the beneficiary. When the grantor and the beneficiary are the same person, and the trustee has the power to decide how the benefits from the trust will be paid out, the trust is a Medicaid qualifying trust. A trust established by a will is not a Medicaid qualifying trust. (7-1-96)

02. Payments Available. The earnings of a Medicaid Qualifying Trust are unearned income if they can be paid out of the trust. (7-1-96)

03. Principal Availability. The principal of a Medicaid Qualifying Trust is available income if the trustee has discretion over it. If the trustee does not have discretion over the principal, it is considered a resource in the amount paid when a portion or all principal is paid out. (7-1-96)

627. TRUST FROM CLIENT'S ASSETS.

These rules apply to all Medicaid clients. These rules apply to trusts established with the client's assets, starting August 11, 1993 or later. These rules also apply to trusts created before August 11, 1993, but funded, or to the extent funded, August 11, 1993 or later. These rules do not apply to a trust established by the testator through a will. A trust established from the proceeds of an estate or by the administrator of a probate estate is not a trust established by the testator through a will. A client is deemed to have established a trust if his assets were used to form part or all of the body of the trust. The trust rules apply whether the trust is established by the client, the client's spouse, by a person, including a court or administrative body, with authority to act in place of, or on behalf of, the client or the client's spouse. The trust rules apply whether the trust is established by a person, including any court or administrative body, acting at the direction of or at the request of the client or spouse. These rules apply no matter why the trust was established, what discretion the trustees have, what restrictions are placed on making distributions from the trust, or what restrictions are placed on how the distributions are used. These rules apply whether the trust is revocable or irrevocable. (7-1-96)

01. Revocable Trust. The body (corpus) of a revocable trust is a resource. Payments from the trust to or for the client are income. Any other payments from the trust are considered an asset transfer, triggering an asset transfer penalty period. (7-1-96)

02. Irrevocable Trust. The part of the body of an irrevocable trust, from which corpus or income payments could be made to or for the client, is a resource. Payments made to or for the client are income. Payments from the trust for any other reason is a transfer of a resource. Placement of a client's funds into an irrevocable trust is a transfer of assets. The effective date of the transfer is the later of the date of the funding or the date the trust becomes irrevocable. The value of the trust, for calculating any transfer of resource penalty, includes any payments made from that portion of the trust after the date the trust was established or payments were foreclosed. (7-1-96)

628. TRUST CORPUS NOT COUNTED.

The trust corpus is not counted as a resource if one (1) of the conditions in Sections 628.01 through 628.03 of these rules is met. (7-1-96)

01. Trust for Disabled Person. The trust contains the assets of a person under age sixty-five (65). The person must be blind or totally disabled using the definitions of blindness and disability used in determining eligibility for Social Security and SSI benefits, as contained in 20 CFR Part 416. The trust is established for the person's benefit by his parent, grandparent, legal guardian, or a court. The amount remaining in the trust after the person's death must be payable to the state of Idaho, up to the amount of Medicaid paid in the person's behalf by the state of Idaho. (7-1-96)

02. Trust with Pension Money. The trust is established for the benefit of a person. The person must live in long-term care and be eligible for Medicaid except for excess income. All the money in the trust comes from the person's pensions, Social Security and his other income. The trust can include income earned by the trust. The amount remaining in the trust after the person's death must be paid to the state of Idaho, up to the amount of Medicaid paid in the person's behalf by the state of Idaho. (7-1-96)

03. Trust Managed by Nonprofit Association for Disabled Person. The trust contains the assets of a

disabled person. The person must be blind or totally disabled using the definitions of blindness and disability used in determining eligibility for Social Security or SSI benefits as contained in 20 CFR Part 416. The trust is established and managed by a nonprofit association. The nonprofit association must not be the client, his parent, or his grandparent. A separate account is maintained for the person. The trust may pool accounts for investment and management purposes. Accounts in the trust are established solely for the benefit of the disabled person by the person's parent, grandparent, or legal guardian, by the person or by a court. The amount remaining in the trust after the person's death must be paid to the state of Idaho, up to the amount of Medicaid paid in the person's behalf by the state of Idaho. (7-1-96)

629. PAYMENTS FROM A TRUST.

Cash payments from the trust made directly to a client with a trust for a disabled person, or a pooled trust, are income in the month received. Payments from the trust made on behalf of the client for the client's food, clothing or shelter, are income in the month paid. (7-1-96)

630. -- 632. (RESERVED).

633. FINANCIAL ELIGIBILITY FOR AFDC-RELATED MEDICAID.

Only the individual's own income and resources and the income and resources of a parent or spouse can cause ineligibility for AFDC-related and poverty-related Medicaid. The income and resources of a family member, who is not a parent or spouse, cannot cause a person to be ineligible for AFDC-related Medicaid. These persons are described in Subsections 633.01 through 633.03 of these rules. (7-1-96)

01. Income of Child/Sibling. A person eligible for AFDC or Medicaid, except for the income and resources of his child or sibling, is eligible for Medicaid. (7-1-96)

02. Deemed Income of Grandparent. A child who would be eligible for AFDC or Medicaid, except for income deemed from the child's grandparents to the child's minor mother, is eligible for Medicaid. (7-1-96)

03. Deemed Income of Stepparent. A child who would be eligible for AFDC or Medicaid, except for the income deemed from the child's stepparent, is eligible for Medicaid. Deemed income from a stepparent is not counted to determine a child's Medicaid eligibility. (7-1-96)

634. FAMILY MEDICAID.

Medicaid eligibility for a family is determined using the family's coverage group rules. Coverage groups are described in Sections 640 through 660 of these rules. Any individual who is ineligible because of income or resources of a person not a parent or spouse must have his eligibility determined as an individual. (7-1-96)

635. INDIVIDUAL MEDICAID.

An individual family member may qualify under any coverage group described in Sections 640 through 660 of these rules. Determine individual Medicaid eligibility as follows: (7-1-96)

01. Family Size. Use the same family size used in the family determination for the individual's determination. Family size is used to determine an income limit for an individual. (7-1-96)

02. Financial Responsibility. A parent is financially responsible for himself and for his child. A spouse is financially responsible for himself and for his spouse. A parent or spouse receiving SSI or AABD payments is not considered for the purpose of determining AFDC-related Medicaid as responsible for his spouse or child. Any family member, other than a parent or spouse, is financially responsible only for himself. (7-1-96)

03. Income Exclusions and Disregards. Count all non-exempt income of financially responsible persons in determining Medicaid eligibility. Non-exempt income is income remaining after the AFDC exclusions and disregards are subtracted from gross income. (7-1-96)

a. Earned Income Disregard. Applicable AFDC earned income disregards are subtracted from each person's earned income. Applicable earned income disregards are listed in Section 614. (7-1-96)

b. Fifty Dollar (\$50) Child Support Exclusion. The fifty dollar (\$50) exclusion is subtracted from each

child's support payment. Any unused portion of the child support exclusion is not applied to any other child. (7-1-96)

04. Income Limits. Income limits are based on family size and coverage group. To determine income eligibility for an individual, compare non-exempt gross income of the individual and of financially responsible persons to the income limit for the coverage group and family size. (7-1-96)

a. AFDC-related Medicaid Coverage Group Income. The individual is income eligible if total countable income from financially responsible persons is less than the income limit for the family size. Countable income is income remaining after AFDC exclusions and disregards, including the fifty dollar (\$50) exclusion from child support, have been subtracted. (7-1-96)

b. Poverty-related Medicaid Coverage Group Income. The Low Income Pregnant Woman or Low Income Child is income eligible if total countable income is equal to, or less than, the applicable percentage of the Federal Poverty Guideline for the family size. Countable income is income remaining after AFDC exclusions and disregards, including the fifty dollar (\$50) exclusion from child support, have been subtracted. (7-1-96)

05. Resource Limits. To determine resource eligibility for an individual, compare non-exempt resources of the individual and of financially responsible persons to the resource limit for the coverage group. (7-1-96)

636. -- 639. (RESERVED).

640. PERSON NOT RECEIVING AFDC BUT CONSIDERED AFDC RECIPIENT.

A person not receiving AFDC payments, but considered an AFDC recipient, is eligible for Medicaid. This group includes those listed in Subsections 640.01 through 640.04 of these rules: (7-1-96)

01. Eligible if Applied. A person who would be eligible for AFDC payment if he applied for AFDC payments. (7-1-96)

02. Grant Less than Ten Dollars (\$10). A person who would receive an AFDC grant except for the prohibition against an AFDC grant of less than ten dollars (\$10). (7-1-96)

03. Overpayment Recovery. A person who would receive AFDC payments except the Department is recovering an overpayment. (7-1-96)

04. Adoption Assistance. An adoptive child for whom an adoption agreement is in effect under Title IV-E. (7-1-96)

641. PERSON INELIGIBLE FOR AFDC BUT ELIGIBLE FOR MEDICAID.

Persons ineligible for AFDC cash payments are eligible for Medicaid if they meet the criteria listed in one of Subsections 641.01 through 641.02 of these rules. (7-1-96)

01. Property Transfer. A person who would qualify for AFDC if he had not transferred property without adequate consideration is eligible for Medicaid. (7-1-96)

02. AFDC Limitation for Pregnant Woman. A pregnant woman qualifying for AFDC, but not receiving AFDC because she is in her first or second trimester of pregnancy with no other eligible children, is eligible for Medicaid. (7-1-96)

642. NEWBORN CHILD OF A MEDICAID ELIGIBLE MOTHER.

A newborn child is eligible for Medicaid without an application if the child's mother is eligible for and receiving Medicaid on the child's birth date. A woman is considered eligible for and receiving Medicaid if her Medicaid application date is before the birth of the child and the woman is determined Medicaid eligible after the birth. The newborn child must meet the conditions in Subsections 642.01 through 642.04 of these rules. (7-1-96)

01. Resides with Medicaid Eligible Mother. The newborn child remains eligible for up to one (1) year from birth as long as he resides with his mother. His mother must remain eligible for Medicaid or would be Medicaid

eligible if still pregnant.

(7-1-96)

02. Idaho Residents. The newborn and his mother must be residents of Idaho. If residence is lost and the child returns to Idaho and reapplies for Medicaid before his first birthday, he does not regain his status as a newborn of a Medicaid eligible mother.

(7-1-96)

03. Newborn Waived Criteria. A newborn child of a Medicaid eligible mother is not required to provide an SSN or application for an SSN. The newborn is not required to provide a declaration of citizenship. Proof of relationship is not required for a newborn. Changes in family income, even when income exceeds income standards, have not consequence to the newborn. Changes in family resources can affect the newborn's eligibility.

(7-1-97)

04. Newborn's Continued Eligibility. For Medicaid eligibility to extend beyond the month in which the newborn child's first birthday falls, an application for Medicaid must be filed for the child not later than the date of his first birthday. The child must qualify under another Medicaid category to be further eligible.

(7-1-96)

643. -- 644. (RESERVED).

645. RESIDENT ALIEN OR SPECIAL AGRICULTURAL WORKER CHILD.

A legal temporary resident under the age of eighteen (18), who otherwise qualifies for Medicaid, is eligible for Medicaid under this category.

(7-1-96)

646. QUALIFIED CHILD.

A Medicaid Qualified Child must be born after September 30, 1983 and be nineteen (19) years of age or younger at the time of his application for Medicaid. The Qualified Child must qualify for AFDC except for the deprivation criteria. The Qualified Child must meet the Medicaid nonfinancial eligibility criteria of residence, citizenship, SSN, and cooperation with BCSS and TPL. The Qualified Child must meet AFDC income and resource criteria. Income and resources of the child, the child's parents if living with the child, and any minor siblings living with the child are evaluated to determine need. Eligibility is determined using AFDC payment standards, AFDC income, resource exclusions, and earned income disregards the same as for AFDC cash payments.

(7-1-96)

647. LOW INCOME CHILD.

A child not eligible for AFDC or Qualified Child Medicaid can be eligible for Medicaid under the poverty-related Low Income Child program. Family income and resources must meet guidelines. An eligible child is allowed all Medicaid services available.

(7-1-97)

01. Child Under Age Six (6). A child under six (6) years of age can qualify for Medicaid through the month of his sixth (6th) birthday. Family income must not exceed one hundred and thirty-three percent (133%) of the Federal Poverty Guideline for the family size. If the child is receiving Medicaid inpatient services when he turns six (6), eligibility continues through the month his inpatient stay ends.

(7-1-96)

02. Child Age Six (6) and Over Born After September 30, 1983. A child under age nineteen (19), born after September 30, 1983 can qualify. Family income must not exceed one hundred percent (100%) of the Federal Poverty Guidelines for the family size. If the child is receiving Medicaid inpatient services when he turns six (6) or nineteen (19), eligibility continues through the month his inpatient stay ends.

(7-1-96)

03. Family Size. Count family members living with the child. Family members include the child, parent(s), step-parent, minor siblings, minor half-siblings, minor step-siblings, and the child's dependent children and spouse. Count family members regardless of Medicaid ineligibility or disqualification. Do not include persons receiving SSI or AABD payments. For an individual Medicaid determination in Section 635 of these rules, do not include non-parent caretakers in Low Income Child family size.

(7-1-96)

04. Non-Financial Criteria. The child must meet the Medicaid non-financial eligibility criteria. These include residency, citizenship, Assignment of Rights to Medical Support and to Third Party Liability, and applying for and furnishing an SSN.

(7-1-96)

05. Application. If a child gets Medicaid as Newborn Child of a Medicaid Eligible Mother, an

application for the child must be filed no later than his first (1st) birthday. A new application is not required after the child turns six (6). The child must be getting Medicaid at the one hundred thirty-three percent (133%) of Federal Poverty Guidelines and remain eligible under one hundred percent (100%) of Federal Poverty Guidelines. (7-1-96)

06. Resources. The family's countable resources must be five thousand dollars (\$5,000) or less for the child to be eligible. Resources are evaluated using AFDC methods except as noted in subsections 647.06.a. and 06.b. (7-1-97)

a. Vehicles. One (1) vehicle, regardless of value is excluded. The family unit may determine which vehicle shall be excluded. In a two (2) parent family, a second vehicle, regardless of value, may be excluded. The second vehicle must be used for medical transportation, or seeking or retaining employment. The equity value of other vehicles is considered a countable resource. (7-1-97)

b. Retirement Funds. Funds in IRA's or employment related retirement accounts are excluded and not considered against the resource limit. (7-1-97)

07. Income. Family income must be determined using appropriate AFDC methods. This includes AFDC income exclusions and disregards. The thirty dollar (\$30) plus one-third (1/3) and thirty dollar (\$30) disregard is applied to the child's earned income if needed for Medicaid eligibility. To get the disregard, the child must have received AFDC in one (1) of the four (4) previous months or his income must be below the AFDC need standard for his family size. (7-1-96)

08. Continuing Eligibility. Changes in income, resources, and non-financial criteria must be considered prospectively to determine continuing eligibility. A client must report changes to the Department within ten (10) days of the date he becomes aware of the change. (7-1-97)

648. MINOR PARENT (MP) LIVING WITH PARENTS.

A minor parent (MP) living with her parents may be eligible for Medicaid for herself and her child. A MP is a child under the age of eighteen (18) who is pregnant or has a child. The MP's parent(s) are not required to apply for Medicaid. The income of the MP's parent must be deemed to the MP when determining Medicaid eligibility. The income is deemed by the following steps in Subsections 648.01 through 648.05 of these rules. If the minor is applying for AFDC or QP, the allowance is the AFDC need standard for her parent's family size. If the minor is applying for PW, the total allowance is one-hundred percent (100%) of the Federal Poverty Guideline for her parent's family size. (7-1-96)

01. Step 1. Subtract a ninety dollar (\$90) work disregard from each parent's total monthly earned income. (7-1-96)

02. Step 2. Add the remaining earned income and unearned income of a parent to arrive at the total monthly income. (7-1-96)

03. Step 3. Subtract any verified child support payments made by the parent. (7-1-96)

04. Step 4. Subtract verified payments made to a dependent not residing in the home. The parent must claim this dependent for income tax purposes before the payments can be subtracted. The amount remaining after the subtraction of the disregards is the net income. (7-1-96)

05. Step 5. Subtract the appropriate allowance for the MP's coverage group. The allowance is determined by the coverage group and the parent's family size. The difference is the available income deemed to the MP for Medicaid eligibility. (7-1-96)

649. -- 650. (RESERVED).

651. PREGNANT WOMAN INELIGIBLE BECAUSE OF EXCESS INCOME.

A pregnant Medicaid recipient, who becomes ineligible for her coverage group because of excess income, remains Medicaid eligible as a Low Income Pregnant Woman. The pregnant woman must continue to meet other requirements for the Low Income Pregnant Woman coverage group. (7-1-96)

652. QUALIFIED PREGNANT WOMAN.

A Medicaid Qualified Pregnant Woman must qualify for AFDC except for the deprivation criteria. The pregnant woman must meet the Medicaid nonfinancial eligibility criteria of residence, citizenship, SSN and cooperation with BCSS and TPL. The following criteria must also be met: (7-1-96)

01. Pregnancy Verification. The pregnancy must be medically verified by a doctor, certified laboratory, or health department. (7-1-96)

02. Meeting Income and Resource Limits. The Qualified Pregnant Woman must meet AFDC income and resource limits. Income and resources of the pregnant woman, the unborn child (or children if there are twins), the unborn child's father if living in the home, and any minor siblings living in the home are evaluated to determine need. Eligibility is determined using AFDC payment standards, AFDC income, resource exclusions, and earned income disregards the same as AFDC cash payments. When the Qualified Pregnant Woman is a minor child, her Medicaid eligibility is figured as if the entire family were an AFDC unit. (7-1-96)

653. LOW INCOME PREGNANT WOMAN.

Pregnant women who do not qualify for AFDC or Qualified Pregnant Women can be eligible under the poverty-related Low Income Pregnant Women program. Family income and resources must meet guidelines. Medicaid services are limited to pregnancy related services only. (7-1-97)

01. Pregnancy Verification. Pregnancy must be medically verified by a doctor, certified laboratory, or health department. (7-1-96)

02. Non-Financial Criteria. The pregnant woman must meet the Medicaid non-financial eligibility criteria. These include residency, citizenship, and Social Security Number. A Low Income Pregnant Woman failing to cooperate in establishing medical support for her born children loses her Medicaid eligibility. A Low Income Pregnant Woman failing to cooperate in establishing medical support for an unborn remains Medicaid eligible during the pregnancy and the two (2) postpartum months. (7-1-96)

03. Family Size. Count family members living with the pregnant woman. Family members include the pregnant woman, spouse, minor dependent children, minor step-children, and unborn. Count family members regardless of their Medicaid ineligibility or disqualification. Do not include family members receiving SSI or AABD payments. For an individual Medicaid determination in Section 635 of these rules, do not count children other than the pregnant woman's own children and step-children. The children must be living with her. (7-1-96)

04. Income. Family income must not exceed one hundred thirty-three percent (133%) of the Federal Poverty Guideline. Family income must be determined using appropriate AFDC methods. This includes AFDC income exclusions and disregards. The thirty dollar (\$30) plus one-third (1/3) and thirty dollar (\$30) disregard is applied to the pregnant woman's earned income if needed for Medicaid eligibility. To get the disregard, the pregnant woman must have received AFDC in one (1) of the four (4) prior months or her income must be below the AFDC need standard for her family size. (7-1-96)

05. Resources. The family's countable resources must be five thousand dollars (\$5,000) or less for the pregnant woman to be eligible. Resources are evaluated using AFDC methods except as noted in Subsections 653.05.a. and b. (7-1-97)

a. Vehicles. One (1) vehicle, regardless of value, is excluded. The family unit may determine which vehicle shall be excluded. In a two (2) parent family, a second vehicle, regardless of equity value, may be excluded. The second vehicle must be used for medical transportation, or seeking or retaining employment. The equity value of other vehicles is considered a countable resource. (7-1-97)

b. Retirement Funds. Funds in IRA's or employment related retirement accounts are excluded and not considered against the resource limit. (7-1-97)

06. Continuing Eligibility. The pregnant woman remains eligible during the pregnancy regardless of changes in income. Changes in resources and non-financial criteria must be considered prospectively. The woman

must report the end of pregnancy to the Department within ten (10) days. The woman is eligible for Extended Medicaid Coverage if she applied for Medicaid while pregnant and was receiving Medicaid when the child was born.
(7-1-97)

654. PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN.

A woman whose pregnancy is medically verified can get Medicaid coverage for ambulatory prenatal services before a formal determination of Medicaid eligibility. Eligibility for this service is determined by a Qualified Provider. The Bureau of Medicaid Policy will approve Qualified Providers. The Bureau will furnish them with necessary forms and provide information to determine eligibility. The Qualified Provider must accept written requests for this service and make an eligibility decision. The Provider must inform the client how to complete the Medicaid application process. The Provider must send the result of the presumptive eligibility decision and the completed application for Medicaid to the Department within two (2) working days. The pregnant woman's written request for a decision of presumptive eligibility is also an application for Medicaid. The date of this written request is the date of her application for Medicaid. No overpayment occurs if the woman is later found not eligible. The Notice and Fair Hearing rights of the Medicaid program do not apply to the presumptive eligibility decision, but do apply to the application for Medicaid. If the client does not apply with the Department, presumptive eligibility ends the last day of the month after the month the Qualified Provider determines presumptive eligibility. If the client applies for continued Medicaid, presumptive eligibility continues until the application is approved or denied by the Department. A pregnant woman can have only one (1) presumptive eligibility period per pregnancy.
(7-1-96)

655. EXTENDED MEDICAID COVERAGE FOR PREGNANT WOMAN.

Pregnant woman receiving Medicaid continues to be eligible through the last day of the month when the sixty (60) day post partum period ends. Changes in family income are of no consequence during the postpartum period. Changes in family resources can affect eligibility during the postpartum period. The sixty (60) day period begins the last day of the pregnancy. Only pregnancy and postpartum services are covered. Timely notice of closure must be mailed ten (10) days before the end of the coverage period. Notice can be mailed as early as the last day of the pregnancy. An ineligible alien with a pregnancy related emergency medical condition does not qualify. A woman applying for Medicaid after the child is born does not qualify for Extended Medicaid.
(7-1-97)

656. RESIDENT ALIEN OR SPECIAL AGRICULTURAL WORKER PREGNANT WOMAN.

A pregnant legal temporary resident who otherwise qualifies for Medicaid is eligible for pregnancy related services, including postpartum coverage.
(7-1-96)

657. INELIGIBLE ALIEN WITH EMERGENCY MEDICAL CONDITION.

An ineligible alien can only get Medicaid for medical services necessary to treat an emergency medical condition, including labor and delivery. The person must be otherwise eligible for Medicaid. This coverage group includes legal temporary or permanent resident and Special Agricultural Worker aliens who are barred from Medicaid for five (5) years. This group includes nonimmigrant aliens such as students, visitors and undocumented aliens.
(7-1-96)

01. Emergency Medical Condition. An emergency medical condition has acute symptoms of severity, including severe pain. The absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious disfunction of any bodily organ or part.
(7-1-96)

02. Medical Determination. The Bureau of Welfare Medical Programs will decide if a condition is an emergency condition. The Bureau will determine if the care and services Medicaid payment is requested for are necessary for the treatment of the emergency condition.
(7-1-96)

03. Effective Date of Eligibility. Medicaid eligibility under this provision can begin no earlier than the date the ineligible alien experienced the emergency medical condition. Medicaid must end on the date the emergency medical condition ceases. The Medicaid beginning and ending dates are determined by the Bureau of Welfare Medical Programs.
(7-1-96)

04. Ineligible Alien. Ineligible Alien coverage is restricted to emergency services.
(7-1-96)

658. RESIDENT OF INELIGIBLE INSTITUTION.

A resident of an ineligible institution cannot get Medicaid for medical services received while a resident of an

ineligible institution. Medical institutions, intermediate care facilities, child care institutions for foster care, or publicly operated community residences serving no more than sixteen (16) residents are eligible public institutions. Ineligible institutions are listed below. (7-1-96)

01. Public Institution. An ineligible public institution is a facility under governmental responsibility or control providing services to more than sixteen (16) people. (7-1-96)

02. Correctional Institution. A correctional institution is an ineligible institution. A correctional institution is a facility for prisoners, for persons detained pending disposition of charges, for persons held under court order as material witnesses or for juveniles. A person held in a public correctional institution who is sent to a private correctional institution or a medical institution is a resident of an ineligible institution. A person under the control of the criminal justice system, sent directly to a medical institution is not a resident of an ineligible institution until he enters the institution. (7-1-96)

03. Institution for Mental Diseases (IMD). An IMD is primarily engaged in diagnosis, treatment or care of people with mental diseases. An IMD with more than sixteen (16) beds is an ineligible institution. (7-1-96)

659. ADOLESCENT RESIDENT OF IDAHO STATE HOSPITAL SOUTH.

An adolescent resident of Idaho State Hospital South is eligible for MA if he satisfies all of the following conditions: (7-1-96)

01. Under Age Twenty-One (21). The child is under age twenty-one (21). (7-1-96)

02. Resources. The child's countable resources do not exceed the AFDC resource limit. In addition to the AFDC resource exclusions, the child may have an additional amount up to five thousand dollars (\$5,000) excluded if held in trust for him. (7-1-96)

03. Income. The child's countable income does not exceed two hundred and thirteen dollars (\$213) monthly. To determine countable income, apply the applicable AFDC income exclusions and earned income disregards. An additional income disregard of seventy dollars (\$70) is deducted. (7-1-96)

04. Ongoing Eligibility. If an adolescent resident of State Hospital South is determined eligible to receive MA, the following provisions apply: (7-1-96)

a. His eligibility must be redetermined at least once every six (6) months. (7-1-96)

b. His eligibility must cease if he leaves Idaho State Hospital South. Other funding sources for medical care must be found. (7-1-96)

660. STATE SUBSIDIZED ADOPTION ASSISTANCE RECIPIENT.

A child in a state subsidized adoptive placement is eligible for Medicaid if all the conditions listed in Subsections 660.01 through 660.05 of these rules are met. (7-1-96)

01. Age. The child must be under twenty-one (21) years of age. (7-1-96)

02. Non-Financial Criteria. The child must meet the non-financial Medicaid criteria of citizenship, alienage, SSN, residence and assignment of rights to medical support. (7-1-96)

03. Adoption Assistance. An adoption assistance agreement, other than Title IV-E, between the state and the adoptive parent(s) must be in effect. (7-1-96)

04. Special Needs. The child must have special needs for medical or rehabilitative care that prevent adoptive placement without Medicaid. (7-1-96)

05. Medicaid. The child must be eligible for Medicaid in Idaho prior to the adoption assistance agreement. Rules of the AFDC-FC program, including income and resource limits, are used to determine Medicaid eligibility. (7-1-96)

661. -- 675. (RESERVED).

676. CHILD SUPPORT INCREASE CAUSES AFDC INELIGIBILITY.

A person is Medicaid eligible for four (4) calendar months if his AFDC grant was stopped because of the initiation of or increase in collection of child support by BCSS. (7-1-96)

01. Child Support and Other Changes. The AFDC closure can be totally or partially caused by the initiation of or increase in child support collection. The family is not entitled to the extended Medicaid, if AFDC is stopped for another reason while child support collection remains the same. (7-1-96)

02. Receipt of AFDC. The person's needs must have been included in an AFDC grant at least three (3) of the six (6) months before the month he became ineligible. (7-1-96)

03. Effective Month. The four (4) consecutive calendar months start in the month immediately following the AFDC closure month. (7-1-96)

04. Returns to Idaho. If Medicaid was closed because the family left the state, reopen Medicaid if the family returns to Idaho during the four (4) months. The family remains eligible for the rest of the original four (4) months. The months of absence are counted as if the family had actually received Medicaid during those months. (7-1-96)

677. TRANSITIONAL MEDICAID (TM).

Former AFDC clients who lose AFDC eligibility for certain employment related reasons are entitled to Transitional Medicaid benefits. Eligible clients can receive Medicaid for up to twelve (12) months as set forth in Sections 678 through 693 of these rules. An initial six (6) month TM benefit and an additional six (6) month TM benefit are available when eligibility requirements are met. (7-1-96)

678. ELIGIBILITY FOR TRANSITIONAL MEDICAID.

Medicaid under the Transitional Medicaid coverage group continues with no application required. To get TM, the budget unit must have been eligible for and received AFDC in three (3) of the six (6) months before the month the unit became ineligible for AFDC. Budget unit members receiving AFDC during the last month of AFDC eligibility, including disqualified members, are eligible for TM. New persons joining the household during the twelve (12) month period, who would be mandatory budget unit members, are eligible for TM. Ineligible persons, such as SSI recipients and ineligible aliens, are not TM eligible. The budget unit must meet one (1) of the conditions listed in Subsections 678.01 through 678.02 of these rules. (7-1-96)

01. Income Increased. The caretaker relative's hours of employment or income from employment increased. (7-1-96)

02. Disregard Expired. The thirty dollar (\$30) plus one-third (1/3) or the thirty dollar (\$30) disregard expired for any member of the budget unit. (7-1-96)

679. AFDC CLOSURE FOR MORE THAN ONE (1) REASON.

The family is TM eligible if an increase in earned income, hours of work, or loss of the disregards causes the AFDC closure. The family is TM eligible if earned income changes and another change caused the closure. The family is not TM eligible if AFDC is stopped for a reason separate from the increase in earned income, hours of work, or loss of disregards. (7-1-96)

680. CARETAKER RELATIVE FOR TRANSITIONAL MEDICAID.

For TM, a caretaker relative is an adult relative who lives with the child and is seeking aid for the child. The caretaker relative must be related to the child in the degree specified in Section 106 of these rules. Where both the child's parents are members of the budget unit, either parent can be the caretaker relative for purposes of TM. The caretaker relative must be a member of the child's budget unit, or eligible to have his needs included as a member, except if an ineligibility alien status requires his needs be excluded. (7-1-96)

681. INITIAL SIX MONTHS OF TRANSITIONAL MEDICAID.

TM must continue for six (6) months, immediately following the month of AFDC ineligibility, unless one (1) or more of the circumstances listed in Section 682. of these rules exists. (7-1-96)

682. ENDING TRANSITIONAL MEDICAID.

Reasons for ending TM are listed in Subsections 682.01 through 682.05 of these rules. TM must stop following adequate notice when one (1) of the circumstances listed in Subsections 682.01 through 682.05 of these rules exists. (7-1-96)

01. Child Leaves Budget Unit. The budget unit ceases to include an eligible child. (7-1-96)
02. Not Residing in Idaho. The budget unit ceases to reside in Idaho. (7-1-96)
03. Failure to Furnish an SSN. The caretaker relative fails to furnish the SSN for a budget unit member other than a newborn. That budget unit member is not eligible for TM. (7-1-96)
04. Failure to Cooperate. The caretaker relative fails to cooperate in obtaining medical support and third party payments. In this case, the caretaker relative is not eligible for TM. (7-1-96)
05. Member Committing Fraudulent Acts. It is determined a member of the budget unit committed fraud during the last six (6) months the unit got AFDC, before getting TM. The remaining members of the budget unit remain eligible. (7-1-96)

683. INITIAL SIX MONTHS REPORTING REQUIREMENT FOR TRANSITIONAL MEDICAID.

To get an additional six (6) months TM, the client must report the family's gross monthly earnings and child care expenses. The report must cover the first three (3) months of the initial six (6) months of TM. Proof of earnings and child care expenses must be provided. Reporting rules are listed in Subsections 683.01 through 683.05 of these rules. (7-1-96)

01. Report Due Date. The complete earnings and child care report must be returned to the Department by the twenty-first day of the fourth month, of the initial six (6) month period of TM. (7-1-96)
02. Due Date Extension. There is no extended filing period for TM. (7-1-96)
03. Failure to Complete Form by Due Date. Failure to return a complete report by the due date, without good cause, disqualifies the budget unit from the additional six (6) months of TM. This does not affect the receipt of TM for the first six (6) months. (7-1-96)
04. Contents of Complete Report. A report must contain the earnings and child care expense information required to be reported. The report must contain proof of the reported information and be signed. (7-1-96)
05. TM Termination. TM must be stopped at the end of the initial six (6) month period if the budget unit fails to return the report and proof by the due date. Adequate notice is required. (7-1-96)

684. REQUIRED NOTICE DURING INITIAL SIX MONTHS OF TM.

The Department must notify the budget unit of its option for an additional six (6) month period of TM and of the reporting requirements. The required notices must be sent in the third and sixth months of the initial six (6) month period. The third month notice must tell of the option for an additional six (6) months of TM and of the reporting requirement. The sixth month notice must tell of the option for an additional six (6) months of TM and of the reporting requirement. (7-1-96)

685. ADDITIONAL SIX MONTHS OF TM.

A budget unit must be offered an additional six (6) months of TM, immediately following the initial six (6) month period. An application is not necessary. The budget unit must get TM during the entire initial six (6) month period. The budget unit must have earnings in each of the first six (6) months, and fulfilled the reporting requirement. (7-1-96)

686. REQUIRED NOTICE DURING ADDITIONAL SIX (6) MONTHS OF TM.

In the third month of the additional six (6) month period of TM, the Department must notify the budget unit of the reporting requirement. (7-1-96)

687. REPORTING REQUIREMENT DURING ADDITIONAL SIX (6) MONTHS OF TM.

The budget unit must make two (2) reports of its earnings and child care expenses during the additional six (6) months. The unit provide proof of the reported information. These reports must be filed to get continuing TM, unless the budget unit has good cause for failure to report. Additional reporting rules are listed in Subsections 687.01 through 687.05 of these rules. (7-1-96)

01. First Report Due Date. The first report is due the twenty-first day of the first month of the additional six (6) month period. The first report must include all earnings and child care expenses for the last three (3) months of the initial six (6) month period. (7-1-96)

02. Second Report Due Date. The second report is due the twenty-first day of the fourth month of the additional six (6) month period. The second report must include earnings and child care expenses for the first three (3) months of the additional six (6) month period. (7-1-96)

03. Due Date Extension. There is no extended filing period for TM. (7-1-96)

04. Contents to Complete Report. A complete report must contain the earning and child care expenses required to be reported. The report must contain proof of the reported information and be signed. (7-1-96)

05. TM Termination. TM must be stopped at the end of the first or fourth month of the additional six (6) month period, if the budget unit fails to return the required report by the due date. An exception can be made if good cause exists. Timely notice is required. (7-1-96)

688. GOOD CAUSE, TRANSITIONAL MEDICAID REPORT.

Good cause for failure to submit a complete report by the due date must be based on conditions beyond the client's control. The Examiner determines good cause on a case-by-case basis. (7-1-96)

689. INCOME TESTS DURING ADDITIONAL SIX (6) MONTHS OF TM.

The budget unit must meet two (2) income tests to continue receiving TM through the additional six (6) month period. The tests are done at the end of the first (1st) month and the end of the fourth month of the additional six (6) month period. The first income test is done using steps in Subsections 689.01.a. through 689.01.e. of these rules. The second (2nd) income test is done using steps in Subsections 689.02.a. through 689.02.c. of these rules. (7-1-96)

01. Computing Income for TM. (7-1-96)

a. Step 1. Add the gross monthly earnings for persons receiving TM at the time of the income test for each month of the three (3) month period. (7-1-96)

b. Step 2. Subtract the allowable child care costs from the total gross earnings, for the three (3) month period. Allowable child care costs are costs necessary for the employment of the caretaker relative, not paid by another party. (7-1-96)

c. Step 3. Divide the result of the computation in Step 2 by three (3). The result is the average monthly earnings. (7-1-96)

d. Step 4. Select the Federal Poverty Guideline amount for the family size and multiply that amount by one hundred eighty-five percent (185%). (7-1-96)

e. Step 5. Compare the average monthly earnings from Step 3 with the product of Step 4. If the average monthly earnings in Step 3 exceed the amount computed in Step 4, TM must be stopped. TM is stopped at the end of the first or fourth month of the additional six (6) month period. Adequate notice, but not timely notice, is required. (7-1-96)

02. Earning for TM Eligibility. (7-1-96)

a. Step 1. Verify if the caretaker relative has earnings in each month of the previous three (3) months. If earnings are verified, Step 2. and Step 3. are not performed. (7-1-96)

b. Step 2. No earnings are verified for any of the previous three (3) months. Determine if the lack of earnings was the result of involuntary loss of employment, illness, or other good cause. (7-1-96)

c. Step 3. Determine if the caretaker relative has good cause for the lack of earnings in any of the previous three (3) month. If good cause does not exist, TM must be stopped at the end of the first or fourth month of the additional six (6) month period. Timely notice is required. (7-1-96)

690. GOOD CAUSE EARNINGS FOR TM.

Good cause for lack of earnings includes family crisis or court required appearance or incarceration. Good cause includes loss of transportation where no other means of transportation is readily accessible, or loss of child care arrangements. On a case-by-case basis, the examiner can determine that circumstances meet good cause criteria. (7-1-96)

691. REASONS FOR TERMINATION OF ADDITIONAL TM SIX (6) MONTH EXTENSION.

TM during the additional six (6) month period must be stopped if any reasons in Subsections 682.01 through 682.05 of these rules exist. Timely notice is required. (7-1-96)

692. RETURN TO AFDC.

If the family becomes AFDC eligible while receiving TM, the family may choose between the two types of aid. If the family chooses AFDC and then AFDC is ended, it may be eligible for TM again. If the AFDC is closed for the correct reasons and the family got AFDC in three (3) of the six (6) preceding months, the family may be eligible for a new period of TM. If the AFDC is closed in the original twelve (12) months and the family is not eligible for a new TM period, reopen TM for the remaining months of the original TM period. (7-1-96)

693. RETURNS TO IDAHO.

If TM was closed because the family left the state, reopen the TM if the family returns to Idaho during the twelve (12) month period. The family remains eligible for the rest of the original twelve (12) months if all eligibility requirements are met. The months of absence are counted as if the family had actually received TM during those months. (7-1-96)

694. -- 699. (RESERVED)

700. TRANSITIONAL CHILD CARE (TCC).

TCC benefits are reimbursement payments for child care expenses. TCC can be paid for up to twelve (12) months after the AFDC or AFDC-AU closure. The budget unit must reside in Idaho to be TCC eligible. (7-1-96)

701. TCC ELIGIBILITY CRITERIA.

For TCC eligibility, the budget unit must be ineligible for AFDC or AFDC-AU. An AFDC closure must be due to the caretaker relative's increased earnings or expiration of disregards. An AFDC-AU closure must be due to the PWE's increase in hours to one hundred (100) hours or more per month, increased earnings, or expiration of disregards. The family is TCC eligible if earned income changes and another change caused the closure. The client must apply for TCC within twelve (12) months after AFDC closure. Child support rights must be assigned to the Department, and the client must cooperate with BCSS, to be TCC eligible. (7-1-96)

702. CHILD'S ELIGIBILITY REQUIREMENTS FOR TCC.

A child can receive TCC benefits when necessary to permit a member of an AFDC budget unit to accept or keep employment. The child must be deprived of parental care and support. The child must be a citizen or alien legally admitted for permanent residence or otherwise permanently residing in the United States. Children must meet one (1) of the conditions in Subsections 702.01 through 702.04 of these rules to be eligible for TCC. (7-1-96)

01. Under Age Limit. A child under thirteen (13) years old. (7-1-96)

02. SSI/AFDC-FC Child. A child who would be eligible for AFDC if he did not receive SSI or AFDC-FC benefits. (7-1-96)

03. Physical or Mental Incapacity. A child physically or mentally incapable of caring for himself. Incapacity must be verified by the Department's Medical Review Team (MRT), based on a decision of a physician or a licensed or certified psychologist. (7-1-96)

04. Court Supervision. A needy child under court supervision who would be eligible for AFDC. (7-1-96)

703. CARETAKER RELATIVE FOR TCC ELIGIBILITY.

A caretaker relative is an adult relative living with and seeking TCC for the child. The caretaker relative must be a member of the child's budget unit, unless receiving SSI or an ineligible alien. If both the child's parents are members of the child's budget unit, either parent can be the caretaker relative. If the caretaker relative is disqualified for AFDC because of noncooperation with BCSS, the caretaker must be given the opportunity to cooperate. If a caretaker cooperates with BCSS, the budget unit is TCC eligible. If a caretaker does not cooperate with BCSS, the budget unit is not TCC eligible. If a caretaker was disqualified from AFDC for another reason, the budget unit is TCC eligible. (7-1-96)

704. AFDC ELIGIBILITY REQUIREMENT FOR TCC.

The budget unit must have been AFDC or AFDC-AU eligible in at least three (3) of the six (6) months immediately preceding the month of AFDC or AFDC-AU closure. The budget unit must have received AFDC in Idaho in at least one (1) of the preceding months. Receipt of AFDC or AFDC-AU benefits in another state can count for two (2) of the three (3) preceding months. Receipt of the benefits must be verified. (7-1-96)

705. DEPARTMENT RESPONSIBILITY.

The Department must notify clients, in writing, of potential eligibility for TCC when they become ineligible for AFDC or AFDC-AU. The Department must tell clients the steps to take to establish eligibility for TCC payments and of their rights and responsibilities. (7-1-96)

706. -- 709. (RESERVED).

710. TCC APPLICATION TIME LIMIT.

The budget unit may apply for TCC at any time during the twelve (12) months immediately after AFDC or AFDC-AU closure. If eligible, the unit will receive TCC payments for any month during that twelve (12) month period. (7-1-96)

711. TCC APPLICATION PROCEDURE.

Applicants for TCC payments must complete the HW-0919 form, Application for Transitional Child Care Benefits. The client must provide proof necessary to determine eligibility and reimbursement amount. Income, child care expenses and payment, provider qualification, and household composition must be verified. The client must cooperate with BCSS. (7-1-96)

712. TCC DECISION TIME LIMIT.

The Department must act upon the TCC application as soon as possible. The maximum time for processing a TCC application is forty-five (45) days, unless prevented by circumstances beyond the Department's control. The time limit runs between the application date and the date the notice decision is mailed to the client. (7-1-96)

713. JOBS ON-THE-JOB TRAINING PARTICIPANTS.

Former AFDC clients receiving a salary for JOBS on-the-job training will have TCC eligibility determined the same as any other applicants. (7-1-96)

714. -- 719. (RESERVED).

720. BUDGET UNIT PARTICIPATION IN CHILD CARE COSTS.

The budget unit must pay toward child care. The budget unit must make satisfactory arrangements with the child care provider to pay any overdue amount. (7-1-96)

721. CHILD CARE FACILITY.

Child care provided by an individual or facility must meet state and local health and safety requirements. The child care provider must allow parental access. The provider must meet applicable standards of state, and local and/or Tribal law, as provided in IDAPA 16, Title 03, Chapter 02, Section 300, Rules Governing Child Care Standards. (7-1-96)

722. CHILD CARE PROVIDER CHANGES.

Before approving a TCC payment, the Department must verify the child care provider meets state requirements. If the provider is no longer qualified, TCC benefits are stopped effective the end of the month the decision is made. The client is not eligible for a TCC payment for child care costs incurred from an unqualified provider. (7-1-96)

723. PROHIBITED TCC PAYMENTS.

TCC payments must not be made for care provided by parents, stepparents, or legal guardians living with the child. TCC payments must not be made for care provided by a minor parent or members of the budget unit. (7-1-96)

724. REIMBURSEMENT PAYMENTS.

TCC payments are reimbursements of actual costs. Each month, eligibility and payment amounts must be redetermined based on the actual circumstances. Subsections 724.01 through 724.06 of these rules lists payment requirements. (7-1-96)

01. Monthly Payments. TCC payments will be made monthly following the proof of the expense. Payments will be made by the last day of the month following the month of the expense. The client must provide proof of the expense by the twentieth day of that month. (7-1-96)

02. Payment for Late Verification. If proof is provided later than the twentieth day of the month, payment must be made within ten (10) days of the date of receipt of the proof. (7-1-96)

03. Payment for Multiple Months. Payment for multiple months may be issued in a lump sum for retroactive benefit months. (7-1-96)

04. Advance Payments Prohibited. Advance payments for child care charges will not be made. (7-1-96)

05. Payments Made to Client Provider. The warrant will be payable to the recipient, and not to the child care provider. (7-1-96)

06. Payment to Child Care Provider. The client must pay for child care, or make satisfactory arrangements with the child care provider for payment of any delinquent amount, to remain eligible for TCC. This includes any delinquent amounts owed any child care provider during the current twelve (12) month TCC eligibility period. Satisfactory arrangements will be determined by the child care provider and proof must be provided by the client. (7-1-96)

725. REIMBURSEMENT DETERMINATION.

TCC payments are determined as described in Subsections 725.01 through 725.07 of these rules. (7-1-96)

01. Step 1. Determine budget unit meets all TCC eligibility requirements for the benefit month. (7-1-96)

02. Step 2. Determine family size based upon the AFDC budget unit concept. The exception is that children receiving SSI or Foster Care payments are included in the family size. Include persons disqualified from AFDC for reasons other than failure to cooperate with BCSS or ending employment without good cause. (7-1-96)

03. Step 3. Determine gross countable income using AFDC rules. Do not allow any earned income disregards. Do not allow the fifty dollar (\$50) child support disregard. (7-1-96)

04. Step 4. Determine countable income from a noncaretaker stepparent. (7-1-96)

- a. Combine the stepparent's earned and unearned income. (7-1-96)
- b. Subtract an amount equal to the stepparent's needs based on the size of the stepparent's household as defined below: (7-1-96)

HOUSEHOLD SIZE NEEDS	
1	\$643
2	\$786
3	\$991
4	\$1,196
5	\$1,401
6	\$1,606
7	\$1,811
Each Add'l Member	\$205

(7-1-96)

05. Step 5. Add any positive remainder from Step 4 to the budget unit's income amount from Step 3. Go to Step 6. If a minor parent is in the budget unit, income from a noncaretaker grandparent is counted like stepparent income. Countable income from an ineligible alien is determined like stepparent income. (7-1-96)

06. Step 6. Determine the budget unit's maximum reimbursement payment percentage according to the budget unit's size and countable income in Section 727 of these rules. (7-1-96)

07. Step 7. Multiply the reimbursement percentage by the total actual child care cost up to the maximum. The maximum reimbursements are listed in Section 728 of these rules based on the location, type of care, age of children, and number of children. The amount computed is the budget unit's TCC payment. TCC payments ending in cents are rounded down to the next lower dollar. (7-1-96)

726. TCC REIMBURSEMENT PAYMENT.

The TCC payment must be based on budget unit size and income, age of the child, type of care and the location of the child care provider. If the child care provider resides in a neighboring state, use the payment level for the region where the budget unit resides. No payment will be made for registration fees. (7-1-96)

727. TCC REIMBURSEMENT PERCENTAGE.

The TCC reimbursement percentage is based on the sliding fee scale, listed in IDAPA 16, Title 06, Chapter 12, Rules Governing the Idaho Child Care Program (ICCP), Section 307. (7-1-97)

728. CHILD CARE REIMBURSEMENT RATES.

The maximum child care reimbursement rates are as noted in IDAPA 16, Title 06, Chapter 10, Rules Governing Idaho Child Care Program (ICCP), Section 305. (7-1-97)

729. -- 732. (RESERVED).

733. TCC REPORTING REQUIREMENTS.

The client must furnish proof of monthly income, child care costs and payments, and household composition. Each month, the client must report the income received in the previous month. Each month, the client must report the dependent care charges. Income and dependent care costs must be reported and verified. If complete proof is not provided by the twentieth day of the month the report is due, TCC will be stopped. The Department must provide

adequate notice.

(7-1-96)

734. TCC TERMINATION DUE TO FAILURE TO PROVIDE PROOF.

TCC must be stopped for failure to provide proof. TCC is stopped the end of the month the proof of child care charges and income was due. The client may reapply any time during the twelve (12) months after the month of AFDC or AFDC-AU closure. If eligible, the case will be reopened. A new application is not required. If eligible, the budget unit will receive TCC payments for any months not previously reimbursed

(7-1-96)

735. HOUSEHOLD CHANGES.

Actions listed in Subsections 735.01 through 735.08 of these rules are taken when household composition changes.

(7-1-96)

01. Sole Child Requiring Care Leaves Household. If the only child requiring care leaves the household, end TCC payments following timely notice.

(7-1-96)

02. Other Member Requiring Care Leaves Household. If a member other than a sole child requiring care leaves the budget unit, redetermine eligibility and the TCC payment for the remaining members.

(7-1-96)

03. Absent Parent Joins Household. If an absent parent joins the household, examine deprivation. If deprivation is met, such as for incapacity, add the parent to the budget unit. Count his income in calculating the TCC payment. Count only income received on or after the date the parent joined the household. If deprivation is not met, end TCC payments. End TCC payments following timely notice. The household is entitled to a reimbursement payment for the child care costs before the absent parent's return.

(7-1-96)

04. Child Joins Household. If an eligible child joins the household, add the child to the budget unit. Include his income for TCC payment computation. Count only income the child received on or after the date he joined the household. If the child meets the criteria of a child requiring care, provide TCC benefits for the child.

(7-1-96)

05. Stepparent Joins Household. If a stepparent joins the household, do not include the stepparent in the budget unit. Count his income for TCC payment computation. Count only income received on or after the date the stepparent joined the household.

(7-1-96)

06. Parent of a Minor Parent Joins Household. If a parent of a minor parent joins the household, do not include the grandparent in the budget unit. Count his income for TCC payment computation. Count only income received on or after the date the grandparent joined the household.

(7-1-96)

07. Ineligible Alien Parent Joins Household. If an ineligible alien parent joins the household, do not include the parent in the budget unit. Count his income for TCC payment computation. Count only income received on or after the date the ineligible alien parent joined the household.

(7-1-96)

08. Other Person Joins Household. If a person not described in this table joins the household, do not consider the person as a member of the budget unit. Do not count any of his income in determining eligibility or the amount of the TCC payment.

(7-1-96)

736. INCOME AND CHILD CARE EXPENSE CHANGES.

All changes in income and child care expenses must be counted to determine the TCC payment. Each payment must be based on the family's actual circumstances. The sliding fee schedule used to determine the reimbursement amount is listed in Table 727 of these rules.

(7-1-96)

737. ENDING TCC ELIGIBILITY.

Eligibility for TCC will end when any of the conditions listed in Subsections 737.01 through 737.08 of these rules are met.

(7-1-96)

01. End of Twelve (12) Month Period. TCC ends at the end of the continuous twelve (12) month period. The twelve (12) month period begins the first month the budget unit was not eligible for AFDC or AFDC-AU.

(7-1-96)

02. Termination of Employment Without Good Cause. TCC ends when the caretaker relative stops employment without good cause, as defined in Section 738. of these rules. TCC ends even if the member has accepted other comparable employment. The client is not eligible for the remainder of the twelve (12) month period. (7-1-96)

03. Failure to Cooperate with BCSS. TCC will end when the caretaker relative fails to cooperate with BCSS without good cause. The client is not eligible for the remainder of the twelve (12) month period. The budget unit is not eligible for a new twelve (12) month TCC period until all eligibility criteria are met. (7-1-96)

04. Budget Unit Fails to Pay for Child Care. TCC will end when the budget unit fails to contribute the required amount toward the cost of child care. (7-1-96)

05. Failure to Provide Proof. TCC will end when the budget unit fails to provide proof. (7-1-96)

06. Child Leaves Household. TCC will end when the only child requiring care leaves the household. (7-1-96)

07. Child Care Provider No Longer Qualified. TCC will end when the child care provider is no longer qualified. When the budget unit changes to services by a qualified provider, the budget unit is eligible for the remaining portion of the original twelve (12) month period beginning the date the child care is rendered by a qualified provider. (7-1-96)

08. Child No Longer Deprived. TCC will end when the child is no longer deprived of maintenance, physical care and parental guidance. TCC will end when the child's parent is no longer absent or incapacitated. (7-1-96)

738. GOOD CAUSE FOR TERMINATING EMPLOYMENT.

Good cause reasons for voluntarily terminating employment are listed in Subsections 738.01 through 738.05 of these rules. (7-1-96)

01. Higher Pay. Terminating employment to accept other employment with higher pay. (7-1-96)

02. Greater Work Benefits. Terminating employment to accept other employment with nearly equal pay and more benefits such as medical or bonuses. (7-1-96)

03. Advancement Opportunity. Terminating employment to accept other employment with nearly equal pay and greater opportunity for career development or advancement. (7-1-96)

04. Unhealthy Work Conditions. Terminating employment due to work conditions not meeting legal or local standards for health and safety. (7-1-96)

05. Discrimination and Harassment. Terminating employment due to discrimination or harassment on the job site. The employee must exhaust all available remedies before ending employment. (7-1-96)

739. -- 740. (RESERVED).

741. REESTABLISHING ELIGIBILITY.

TCC eligibility can be established again if a caretaker relative loses a job, with good cause, then begins another job. The budget unit can qualify for the remaining part of the original twelve (12) month period. A budget unit must pay the child care provider any back fees owed or make arrangements with the provider to make full payment. A client failing to provide proof can qualify for the remaining part of the original twelve (12) month period. He must provide the proof required. The budget unit can qualify for any month not reimbursed between the date of job loss and the date eligibility was reestablished. The unit can also qualify for the remaining part of the original twelve (12) month period. (7-1-96)

742. AFDC OR AFDC-AU INTERRUPTS TCC ELIGIBILITY.

Receipt of AFDC or AFDC-AU benefits interrupts the original twelve (12) month TCC eligibility. Receipt of AFDC or AFDC-AU will not end the original twelve (12) month TCC eligibility, unless the budget unit qualifies for a new twelve (12) month period. (7-1-96)

743. -- 744. (RESERVED).

745. OVERPAYMENT.

The Department must establish a claim against a budget unit with a TCC overpayment through the following procedures: (7-1-96)

01. Compute Overpayment. Determine the amount the budget unit received. Subtract the amount the budget unit was entitled to receive. The difference is the overpayment amount. (7-1-96)

02. Complete Form HW-0462. Overpayment Report, form HW-0462, must be completed. (7-1-96)

03. Evaluate Methods To Collect. The budget unit responsible for the overpayment must repay it. The overpayment may be repaid by a reduction in the reimbursement payment. TCC repayment may be made only from child care benefits, not AFDC benefits. Underpayments and overpayment must be offset against each other in correcting payments. (7-1-96)

04. Who Repays Overpayment. Overpayments may be recovered from adult members the overpaid budget unit. Overpayments may also be recovered from budget units containing adult members of a previously overpaid budget unit. (7-1-96)

746. WITHHOLDING TCC PAYMENTS FOR OVERPAYMENT.

Overpayments must be recovered by withholding at least ten percent (10%) of the TCC payment each month until the overpayment is recovered. Where the TCC payment is eleven dollars (\$11) or less, do not withhold. (7-1-96)

747. TCC OVERPAYMENT COLLECTION REQUIRED.

Recovery must be attempted from current recipients, from a closed case when the overpayment is thirty-five dollars (\$35) or more, and in all cases of fraud. (7-1-96)

748. -- 749. (RESERVED).

750. AFDC-FOSTER CARE (AFDC-FC).

AFDC-FC is AFDC related foster care maintenance payments funded under Title IV-E of the Social Security Act. (12-1-91)

751. AFDC-FC ELIGIBILITY.

A child eligible for AFDC-FC is a child who is or would have been eligible to receive AFDC aid payments except that he was removed, by court order, from the home of a parent or other caretaker relative and placed in foster care. A child is eligible for AFDC-FC if he was receiving AFDC benefits during the month he was removed from his home. AFDC-FC is also available to eligible children voluntarily placed in foster care by a parent. The caretaker relative is the relative who exercises day-to-day physical custody of the child prior to the court action or voluntary placement. A child is not eligible for AFDC-FC if he is living in the home of a caretaker relative that has provided day-to-day care and expects to continue that care. The child may qualify for AFDC payments as a child living with a relative. Eligibility for AFDC-FC is determined by Family and Children's Services. (12-1-91)

752. AFDC-FC ELIGIBILITY REQUIREMENTS.

A child is eligible for AFDC-FC if he meets each of the eligibility requirements listed in Subsections 752.01 through 752.04. (12-1-91)

01. Financial Need. A child is in financial need if, in the month court action to remove him from his home was initiated, or the month the voluntary placement agreement is signed: He was receiving AFDC, or he would have been eligible to receive AFDC if an application had been filed on his behalf, or he lived with his parent or other caretaker relative at some time within the six (6) prior months and would have qualified for AFDC in the month of

court action or voluntary placement if an application had been filed and he lived with a parent or other specified relative in that month. (12-1-91)

02. Voluntary Placement in Foster Home of Voluntary Relinquishment. A foster care placement is voluntary if the parent has a written agreement with the Department to place the child in foster care. The parent retains parental rights and may terminate the agreement at any time. A voluntary relinquishment is not a voluntary placement. A voluntary relinquishment occurs when the parent permanently gives up rights to the child. A court order is required for a voluntarily relinquished child to qualify for AFDC-FC. (12-1-91)

03. Age, Residence, Citizenship, Deprivation. The other AFDC requirements the child must meet are age, residence, citizenship, deprivation of parental support determined in relation to the home from which the child was removed, and the AFDC resource limit. (11-1-92)

04. Court Ordered. A child not voluntarily placed must have been removed from the parent or other caretaker relative. The initial court order must state remaining in the home would be "contrary to the best interests" of the child. The phrase "contrary to the best interests" must not be added to a renewal or subsequent court order. For children removed on or after October 1, 1983, the court order must include a determination that reasonable efforts were made to prevent or eliminate the need for removal of the child or to make it possible for the child to return home. The court order must state the lack of preventive efforts was reasonable considering the child's and family's circumstances when the child is removed from the home in an emergency. (12-1-91)

753. CUSTODY AND PLACEMENT.

The child's placement and care are the Department's responsibility. The child must live in a licensed foster home, licensed institution, licensed group home, detention center, or in a relative's home approved for the child by the Department. (12-1-91)

754. EFFECTIVE DATE.

AFDC-FC eligibility can begin as early as the first day of the month all eligibility factors are met, except that: A child cannot receive AFDC and AFDC-FC or SSI and AFDC-FC in the same month. AFDC-FC cannot begin until the month after the last month the child's needs were included in an AFDC grant or the child received SSI. (12-1-91)

755. ONGOING ELIGIBILITY.

To continue to be eligible for AFDC-FC, a child must meet each of the eligibility conditions listed in Subsections 755.01 through 755.05. (12-1-91)

01. Financial Need. The child's own income, after any applicable AFDC income exclusions and disregards, must not exceed the foster care need standard established for him by the Department. (12-1-91)

02. AFDC Factors. The child must continue to need AFDC eligibility factors: Age, residence, citizenship, resource limits and deprivation of parental support in relation to the current situation in the home from which he was removed. A children moved from the home of a caretaker relative who is not his parent, meets the deprivation requirement without review. (12-1-91)

03. Ongoing Custody and Placement. The child must remain in the Department's custody through either a current court order or a voluntary placement agreement that as not been in effect more than one hundred and eighty (180) days. The child must continue to live in a licensed foster home, licensed institution, licensed group home, or a relative's home approved for the child by the Department's social work staff. (12-1-91)

04. Redetermination. The child's eligibility for AFDC-FC must be redetermined at least once every six (6) months. A redetermination, rather than an initial eligibility determination, is used for a child who left foster care, was placed in a non-AFDC-FC living situation such as a hospital or detention, did not return home, remained in the Department's custody throughout his absence, and returned to foster care. Any return home other than a visit requires a new judicial determination or a new agreement and a new determination of eligibility based on current circumstances. (12-1-91)

05. Other Eligibility. The following must be considered for AFDC-FC eligibility: A child's eligibility does not depend on the availability of a home to which he can return. The Department must provide social services

designed to allow the child to return home, where possible. If a return home is not possible, social service staff must aggressively pursue other permanent options for the child. A child receiving AFDC-FC who becomes available for adoption, remains eligible to receive AFDC-FC until he is legally adopted. The child must otherwise qualify for AFDC-FC. The child must not receive AFDC-FC and SSI or AFDC-FC and AFDC in the same month. (12-1-91)

756. AFDC-FC AND SSI ELIGIBILITY.

When a child is eligible for both AFDC-FC and SSI, the caretaker relative or social worker must choose the type of payment the child will receive. (12-1-91)

757. ASSIGNMENT OF SUPPORT.

Department social work staff must complete an "Assignment of Support Rights" on behalf of the child and make a referral to BCSS for support enforcement services. (7-1-93)

758. ELIGIBILITY DETERMINATION.

The social worker is responsible for determining a child's initial and ongoing eligibility for AFDC-FC. If the child is ineligible for AFDC-FC, the social worker must determine whether the child qualifies for Medicaid as a Title XIX Foster Child. (12-1-91)

759. FOSTER CARE PAYMENT.

The social worker determines the child's foster care payment amount. The foster care payment standard is also the child's eligibility income limit for determining continuing eligibility for AFDC-FC. (12-1-91)

760. TITLE XIX FOSTER CHILD.

A foster child residing in a foster home, children's agency or children's institution approved by the Department is eligible for MA if he satisfies all of the following conditions: (11-1-92)

01. Eligibility Conditions. A foster child is eligible if: (11-1-92)
 - a. He is under age twenty-one (21); (11-1-92)
 - b. He is not a recipient of AFDC-FC or SSI; (11-1-92)
 - c. A departmental program other than the financial and medicinal assistance program has assumed full or partial financial responsibility for him; (11-1-92)
 - d. His countable resources do not exceed the AFDC resource limit. In addition to the AFDC resource exclusions, the child may have an additional amount up to five thousand dollars (\$5,000) excluded if held in trust for him; (11-1-92)
 - e. After applying the applicable AFDC income exclusions and earned income disregards, an additional income disregard of seventy dollars (\$70) is deducted. (11-1-92)
 - f. Total income must not exceed two hundred and thirteen dollars (\$213) monthly. (11-1-92)
02. Ongoing Eligibility. If a foster child is determined eligible to receive MA, the following provisions apply: (11-1-92)
 - a. His eligibility must be redetermined at least once every six (6) months. (11-1-92)
 - b. His eligibility must cease and other funding sources for medical care must be utilized if the foster home approval is rescinded or, for a licensed foster home, the license expires and an application for license renewal is not on file, or if the child returns to his own home even if the Department retains legal custody of such child. (11-1-92)
03. Hospitalized Foster Child. Where a child who is otherwise eligible for MA as a foster child is placed in a hospital prior to being physically placed in foster care, the child is considered to be living in an approved foster care situation if the regional team appointed to review hospitalization of foster children certifies in writing to

the EE that the plan for the child is to place him in foster care immediately upon discharge from the hospital. The certification must include the estimated date on which the child will enter foster care. (11-1-92)

761. -- 995. (RESERVED).

996. FAIR HEARING.

If the client does not agree with the actions of the Department, he must be allowed the opportunity to request a fair hearing in accordance with Idaho Department Health and Welfare Rules, Title 05, Chapter 03, Section 300, "Rules Governing Contested Cases and Declaratory Rulings." (11-1-92)

997. INCLUSIVE GENDER AND NUMBER.

Gender, masculine, feminine, or neuter, and number, singular or plural, as used in these rules, will include all others, as the context requires. (12-1-91)

998. CONFIDENTIALITY.

Information received by the Department, from clients, is subject to the provisions of Idaho Department of Health and Welfare Rules, Title 05, Chapter 01, "Rules Governing Protection and Disclosure of Department Records". The current address of a client can be furnished to a state or local law enforcement official upon his written request, providing the official furnishes the Department with the client's name and Social Security account number. The officer must provide proof the client is a convicted or indicted fugitive felon; or that a fugitive warrant has been issued for the client. The official must provide proof the location or apprehension of the client is within the scope of the officer's duties, and the request for an address is made in the proper exercise of those duties. (12-1-91)

999. SEVERABILITY.

Idaho Department of Health and Welfare Rules, Title 03, Chapter 01, are severable. If any rule, or part thereof, or the application of such rule to any person or circumstance, is declared invalid, that invalidity does not affect the validity of any remaining portion of this chapter. (12-1-91)