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**IDAPA 16  
TITLE 03  
Chapter 01**

**16.03.01 - RULES GOVERNING ELIGIBILITY  
FOR MEDICAID FOR FAMILIES AND CHILDREN**

**000. LEGAL AUTHORITY.**

The Department of Health and Welfare is authorized by Section 56-209(b), Idaho Code, to adopt rules for the administration of the Medicaid program. (7-1-97)T

**001. TITLE AND SCOPE.**

These rules are known and will be cited as "Rules Governing Eligibility for Medicaid for Families and Children," IDAPA 16, Title 03, Chapter 01. The rules provide standards for issuing Medicaid to families and children and support the AFDC state plan in effect prior to July 16, 1996. (7-1-97)T

**002. WRITTEN INTERPRETATIONS.**

In accordance with Section 67-5201(16)(b)(iv), Idaho Code, this agency has written statements which pertain to the interpretation of the rules of this chapter, or to the documentation of compliance with the rules of this chapter. The document is available for public inspection and copying at cost at the Regional Offices. (7-1-97)T

**003. POLICY.**

It is the policy of the Idaho Department of Health and Welfare, to serve the citizens of Idaho and to distribute Medicaid benefits in accordance with acceptable standards. (7-1-97)T

**004. DEFINITIONS.**

Definitions applicable to IDAPA 16, Title 03, Chapter 01 are listed in Subsections 004.01 through 004.08. (7-1-97)T

01. Department. The Idaho Department of Health and Welfare. (7-1-97)T
02. Examiner. Eligibility examiner employed by the state of Idaho, Department of Health and Welfare, whose duties include the determination of eligibility and payment of Medicaid benefits. (7-1-97)T
03. Field Office. Office of the Idaho Department of Health and Welfare. The purpose of this office is to accept and process applications for Medicaid. (7-1-97)T
04. Participant. A person who is applying for or receiving Medicaid benefits. (7-1-97)T
05. Public Assistance. Medicaid granted by the Department for persons or families under the authority of Title 56, Chapter 2, Idaho Code. (7-1-97)T
06. Self Reliance Specialist. Self reliance specialist employed by the state of Idaho, Department of Health and Welfare, whose duties include the determination of eligibility and payment of Medicaid benefits. (7-1-97)T
07. State. The state of Idaho. (7-1-97)T
08. Working Day. A calendar day in which regular hours of Department activity occur. Weekends and State holidays are not considered working days. (7-1-97)T

**005. ABBREVIATIONS.**

Abbreviations applicable to IDAPA 16, Title 03, Chapter 01 are listed in Subsections 005.01 through 005.33. (7-1-97)T

01. AFDC. Aid to Families with Dependent Children, the cash assistance program for families and children in effect through June 30, 1997. (7-1-97)T
02. AG. Office of the Attorney General, Health and Welfare Division. (7-1-97)T

03.	AIM. The Department's Advanced Information Management system for Medicaid.	(7-1-97)T
04.	ASVI. Alien Status Verification Index.	(7-1-97)T
05.	BCSS. Bureau of Child Support Services.	(7-1-97)T
06.	DHW. Department of Health and Welfare.	(7-1-97)T
07.	DOE. Department of Employment.	(7-1-97)T
08.	DVR. Department of Vocational Rehabilitation.	(7-1-97)T
09.	EE. Eligibility Examiner.	(7-1-97)T
10.	EITC. Earned Income Tax Credit.	(7-1-97)T
11.	EPICS. The DHW Eligibility Programs Integrated Computer System.	(7-1-97)T
12.	EPSDT. Early and Periodic Screening, Diagnosis, and Treatment.	(7-1-97)T
13.	FmHA. The Farmer's Home Administration of the U.S. Department of Agriculture.	(7-1-97)T
14.	HUD. The U.S. Department of Housing and Urban Development.	(7-1-97)T
15.	ICF/MR. Intermediate Care Facility/Mentally Retarded.	(7-1-97)T
16.	ICES. The Idaho Child Support Enforcement System.	(7-1-97)T
17.	IEVS. Income and Eligibility Verification System.	(7-1-97)T
18.	INA. Immigration and Naturalization Act.	(7-1-97)T
19.	IRS. Internal Revenue Service.	(7-1-97)T
20.	MA. Medicaid (Medical Assistance).	(7-1-97)T
21.	PRWORA. Personal Responsibility Work Opportunity Reconciliation Act of 1996.	(7-1-97)T
22.	PWE. Principal Wage Earned.	(7-1-97)T
23.	RSDI. Retirement, Survivors, and Disability Insurance.	(7-1-97)T
24.	SAVE. Systematic Alien Verification for Entitlement.	(7-1-97)T
25.	SRS. Self Reliance Specialist.	(7-1-97)T
26.	SSA. Social Security Administration.	(7-1-97)T
27.	SSI. Supplemental Security Income.	(7-1-97)T
28.	SSN. Social Security Number.	(7-1-97)T
29.	TAFI. Temporary Assistance for Families in Idaho.	(7-1-97)T
30.	TPL. Third Party Liability	(7-1-97)T
31.	UIB. Unemployment Insurance Benefits.	(7-1-97)T

32. VA. Veterans Administration. (7-1-97)T

33. VRS. Vocational Rehabilitation Services, Department of Education. (7-1-97)T

**006. FEDERAL LAWS.**

Federal and public laws applicable to IDAPA 16, Title 03, Chapter 01 are listed in Subsections 006.01 through 006.16. (7-1-97)T

01. Alaska Native Claim Settlement Act. This Federal Law is contained in Title 43 of the U.S. Code. (7-1-97)T

02. Child Nutrition Act of 1966. This Federal Law is contained in Title 42 of U.S. Code. (7-1-97)T

03. Domestic Volunteer Service Act of 1973. This Federal Law is contained in Titles 5 and 42 of the U.S. Code. (7-1-97)T

04. Higher Education Amendments of 1968. This Federal Law is contained in Titles 12 and 20 of the U.S. Code. (7-1-97)T

05. Housing Act of 1949. This Federal Law is contained in Titles 12 and 42 of the U.S. Code. (7-1-97)T

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. (7-1-97)T

07. Immigration and Nationality Act. This Federal Law is contained in Titles 8, 18, 22, 31, 49, and 50 of the U.S. Code. (7-1-97)T

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. (7-1-97)T

09. National Housing Act. This Federal Law is contained in Titles 10, 12, 15, 41, 48, 49, and 50 of the U.S. Code. (7-1-97)T

10. National School Lunch Act. This Federal Law is contained in Title 42 of the U.S. Code. (7-1-97)T

11. Older Americans Act of 1965. This Federal Law is contained in Title 42 of the U.S. Code. (7-1-97)T

12. Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This Federal Law is contained in Public Law 104-193. (7-1-97)T

13. Rehabilitation Act of 1973. This Federal Law is contained in Title 29 of the U.S. Code. (7-1-97)T

14. 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. (7-1-97)T

15. Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. This Federal Law is contained in Title 42 of the U.S. Code. (7-1-97)T

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. (7-1-97)T

**007. -- 099. (RESERVED).**

**100. PARTICIPANT RIGHTS.**

The participant has rights protected by federal and state laws and Department rules. The Department must inform participants of their rights during the application process and eligibility reviews as listed in Subsections 100.01 through 100.03. (7-1-97)T

01. Right to Apply. Any person has the right to apply for Medicaid. Applications must be in writing on forms provided by the Department. (7-1-97)T

02. Right to Hearing. Any participant can request a fair hearing to contest a Department decision. (7-1-97)T

03. Civil Rights. Participants have civil rights 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. (7-1-97)T

**101. APPLICATION FOR MEDICAID.**

The application must be complete and signed by the participant or authorized representative under penalty of perjury. Statements made on the application must be proved. (7-1-97)T

**102. PROOF OF ELIGIBILITY AND COLLATERAL CONTACTS.**

Participants must provide proof of eligibility. A participant's signature on the application is his consent for the Department to contact collateral sources for verification of eligibility requirements. (7-1-97)T

**103. APPLICATION TIME LIMITS.**

Each application must be processed within forty-five (45) days, unless prevented by events beyond the Department's control. (7-1-97)T

**104. EFFECTIVE DATES.**

Medicaid can start up to three (3) calendar months before the application month. The participant must be eligible for Medicaid during the prior period. Coverage is provided if services payable by Medicaid were received in the prior period. (7-1-97)T

**105. -- 199. (RESERVED).**

**200. NONFINANCIAL CRITERIA FOR DETERMINING ELIGIBILITY.**

Nonfinancial criteria are conditions of eligibility, other than income and resources, that must be met before Medicaid can be authorized. (7-1-97)T

**201. RESIDENCY.**

The participant must voluntarily live in Idaho and have no immediate intention of leaving. (7-1-97)T

**202. (RESERVED).**

**203. CITIZENSHIP AND LEGAL NON-CITIZEN CRITERIA.**

Individuals must be citizens of the United States (U.S.) or be legal non-citizens. Nationals of American Samoa or Swain's Island are the equivalent of U.S. citizens. Only the groups of legal non-citizens listed in Subsections 203.01 through 203.07 are legal non-citizens. Individuals must provide proof of citizenship or proof of legal non-citizen status. An adult family member must sign a declaration, under penalty of perjury, attesting to citizenship or legal non-citizen status. (7-1-97)T

01. Permanent Residents. An individual admitted to the U.S. for permanent residence. (7-1-97)T

02. Refugees. A refugee admitted under 207 of the INA. (7-1-97)T

03. Asylee. Individuals granted asylum under 208 of the INA. (7-1-97)T

04. Deportee. Individuals whose deportation is withheld under 243 of the INA. (7-1-97)T

- 05. Parolee. Individual granted parole for at least one (1) year under 212(d)(5) of the INA. (7-1-97)T
- 06. Conditional Entrant. An individual granted conditional entry under 302(a)(7) of the INA. (7-1-97)T
- 07. Battered Immigrants. A battered immigrant meeting certain requirements. (7-1-97)T

**204. LEGAL NON-CITIZEN REQUIREMENTS AND LIMITATIONS.**

Legal non-citizens, who are otherwise eligible, are subject to requirements and limitations listed in Subsections 204.01 through 204.07. (7-1-97)T

- 01. Permanent Residents. Permanent residents, living in the U.S. prior to August 22, 1996, and having forty (40) quarters of Social Security coverage, can get Medicaid without time limits. (7-1-97)T
- 02. Veterans. Regardless of entry date, honorably discharged veterans, whose discharge reason is other than alienage, can get Medicaid without time limits. This includes the veteran's spouse and unmarried dependent children. (7-1-97)T
- 03. Armed Forces Members. Regardless of entry date, members of the U.S. Armed Forces, who are on full time active duty, can get Medicaid without time limits. This includes the member's spouse and unmarried dependent children. (7-1-97)T
- 04. Refugees. Regardless of entry date, refugees can get Medicaid for five (5) years from the date of entry. (7-1-97)T
- 05. Asylees. Regardless of entry date, asylees can get Medicaid for five (5) years from the date asylum is granted. (7-1-97)T
- 06. Deportees. Regardless of entry date, individuals whose deportation is withheld can get Medicaid for five (5) years from the date deportation is withheld. (7-1-97)T

**205. LEGAL NON-CITIZENS ENTERING THE U.S. ON OR AFTER AUGUST 22, 1996.**

Legal non-citizens, not described in Section 204, who enter the U.S. on or after August 22, 1996, are prohibited from receiving Medicaid for five (5) years from the date of entry. The individual, if otherwise eligible, can get services for an emergency condition. (7-1-97)T

**206. NON-QUALIFIED NON-CITIZENS.**

Individuals not listed in Section 203 are non-qualified non-citizens. These individuals were either admitted for a temporary period of time or were never lawfully admitted. Non-qualified non-citizens can include undocumented aliens, lawful temporary residents, foreign students, and visitors for business or pleasure. Non-qualified non-citizens, if otherwise eligible, can get services for an emergency condition. (7-1-97)T

**207. -- 214. (RESERVED).**

**215. SOCIAL SECURITY NUMBER.**

A participant must provide a Social Security Number (SSN), or proof he has applied for a Social Security Number. The SSN must be verified by the Social Security Administration (SSA). (7-1-97)T

**216. GROUP HEALTH PLAN ENROLLMENT.**

Medicaid participants must apply for and enroll in a cost effective group health plan if one is available. A cost effective health plan is one which has premiums and co-payments at a lower cost than Medicaid would pay for full medical services. Medicaid will pay premiums and other co-payments for plans the Department finds cost effective. (7-1-97)T

**217. 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 assigned to the Department by signature on the Medicaid application. The participant's signature is acknowledgment that he



understand his rights are assigned and he must cooperate to establish paternity and to secure medical support from any liable third party. The cooperation requirement may be waived if the participant proves he has good cause for not cooperating. Good cause for not cooperating is a situation in which cooperation would not be in the best interest of the participant. Good cause can include situations of rape, incest, or domestic violence that can be proven. (7-1-97)T

**218. WORK PROGRAM REQUIREMENT OF TAFI.**

A Medicaid participant who also receives Temporary Assistance for Families in Idaho (TAFI) must meet work program requirements of TAFI. A participant ineligible for TAFI because of a work program requirement is ineligible for Medicaid unless the participant is pregnant or is a minor child who is not the head of the household. (7-1-97)T

**219. ELIGIBILITY REVIEWS.**

Periodically, participants must have all factors of eligibility reviewed. To continue to get Medicaid, forms must be completed and signed. Eligibility factors must be verified. (7-1-97)T

**220. COOPERATION WITH THE BUREAU OF WELFARE PROGRAMS QUALITY CONTROL UNIT.**

When Quality Control selects a case for review, the participant must cooperate in the review of the case to verify the findings of the field office. (7-1-97)T

**221. REPORTING REQUIREMENTS.**

Changes in family circumstances must be reported to the Department and the change verified. A reasonable opportunity to report is allowed. Participants have ten (10) days, from the date the change is known, to report. Report of changes may be made verbally or in writing, through person contact, telephone or mail. A change can be reported on the Department's change report form. Reporting requirements are acknowledged when the participant signs the application form. (7-1-97)T

**222. TYPES OF CHANGES THAT MUST BE REPORTED.**

Changes in circumstances the participant must report are listed in Subsections 221.01 through 221.12. (7-1-97)T

01. Name or Address. A name change for any family member must be reported. A change of address or location must be reported. (7-1-97)T

02. Household Composition. Changes in family composition or the number of people living with the family, must be reported. (7-1-97)T

03. Marital Status. Marriages or divorces of any family member must be reported. (7-1-97)T

04. Earned Income. Earned income changes for all family members must be reported when the employer, or source of income, changes, when there is a change in hourly rate or salary, or when there is a change between part-time and full-time work. When families receive Medicaid because of the unemployment of a parent, changes in the number of hours worked must be reported. (7-1-97)T

05. Unearned Income. Changes in the amount or source of unearned income must be reported for all family members. (7-1-97)T

06. Support Income. Changes in the amount of support paid or a change in the ordered amount must be reported for all family members. (7-1-97)T

07. Resources. Changes in resources must be reported. This includes receiving money or goods of worth from any source. (7-1-97)T

08. Vehicles. Changes in the number or type of vehicles must be reported. (7-1-97)T

09. New Social Security Number. A Social Security Number (SSN) that is newly assigned must be reported. (7-1-97)T

10. Citizenship Status. Changes in citizenship and changes in the status of non-citizens must be

reported. (7-1-97)T

11. Disability. A family member who becomes disabled or is no longer disabled is a change in circumstances and must be reported. (7-1-97)T

12. Dependent Care Costs. Changes in the amount of dependent care costs must be reported. (7-1-97)T

**223. VERIFYING CHANGES.**

When changes are reported that could affect Medicaid eligibility, the Department will request proof of the change, allowing the participant a reasonable opportunity of up to ten (10) days, to provide the proof. (7-1-97)T

**224. PARTICIPANT FAILS TO REPORT EARNED INCOME.**

When a change in earned income is not reported, or is not timely reported, the earned income disregards are not allowed in the financial determination. Good cause for not reporting exists if the unreported income is less than five dollars (\$5). (7-1-97)T

**225. -- 299. (RESERVED).**

**300. FINANCIAL ELIGIBILITY.**

Financial eligibility is determined by using AFDC income and resource methodologies which were in effect on July 16, 1996. (7-1-97)T

**301. FINANCIAL RESPONSIBILITY.**

The income and resources of individuals who are financially responsible for the Medicaid participant are counted in determining eligibility. (7-1-97)T

**302. -- 309. (RESERVED).**

**310. RESOURCE LIMITS.**

The resource limit for coverage groups related to the AFDC need/payment standards in effect on July 16, 1996, is one thousand dollars (\$1,000) or less. The resource limit for coverage groups related to the Federal Poverty Guidelines (FPG) is five thousand dollars (\$5,000) or less. (7-1-97)T

**311. RESOURCE DEFINITION.**

Resources are liquid assets, vehicles, settlements, tax refunds, proceeds from the sale of a resource, cash value of life insurance and real property with a cash value upon disposition. Resources are available when the participant has the legal right to dispose of the resource and can do so in a reasonable length of time. (7-1-97)T

**312. 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, trust funds, and other financial instruments that can be converted into cash. (7-1-97)T

**313. EQUITY VALUE OF RESOURCES.**

Resources are 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. (7-1-97)T

**314. VEHICLES.**

Vehicle treatment is based on the Medicaid coverage group and listed in Subsections 314.01 and 314.02. (7-1-97)T

01. AFDC Standards. For groups using the AFDC income and resource standards that were in effect on July 16, 1996, the equity value in excess of one thousand five hundred dollars (\$1,500) of one (1) vehicle is a resource. (7-1-97)T

02. Federal Poverty Guidelines. For groups using Federal Poverty Guidelines, one (1) vehicle, regardless of value, is excluded. In two parent families, a second vehicle used for medical transportation, or seeking or retaining employment, is also excluded. (7-1-97)T

**315. BANK ACCOUNTS.**

Money deposited to a bank account by the participant is a countable resource. (7-1-97)T

**316. LIFE INSURANCE.**

The cash surrender value of each life insurance policy owned by the participant is a resource. (7-1-97)T

**317. SALES CONTRACTS.**

A mortgage, promissory note, or other form of sales contract, that can be sold is a resource. (7-1-97)T

**318. RESOURCES EXCLUDED BY FEDERAL LAW.**

A resource excluded by federal law is not counted in determining the resource amount available to the participant. (7-1-97)T

**319. -- 349. (RESERVED).**

**350. INCOME AVAILABILITY.**

All income from financially responsible persons is counted for Medicaid eligibility. Income is available when the participant has a legal interest in a liquidated sum. Income must be under the control of the participant 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. (7-1-97)T

**351. EARNED INCOME.**

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 participant 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. (7-1-97)T

**352. SELF-EMPLOYMENT EARNED INCOME.**

Income from self-employment is treated as earned income. (7-1-97)T

**353. INCOME PAID UNDER CONTRACT.**

The earned income of an employee paid on a contractual basis is prorated over the period of the contract. (7-1-97)T

**354. JTPA INCOME.**

Incentive income from the JTPA program is earned income. JTPA allowances are excluded if provided for specific goods and services. JTPA income, paid to a minor child, is disregarded for six (6) consecutive calendar months. A minor child's unearned JTPA income is excluded with no time limits. (7-1-97)T

**355. CHILD'S INCOME.**

A child's earned income is counted if the child is not attending school full time or if the child is a part-time student who works thirty (30) hours per week or more. (7-1-97)T

**356. IN-KIND INCOME.**

An individual receiving a service, benefit, or durable goods, instead of wages, is earning in-kind income. In-kind income is earned income. (7-1-97)T

**357. EARNED INCOME DISREGARDS.**

Earned income disregards are subtracted from monthly earning. The disregards may be a standard disregard, thirty dollars (\$30) plus one-third (1/3) disregard, and the dependent care disregard. Disregards are subtracted in that order. (7-1-97)T

**358. STANDARD WORK EXPENSE DISREGARD.**

The first ninety dollars (\$90) of earned income is disregarded. (7-1-97)T

**359. THIRTY PLUS ONE-THIRD DISREGARD.**

Thirty dollars (\$30) plus one-third (1/3) is disregarded when the earned income belongs to a child, a single parent, a relative caretaker receiving Medicaid, a pregnant woman, or a parent in a two (2) parent family receiving Medicaid because of unemployment or incapacity. The disregard is allowed only if earned income, minus ninety (\$90) and allowable child care, is below the AFDC need standard for the family size. The disregard is not allowed after four (4) consecutive months. (7-1-97)T

**360. THIRTY (30) ONLY DISREGARD.**

Thirty dollars (\$30) are disregarded for eight (8) months following the expiration of the thirty dollars (\$30) plus one-third (1/3) disregard. (7-1-97)T

**361. DEPENDENT CARE DISREGARD.**

A dependent care disregard is subtracted from earnings for dependents requiring care because of employment related reasons. Dependents can be either children or an incapacitated spouse. To allow the disregard for an adult, the incapacity must be obvious or the family must provide medical proof that adult care is necessary. The amount disregarded is the anticipated cost of care or the maximum care allowance, whichever is less. Maximum dependent care allowances are listed in Subsections 361.01 and 362.02. (7-1-97)T

01. Dependents Two (2) Years of Age or Older. Dependents, two (2) years of age or older has up to one hundred seventy-five dollars (\$175) disregarded when the caretaker relative works full-time, eighty (80) or more hours in a month. When the caretaker relative works part-time, less than eighty (80) hours in a month, up to one hundred fifteen dollars (\$115) is disregarded. (7-1-97)T

02. Dependents Under Two (2) Years of Age. Dependents under two (2) years of age have up to two hundred dollars (\$200) disregarded when the caretaker relative works full-time, eighty (80) or more hours per month. When the caretaker relative works part-time, less than eighty (80) hours in a month, up to one hundred thirty-five dollars (\$135) is disregarded. (7-1-97)T

**362. -- 369. (RESERVED).**

**370. UNEARNED INCOME.**

Unearned income includes payments from pensions, RSDI, unemployment compensation, worker's compensation, veteran's benefits, other government benefits, TAFI, contributions, support payments, and money gifts. Unearned income includes capital investment returns, such as dividends and interest, or other income not gained through employment. (7-1-97)T

**371. SUPPORT INCOME.**

Support income is any payment an absent parent or absent spouse makes to the family. The payment is support when either parent defines it as such, or when the payment is used to meet the family's needs. A child support payment is unearned income to the child. (7-1-97)T

**372. 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. The net rental income is the gross rental receipts less ordinary and necessary expenses of producing the income. The net rental income is unearned income when all activities associated with the rental are conducted by an outside agency. If an outside agency is not conducting activities, the net rental income is earned income. (7-1-97)T

**373. UNEARNED INCOME COVERING MORE THAN ONE (1) MONTH.**

Unearned income received less often than monthly; such as quarterly, semi-annually, or annually, is prorated over the period of the time it is intended to cover. (7-1-97)T

**374. INTEREST INCOME.**

Interest posted to a bank account on a monthly or quarterly basis is unearned income in the month received. (7-1-97)T

**375. RSDI INCOME (SOCIAL SECURITY).**

The amount of the entitlement to 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 is unearned income. (7-1-97)T

**376. MONEY GIFTS.**

Money gifts received for occasions such as birthdays, Christmas, graduation, anniversaries, or cash rewards, is unearned income when the amount exceeds thirty dollars (\$30) per person in a calendar quarter. (7-1-97)T

**377. CONTRIBUTIONS.**

Contributions are cash payments from persons not legally liable to support the family. Contributions are unearned income. The contributions are counted prospectively, if they can reasonably be anticipated. (7-1-97)T

**378. DISABILITY INSURANCE PAYMENTS.**

Disability payments paid to a participant through an insurance company on a monthly basis are unearned income in the month received. (7-1-97)T

**379. INCOME FROM ROOMER OR BOARDER.**

Income from a commercial boarding house is earned income and is established by bookkeeping and FICA records. Income from other room and board situations is unearned income. Gross income from a roomer or boarder is computed by subtracting twenty-five dollars (\$25) from each roomer's payment, fifty dollars (\$50) from each boarder's payment, or seventy-five dollars (\$75) from each individual receiving room and board. If the room and board income is earned income, the room and board disregard is applied followed by the earned income disregards. (7-1-97)T

**380. RETIREMENT ACCOUNT WITHDRAWALS.**

Monthly withdrawals from retirement accounts are unearned income. Interest from a retirement account withdrawn in one lump sum is earned income. (7-1-97)T

**381. INCOME FROM SALE OF REAL PROPERTY.**

Monthly payments, minus prorated taxes and insurance costs, received by a participant for the sale of real property are unearned income. (7-1-97)T

**382. EDUCATIONAL INCOME.**

Monies obtained for purposes of education are earned or unearned income as listed in Subsections 382.01 through 382.05. (7-1-97)T

01. Carl D. Perkins Vocational and Applied Technology Education Act. Any money in excess of attendance costs is unearned income prorated over the period the grant. (7-1-97)T

02. State Work Study Income of Student. Work Study income, partially or wholly funded through the State, is earned income. (7-1-97)T

03. VA Educational Assistance. VA Educational Assistance payments are unearned income. (7-1-97)T

04. AmeriCorps. The AmeriCorps living allowance or stipend is earned income. (7-1-97)T

05. Federal or Nonfederal Supported Sources. Individuals may receive scholarships, grants, or awards from state sources, civic, fraternal and alumnus organizations, relatives, or other individuals. The amount of the award, minus costs of attendance, is unearned income prorated over the period of the award. (7-1-97)T

**383. MEDICAL INSURANCE PAYMENTS.**

Monthly insurance payments are unearned income if not used for the intended purpose of paying medical expenses or if the obligation to pay the medical expenses no longer exists because they are being paid by another source. Participants must provide proof the money was used to pay medical expenses. (7-1-97)T

**384. LUMP SUM INCOME.**

A nonrecurring lump sum payment is income. 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, disability insurance and lottery winnings. (7-1-97)T

**385. INCOME EXCLUDED BY FEDERAL LAW.**

Income excluded by federal law is not counted in determining income available to the participant. (7-1-97)T

**386. UNEARNED INCOME DISREGARDS.**

Unearned income disregards are subtracted from monthly income as listed in Subsections 386.01 and 386.02. (7-1-97)T

01. Child Support Disregard. The first fifty dollars (\$50) of child support is disregarded. (7-1-97)T

02. TAFI. Thirty dollars (\$30) of TAFI income is disregarded for one (1) and two (2) person families. (7-1-97)T

**387. -- 399. (RESERVED).**

**400. DETERMINING COVERAGE GROUPS.**

Countable monthly income and resources are compared to the AFDC resource and payment standard in effect on July 16, 1996 to determine the coverage group for the family or individual. When income or resources exceed the AFDC standards, the family is ineligible for Medicaid in a coverage group related to AFDC standards. If the participant is a child or pregnant woman, income and resources are compared to the Federal Poverty Guidelines (FPG) income and resource limits. If countable monthly income or resources exceeds both the AFDC standard and the FPG, the family or individual is ineligible for Medicaid. (7-1-97)T

**401. AFDC INCOME STANDARDS.**

The AFDC standards are based on the number of family members. The standards are listed in Table 401. (7-1-97)T

TABLE 401 - AFDC STANDARDS		
NUMBER IN FAMILY	PAYMENT STANDARD	NEED STANDARD
1	\$205	\$643
2	\$251	\$786
3	\$317	\$991
4	\$382	\$1,196
5	\$448	\$1,401
6	\$513	\$1,606
7	\$579	\$1,811
8	\$645	\$2,016
9	\$710	\$2,221

TABLE 401 - AFDC STANDARDS		
NUMBER IN FAMILY	PAYMENT STANDARD	NEED STANDARD
10	\$776	\$2,426
Over 10 Persons	Add \$65 Each	Add \$205 Each

**402. -- 409. (RESERVED).**

**410. MEDICAID COVERAGE GROUPS RELATED TO AFDC STANDARDS.**

Persons with countable income below the AFDC payment standard may be eligible for the Medicaid coverage groups of Qualified Child, Qualified Pregnant Women, or Low Income Families with Children. (7-1-97)T

**411. QUALIFIED CHILD.**

A Qualified Child must meet non-financial and financial criteria for AFDC, must be born after September 30, 1983, and be nineteen (19) years of age or younger at the time of application. (7-1-97)T

**412. QUALIFIED PREGNANT WOMAN.**

A Qualified Pregnant Woman must meet non-financial and financial criteria for AFDC and must provide medical verification of the pregnancy. (7-1-97)T

**413. LOW INCOME FAMILIES WITH CHILDREN.**

Families with minor children in the home, who would be AFDC eligible if the program was in effect, are eligible if non- financial, financial, and the conditions listed in Subsections 413.01 through 413.04 are met. (7-1-97)T

01. Living with a Relative. A child must live in a home with an adult caretaker who is related to the child by blood, marriage, or adoption. (7-1-97)T

02. Dependent Child. 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 the nineteenth (19th) birthday. (7-1-97)T

03. Deprivation. The child is experiencing a lack of, or interruption in parental care, guidance and support ordinarily received from one (1) or both parents through continued absence, incapacity expected to last at least thirty (30) days, death, or the unemployment/underemployment of the principal wage earner (PWE) parent. An incapacitated parent must cooperate with a plan for training, employment or medical treatment. A PWE must apply for unemployment benefits and accept an offer of employment, training, or education. If the receipt of unemployment benefits causes financial ineligibility under this coverage group, family members may qualify for Medicaid under FPG coverage groups. (7-1-97)T

04. One Hundred Eighty-five Percent (185%) Test. The family is ineligible for Medicaid when total gross income exceeds one hundred eighty-five percent (185%) of the monthly need standard. (7-1-97)T

**414. CONTINUED MEDICAID.**

Low Income Families with Children can get continued Medicaid if the family would have lost Medicaid because of increased support payments or increased income due to certain work related reasons. (7-1-97)T

**415. EXTENDED MEDICAID FOR CHILD SUPPORT INCREASE.**

Low Income Families with Children are eligible for four (4) calendar months of Extended Medicaid (EM) if the income for the family exceeds limits because of the initiation of or an increase in child support collected by BCSS. Medicaid must have been received in three (3) of the six (6) months before the month the family would become ineligible. (7-1-97)T

**416. TRANSITIONAL MEDICAID (TM).**

Low Income Families with Children are eligible for Transitional Medicaid (TM) if the family income exceeds limits because the caretaker relative's hours of employment increase, income from employment increased, or the thirty dollars (\$30) plus one-third (1/3) or the thirty dollar (\$30) disregard expired. Medicaid must have been received in three (3) of the six (6) months before the month the family become ineligible. Eligible families get TM for up to twelve (12) months. An initial six (6) month period and an additional six (6) month period is available when the conditions listed in Subsections 416.01 through 416.03 are met. (7-1-97)T

01. Reporting Requirement for TM. Families getting TM must complete and sign three (3) quarterly reports in the Transitional Medicaid periods. Monthly earnings and child care expenses must be declared and proof of earnings and child care expenses must be provided. The additional six (6) month is authorized when the first completed quarterly report is received. (7-1-97)T

02. Income Tests for TM. Families must meet two (2) income tests during the twelve (12) month period. The one hundred eighty-five percent (185%) income test must be passed at the end of the sixth month and again when the final quarterly report is received. The caretaker must have earnings each month. (7-1-97)T

03. Ending Transitional Medicaid. TM is ended when all eligible children have left the home. (7-1-97)T

**417. -- 499. (RESERVED).**

**500. MEDICAID COVERAGE GROUPS RELATED TO FEDERAL POVERTY GUIDELINES (FPG).**

Individuals and families with income at or below the FPG may be Medicaid eligible if family income meets guidelines. FPG coverage groups are Low Income Child, Low Income Pregnant Women, pregnant women ineligible because of excess income, and presumptively eligible pregnant women. (7-1-97)T

**501. LOW INCOME CHILD.**

A child may be Medicaid eligible if non-financial criteria and financial criteria is met. The child's birth date must be after September 30, 1983. The child's age determines the percentage of FPG used as an income limit and is listed in Subsections 501.01 and 501.02. (7-1-97)T

01. Child Under Age Six (6). Income must not exceed one hundred 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. (7-1-97)T

02. Child Age Six (6) and Over. 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. (7-1-97)T

**502. LOW INCOME PREGNANT WOMAN.**

A Low Income Pregnant Woman must meet non-financial criteria, financial criteria of the FPG, and provide medical verification of the pregnancy. Low Income Pregnant Women receive Medicaid through a sixty (60) day postpartum period. Medicaid is limited to pregnancy related and postpartum services. (7-1-97)T

**503. PREGNANT WOMAN INELIGIBLE BECAUSE OF EXCESS INCOME.**

A pregnant Medicaid participant, in any coverage group, who becomes ineligible for that coverage group because of an increase in income, continues to receive Medicaid as a Low Income Pregnant Woman. (7-1-97)T

**504. PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN.**

A pregnant woman can get Medicaid as a presumptively eligible pregnant woman prior to a formal Medicaid determination. Medicaid is limited to payments for ambulatory prenatal services. The pregnancy must be medically verified. A qualified provider must accept written requests for this service and makes the eligibility determination. The qualified provider must inform the participant how to complete the formal Medicaid application process. Qualified providers are required to send the result of the presumptive eligibility decision and the completed application for Medicaid to the Department within two (2) working days. The Notice and Fair Hearing rights of the Medicaid program do not apply to the presumptive eligibility decision. Presumptive eligibility is limited to one (1)



determination per pregnancy.

(7-1-97)T

**505. -- 599. (RESERVED).**

**600. INDIVIDUALS RELATED TO EITHER AFDC OR FPG STANDARDS.**

Some individuals can be Medicaid eligible in any coverage group. These individuals are newborn children of mothers receiving Medicaid, persons meeting requirements of an emergency medical condition, minor parents, and residents of eligible institutions.

(7-1-97)T

**601. NEWBORN CHILD.**

A newborn child whose mother is receiving Medicaid at the time of the child's birth is eligible for Medicaid for one (1) year. The newborn child must live with his mother and the mother must continue receiving Medicaid, or would continue receiving Medicaid if she were still pregnant. Other nonfinancial criteria is postponed until an application is made.

(7-1-97)T

**602. EMERGENCY MEDICAL CONDITION.**

Individuals who do not meet citizenship requirements may receive Medicaid for medical services necessary to treat an emergency medical condition, including labor and delivery. Emergency medical conditions have acute symptoms of severity, including severe pain. The Bureau of Medicaid Policy and Reimbursement determines if a condition meets criteria of an emergency condition. Medicaid is limited to the period of time established for the emergency condition. For undocumented individuals with emergency conditions, the SSN requirement is waived because an SSN cannot be issued. Individuals must be otherwise Medicaid eligible.

(7-1-97)T

**603. MINOR PARENT (MP) LIVING WITH PARENTS.**

A minor parent (MP) who lives 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. The MP's parent(s) income is deemed to the MP. The MP must meet financial and non-financial criteria.

(7-1-97)T

**604. RESIDENT OF ELIGIBLE INSTITUTION.**

A resident of an eligible institution can get Medicaid. Non-financial and financial criteria must be met, and the individual must meet conditions of a coverage group. Eligible institutions are medical institutions, intermediate care facilities, child care institutions for foster care, or publicly operated community residences serving no more than sixteen (16) residents.

(7-1-97)T

**605. -- 699. (RESERVED).**

**700. SPECIFIC CHILDREN AND MEDICAID.**

Specific children are eligible for Medicaid. The specific children receive foster care or are in adoptive placements with special circumstances. The children must meet non-financial criteria and must meet the financial requirements described for the coverage group.

(7-1-97)T

**701. ADOLESCENT RESIDENT OF IDAHO STATE HOSPITAL SOUTH.**

A child residing in Idaho State Hospital South may be Medicaid eligible if the conditions in Subsections 701.01 through 701.03 are met.

(7-1-97)T

01. Under Age Twenty-One (21). The child is under age twenty-one (21).

(7-1-97)T

02. Resources. The (\$1,000) resource limit must be met. An additional resource exclusion of five thousand dollars (\$5,000) is allowed if money is held in trust for the child.

(7-1-97)T

03. Income. The child's income is less than two hundred and thirteen dollars (\$213) per month. Income exclusions and disregards apply to the child's income and an additional seventy dollars (\$70) is deducted.

(7-1-97)T

**702. TITLE IV-E FOSTER CARE CHILD.**

A child may be Medicaid eligible as a IV-E foster child if conditions of Subsections 702.01 through 702.04 are met.

(7-1-97)T

01. Financial. A child meets the financial condition of Low Income Families with Children, or would have received Medicaid in the coverage group if someone had applied. The financial condition must be met in the month a court action was initiated to remove the child from his home or the month a voluntary placement agreement is signed. (7-1-97)T

02. Court Order/Voluntary. The child must have been living in a parent's or relative's home during the month a court order removes the child or during the month a parent or relative voluntarily signs a written agreement with the Department for foster care. (7-1-97)T

03. Custody and Placement. The child's placement and care are the Department's responsibility and the child is living 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. (7-1-97)T

04. IV-E Foster Care and SSI Eligibility. When a child is eligible for both IV-E-Foster Care and SSI, the caretaker relative or social worker must choose the Medicaid coverage group for the child. (7-1-97)T

**703. TITLE XIX FOSTER CHILD.**

A child living in a foster home, children's agency or children's institution who does not meet the conditions of Title IV-E Foster Care may be Medicaid eligible if the conditions listed in Subsections 703.01 through 703.04 are met. (7-1-97)T

01. Age. The foster child is under age twenty-one (21); (7-1-97)T

02. Department Responsibility. The Division of Family and Children's Services assumes full or partial financial responsibility for the child; (7-1-97)T

03. Resources. The one thousand dollar (\$1,000) resource limit must be met. An additional resource exclusion of five thousand dollars (\$5,000) is allowed if money is held in trust for the child. (7-1-97)T

04. Income. The child's income cannot exceed two hundred and thirteen dollars (\$213) per month. After all applicable income exclusions and disregards have been subtracted from income, an additional seventy dollar (\$70) amount is subtracted. (7-1-97)T

**704. STATE SUBSIDIZED ADOPTION ASSISTANCE CHILD.**

A child in a state subsidized adoptive placement may be Medicaid eligible if the conditions listed in Subsections 704.01 through 704.04 are met. (7-1-97)T

01. Age. The child is under age twenty-one (21). (7-1-97)T

02. Adoption Assistance. An adoption assistance agreement, other than under Title IV-E, between the state and the adoptive parent(s) is in effect. (7-1-97)T

03. Special Needs. The child has special needs for medical or rehabilitative care that prevent adoptive placement without Medicaid. (7-1-97)T

04. Medicaid. The child received Medicaid in Idaho prior to the adoption agreement. (7-1-97)T

**705. FEDERALLY SUBSIDIZED ADOPTION ASSISTANCE CHILD.**

A child in a federally subsidized adoptive placement under Title IV-E is eligible for Medicaid. No additional conditions must be met. (7-1-97)T

**706. -- 999. (RESERVED).**