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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. (7-1-98)

001. TITLE AND SCOPE.

These rules are known and will be cited as IDAPA 16, Title 03, Chapter 01, "Rules Governing Eligibility for Medicaid for Families and Children". The rules provide standards for issuing Medicaid to families and children qualifying under AFDC-related and Federal Poverty Guideline (FPG) coverage groups. (3-30-01)

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. (7-1-98)

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. (7-1-98)

004. DEFINITIONS.

Definitions applicable to IDAPA 16, Title 03, Chapter 01, are listed in Subsections 004.01 through 004.08. (7-1-98)

01. Department. The Idaho Department of Health and Welfare. (7-1-98)

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. (7-1-98)

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. (7-1-98)

04. Participant. A person who is applying for or receiving Medicaid benefits. (7-1-98)

05. Public Assistance. Medicaid granted by the Department for persons or families under the authority of Title 56, Chapter 2, Idaho Code. (7-1-98)

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. (7-1-98)

07. State. The state of Idaho. (7-1-98)

08. Working Day. A calendar day in which regular hours of Department activity occur. Weekends and State holidays are not considered working days. (7-1-98)

005. ABBREVIATIONS.

Abbreviations applicable to IDAPA 16.03.01 are listed in Subsections 005.01 through 005.33. (7-1-98)

01. AFDC. Aid to Families with Dependent Children, the cash assistance program for families and children in effect through June 30, 1997. (7-1-98)

02. AG. Office of the Attorney General, Health and Welfare Division. (7-1-98)

03. AIM. The Department's Advanced Information Management system for Medicaid. (7-1-98)

04.	ASVI. Alien Status Verification Index.	(7-1-98)
05.	BCSS. Bureau of Child Support Services.	(7-1-98)
06.	CHIP. Child Health Insurance Program.	(7-1-99)
07.	DHW. Department of Health and Welfare.	(7-1-98)
08.	DOL. Department of Labor.	(7-1-99)
09.	DVR. Department of Vocational Rehabilitation.	(7-1-98)
10.	EE. Eligibility Examiner.	(7-1-98)
11.	EITC. Earned Income Tax Credit.	(7-1-98)
12.	EPICS. The DHW Eligibility Programs Integrated Computer System.	(7-1-98)
13.	EPSDT. Early and Periodic Screening, Diagnosis, and Treatment.	(7-1-98)
14.	FmHA. The Farmer's Home Administration of the U.S. Department of Agriculture.	(7-1-98)
15.	FPG. Federal Poverty Guideline.	(7-1-98)
16.	HUD. The U.S. Department of Housing and Urban Development.	(7-1-98)
17.	ICF/MR. Intermediate Care Facility/Mentally Retarded.	(7-1-98)
18.	ICES. The Idaho Child Support Enforcement System.	(7-1-98)
19.	IEVS. Income and Eligibility Verification System.	(7-1-98)
20.	INA. Immigration and Naturalization Act.	(7-1-98)
21.	IRS. Internal Revenue Service.	(7-1-98)
22.	MA. Medicaid (Medical Assistance).	(7-1-98)
23.	PRWORA. Personal Responsibility Work Opportunity Reconciliation Act of 1996.	(7-1-98)
24.	PWE. Principal Wage Earner.	(7-1-99)
25.	RSDI. Retirement, Survivors, and Disability Insurance.	(7-1-98)
26.	SAVE. Systematic Alien Verification for Entitlement.	(7-1-98)
27.	SRS. Self Reliance Specialist.	(7-1-98)
28.	SSA. Social Security Administration.	(7-1-98)
29.	SSI. Supplemental Security Income.	(7-1-98)
30.	SSN. Social Security Number.	(7-1-98)
31.	TAFI. Temporary Assistance for Families in Idaho.	(7-1-98)
32.	TPL. Third Party Liability.	(7-1-98)

33. **UIB.** Unemployment Insurance Benefits. (7-1-98)
34. **VA.** Veterans Administration. (7-1-98)
35. **VRS.** Vocational Rehabilitation Services, Department of Education. (7-1-98)
- 006. FEDERAL LAWS.**
Federal and public laws applicable to IDAPA 16, Title 03, Chapter 01 are listed in Subsections 006.01 through 006.16. (7-1-98)
01. **Alaska Native Claim Settlement Act.** This Federal Law is contained in Title 43 of the U.S. Code. (7-1-98)
02. **Adoptions and Safe Families Act Of 1997.** (7-1-99)
03. **Child Nutrition Act Of 1966.** This Federal Law is contained in Title 42 of U.S. Code. (7-1-98)
04. **Domestic Volunteer Service Act Of 1973.** This Federal Law is contained in Titles 5 and 42 of the U.S. Code. (7-1-98)
05. **Higher Education Amendments Of 1968.** This Federal Law is contained in Titles 12 and 20 of the U.S. Code. (7-1-98)
06. **Housing Act Of 1949.** This Federal Law is contained in Titles 12 and 42 of the U.S. Code. (7-1-98)
07. **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. (7-1-98)
08. **Immigration And Nationality Act.** This Federal Law is contained in Titles 8, 18, 22, 31, 49, and 50 of the U.S. Code. (7-1-98)
09. **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. (7-1-98)
10. **National Housing Act.** This Federal Law is contained in Titles 10, 12, 15, 41, 48, 49, and 50 of the U.S. Code. (7-1-98)
11. **National School Lunch Act.** This Federal Law is contained in Title 42 of the U.S. Code. (7-1-98)
12. **Older Americans Act Of 1965.** This Federal Law is contained in Title 42 of the U.S. Code. (7-1-98)
13. **Personal Responsibility And Work Opportunity Reconciliation Act Of 1996.** This Federal Law is contained in Public Law 104-193. (7-1-98)
14. **Rehabilitation Act Of 1973.** This Federal Law is contained in Title 29 of the U.S. Code. (7-1-98)
15. **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. (7-1-98)
16. **Uniform Relocation Assistance And Real Property Acquisition Policies Act Of 1970.** This Federal Law is contained in Title 42 of the U.S. Code. (7-1-98)
17. **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. (7-1-98)

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. (7-1-98)

01. Right To Apply. Any person has the right to apply for Medicaid. Applications must be in writing on forms provided by the Department. (7-1-98)

02. Right To Hearing. Any participant can request a fair hearing to contest a Department decision. (7-1-98)

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. (7-1-98)

101. APPLICATION FOR MEDICAID.

The application form must be complete and signed by the participant or authorized representative. By signing the application form, the participant or authorized representative agrees, under penalty of perjury, that statements made on the application are truthful. (3-30-01)

102. COLLATERAL CONTACTS.

A participant's signature on the application is his consent for the Department to contact collateral sources for verification of eligibility requirements. (3-30-01)

103. APPLICATION TIME LIMITS.

Each application must be processed within forty-five (45) days, unless prevented by events beyond the Department's control. (7-1-98)

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. (7-1-98)

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. (7-1-98)

201. RESIDENCY.

The participant must voluntarily live in Idaho and have no immediate intention of leaving. (7-1-98)

202. -- 203. (RESERVED).

204. CITIZENSHIP AND LEGAL NON-CITIZEN REQUIREMENT.

Individuals must be U.S. citizens or nationals or qualified legal non-citizens. Nationals of American Samoa or Swain's Island are the equivalent of U.S. citizens. Only groups of legal non-citizens listed in Subsections 102.01 through 102.09 may be eligible. (7-1-99)

01. Permanent Residents Admitted Before August 22, 1996. Participants must be: (7-1-99)

a. Legal non-citizens lawfully admitted for permanent residence. (7-1-99)

b. American Indians born in Canada to whom Section 289 of the INA applies or legal non-citizens

who are members of Indian tribes. (7-1-99)

02. Permanent Residents Admitted On Or After August 22, 1996. A lawful permanent resident admitted on or after August 22, 1996: (7-1-99)

a. Who is a veteran honorably discharged for a reason other than alienage or is on active duty in the U.S. Armed Forces for other than training or the spouse or unmarried dependent of the veteran or person on active duty; or (7-1-99)

b. Who has lived in the U.S. for five (5) years and has forty (40) quarters of work. (7-1-99)

03. Refugees. A refugee admitted under Section 207 of the INA, a Cuban/Haitian entrant as defined in Section 501(e) of the Refugee Assistance Act of 1980, or an Amerasian admitted under Section 584 of Public Law 100-202 and amended by Public Law 100-461 is eligible: (7-1-99)

a. For seven (7) years from the date of entry; or (7-1-99)

b. With no time limit if the refugee is a veteran honorably discharged for a reason other than alienage or on active duty in the U.S. Armed Forces for other than training or the spouse or unmarried dependent of the veteran or person on active duty. (7-1-99)

04. Asylees. An asylee admitted under Section 208 of the INA is eligible: (7-1-99)

a. For seven (7) years from the date asylee status is assigned; or (7-1-99)

b. With no time limit if the asylee is a veteran honorably discharged for a reason other than alienage or on active duty in the U.S. Armed Forces for other than training or the spouse or unmarried dependent of the veteran or person on active duty. (7-1-99)

05. Deportation Withheld. An individual whose deportation has been withheld under Section 241(b)(3) or 243(h) of the INA is eligible: (7-1-99)

a. For seven (7) years from the date deportation was withheld; or (7-1-99)

b. With no time limit if the deportee is a veteran honorably discharged for a reason other than alienage or on active duty in the U.S. Armed Forces for other than training or the spouse or unmarried dependent of the veteran or person on active duty. (7-1-99)

06. Conditional Entrants. A conditional entrant admitted under Section 203(a)(7) of the INA who is a veteran honorably discharged for a reason other than alienage or on active duty in the U.S. Armed Forces for other than training or the spouse or unmarried dependent of the veteran or person on active duty. (7-1-99)

07. Parolees. A person paroled into the U.S. under Section 212(d)(5) of the INA for a period of at least one (1) year, who is a veteran honorably discharged for a reason other than alienage or on active duty in the U.S. Armed Forces for other than training or the spouse or unmarried dependent of the veteran or person on active duty. (7-1-99)

08. Battered Non-Citizen Admitted Before August 22, 1996. A legal non-citizen admitted to the U.S. before August 22, 1996, as a battered non-citizen under Section 204(a)(1)(A) or 204(a)(1)(B) of the INA, as a non-citizen whose deportation is suspended under Section 244(a)(3) of the INA and is a veteran honorably discharged for a reason other than alienage, or on active duty in the U.S. Armed Forces for other than training, or the spouse or unmarried dependent of the veteran or person on active duty. (7-1-99)

09. Battered Non-Citizen Admitted On Or After August 22, 1996. A legal non-citizen admitted to the U.S. on or after August 22, 1996, as a battered non-citizen under Section 204(a)(1)(A) or 204(a)(1)(B) of the INA, or as a non-citizen whose deportation is suspended under Section 244(a)(3) of the INA, who is: (7-1-99)

a. A veteran honorably discharged for a reason other than alienage or on active duty in the U.S. Armed Forces for other than training or the spouse or unmarried dependent of the veteran or person on active duty; or (7-1-99)

b. Who has lived in the U.S. for five (5) years. (7-1-99)

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. (7-1-98)

206. SPONSOR DEEMING.

Income and resources of a legal non-citizen's sponsor and the sponsor's spouse are counted in determining eligibility. (7-1-99)

207. SPONSOR RESPONSIBILITY.

Section 213 of the Immigration and Naturalization Act requires that a sponsor signing Form I-864, Affidavit of Support, must reimburse the Department for Medicaid benefits to a sponsored legal noncitizen. (7-1-99)

208. -- 213. (RESERVED).

214. 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). This SSN requirement only applies to persons applying for or receiving Medicaid. A person not applying for or receiving Medicaid does not have to provide an SSN. (3-30-01)

215. 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. (7-1-98)

216. 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 must cooperate to secure medical support from any liable third party. The cooperation requirement may be waived if the participant has good cause for not cooperating. (7-1-99)

217. MEDICAL SUPPORT COOPERATION.

The participant must cooperate to identify and locate the noncustodial parent, establish paternity, and establish, modify and enforce a medical support order. A participant who cannot legally assign his own rights, such as a child, must not be denied Medicaid if the legally responsible person does not cooperate. The cooperation requirement may be waived if the participant has good cause for not cooperating as described in Subsection 217.02 or if the participant is a poverty level pregnant woman exempt from cooperating in establishing paternity and obtaining medical support from, or derived from, the father of the unborn child. (3-30-01)

01. Cooperation Defined. Cooperation includes, but is not limited to, providing all information to identify and locate the noncustodial parent. Cooperation for Medicaid includes identifying other liable third party payers. The participant must provide the first and last name of the noncustodial parent. The participant must also provide at least two (2) pieces of information about the noncustodial parent, listed in Subsections 217.01.a. through 217.01.g. (7-1-99)

a. Birth date. (4-5-00)

b. Social Security Number. (7-1-99)

- c. Current address. (7-1-99)
- d. Current phone number. (7-1-99)
- e. Current employer. (7-1-99)
- f. Make, model, and license number of any motor vehicle owned by the noncustodial parent. (7-1-99)
- g. Names, phone numbers and addresses of the parents of the noncustodial parent. (7-1-99)

02. Good Cause Defined. The participant may claim good cause for failure to cooperate in securing medical support for a minor child. Good cause is limited to the reasons listed in Subsections 217.02.a. through 217.02.c. (4-5-00)

- a. There is proof the child was conceived as a result of incest or rape. (7-1-99)
- b. There is proof the child's noncustodial parent may inflict physical or emotional harm to the participant, the child, the custodial parent or the caretaker relative. (7-1-99)
- c. A credible explanation is provided showing the participant cannot provide the minimum information regarding the noncustodial parent. (3-30-01)

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. (7-1-98)

219. (RESERVED).

220. COOPERATION WITH THE QUALITY CONTROL PROCESS.

When the Department or federal government selects a case for review in the quality control process, the participant must cooperate in the review of the case. (7-1-99)

221. -- 299. (RESERVED).

300. FINANCIAL ELIGIBILITY.

Financial eligibility is determined using Section 300 through Section 386. Income disregards described in Sections 357 through 361 and Section 386 do not apply to the Children's Health Insurance Program (CHIP) coverage group. (3-30-01)

301. FINANCIAL RESPONSIBILITY.

The income and resources of individuals who are financially responsible for the Medicaid participant are counted in determining eligibility. (7-1-98)

302. MEDICAID BUDGET UNIT.

A Medicaid budget unit is a person or group of persons living in the same home. Their needs, income, and resources are counted as a unit for Medicaid eligibility. Eligibility is based on the number of budget unit members. (4-5-00)

01. Medicaid Eligibility Requirements. All members of the budget unit must meet Medicaid eligibility requirements. (4-5-00)

02. Member Of More Than One Budget Unit. No person may be a member of more than one (1) budget unit during the same month. (4-5-00)

03. More Than One Medicaid Budget Unit In Home. If there is more than one (1) Medicaid budget unit in a home, each budget unit is considered a separate unit. (4-5-00)

04. Budget Units Not Separate. 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. (4-5-00)

303. PERSONS WHO MUST BE INCLUDED IN AN AFDC-RELATED MEDICAID BUDGET UNIT.

Persons in the home listed in Subsections 303.01 through 303.05 must be included in an AFDC-related budget unit. (3-30-01)

01. Parents. A natural or adoptive parent must be included in the budget unit. Both parents must be included if: (4-5-00)

- a. One (1) or both parents is incapacitated; (4-5-00)
- b. One (1) parent is receiving AABD Medicaid based on the Community Property method and is not an SSI recipient; or (4-5-00)
- c. One (1) or both parents is unemployed or underemployed. (3-30-01)

02. Disqualified Parents. Disqualified parents are members of the budget unit, but are not included in the family size. A disqualified parent's income and resources are counted in full. (4-5-00)

03. Siblings. A child's natural or adoptive brother or sister, including half (1/2) siblings, must be included in the budget unit. (4-5-00)

04. Pregnant Woman With No Other Children. A pregnant woman, who does not have a child residing in the home, may receive Medicaid. (4-5-00)

- a. The needs, income and resources of all persons in the home, who would be included in the budget unit if the child was born, must be counted for Medicaid eligibility. (4-5-00)
- b. The father of the child, if living in the home, must be included in the budget unit if the couple is married. The father is not eligible for Medicaid until the child is born. (4-5-00)

05. Stepparent Incapacitated Or Unemployed. A stepparent, who lives in the home and has a child in common with the parent, must be included in the budget unit if he is unemployed, or has a physical or mental incapacity expected to last at least thirty (30) days. (3-30-01)

304. PERSONS WHO MAY BE INCLUDED IN AN AFDC-RELATED MEDICAID BUDGET UNIT.

Persons in the home listed in Subsections 304.01 through 304.05 may be included in an AFDC-related Medicaid budget unit. They may choose not to be included. (3-30-01)

01. Other Child In Home. A child, who is not a natural or adoptive child of a budget unit member 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 birthday. (4-5-00)

02. Child Of Pregnant Woman. A pregnant woman's children can be included. If any children are included, all siblings must be included. (4-5-00)

03. 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. (4-5-00)

04. Sibling Caretaker. A sibling over the age limit who is the caretaker relative, because the parents are absent, can be included. (4-5-00)

05. Stepparent Caretaker. A stepparent, who is the caretaker relative because the child's parent is absent, can be included. (4-5-00)

305. PERSONS WHO MUST NOT BE INCLUDED IN AN AFDC-RELATED MEDICAID BUDGET UNIT.

Persons listed in Subsections 305.01 through 305.06 must not be included in an AFDC-related Medicaid budget unit. (3-30-01)

- 01. SSI Recipient.** Persons receiving SSI benefits must not be included. (4-5-00)
- 02. AABD Recipient.** Persons receiving AABD benefits must not be included. (4-5-00)
- 03. Stepparent Without Common Child.** Stepparents must not be included, unless there is a common child and the child's parent is incapacitated or unemployed. (4-5-00)
- 04. Ineligible Non-Citizen.** Persons who are ineligible non-citizens must not be included. (4-5-00)
- 05. Title IV-E Foster Child.** A child receiving foster care payments from the Department must not be included. (4-5-00)
- 06. Adoption Assistance.** A child receiving adoption assistance payments from any federal, state or local agency providing adoption assistance payments must not be included. (4-5-00)

306. DEEM INCOME FROM STEPPARENT, NON-PARENT CARETAKER, OR NON-CITIZEN PARENT.

Use Table 306 to deem income for Medicaid related to the AFDC need standards in effect July 16, 1996. Do not use Table 306 for Medicaid related to Federal Poverty Guidelines. (3-30-01)

- 01. Stepparent Or Non-Citizen Parent.** Deem income from a stepparent or non-citizen parent to the budget unit. (3-30-01)
- 02. Non-Parent Caretaker.** Count income from a non-parent caretaker choosing to be included in the budget unit. If there are two (2) non-parent caretaker relatives in the home, only one (1) can receive Medicaid. (3-30-01)
- 03. Two Non-Parent Caretaker Relatives.** If two (2) non-parent caretaker relatives are a married couple and one (1) chooses to receive Medicaid, deem the income of the spouse not receiving Medicaid to the budget unit. (3-30-01)
- 04. Table 306 - Deeming Income From Stepparent, Nonparent Caretaker, And Non-Citizen Parent.**

TABLE 306 - DEEMING INCOME FROM STEPPARENT, NON-PARENT CARETAKER AND NON-CITIZEN PARENT	
STEP	ACTION
Step 1.	Subtract a ninety dollar (\$90) work disregard from the total monthly earned income.
Step 2.	Add the remaining earned income and unearned income to arrive at the total monthly income.
Step 3.	Subtract child support payments made by a stepparent, non-parent caretaker or non-citizen parent from total monthly income in Step 2.
Step 4.	Subtract payments made to a dependent not residing in the home from income in Step 3. The dependent must be claimed for income tax purposes before the payments can be subtracted. The amount remaining after the subtraction of the disregards is the net income.
Step 5.	Subtract the Need Standard for the stepparent, non-parent caretaker or non-citizen parent and their dependent children from the net income in Step 4. The difference is the income deemed to the Medicaid family unit.

(3-30-01)

307. -- 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). The resource limit for coverage groups related to the Federal Poverty Guidelines (FPG) is five thousand dollars (\$5,000). (3-30-01)

311. RESOURCE DEFINITION.

Resources are liquid assets, vehicles, 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. (7-1-99)

312. LIQUID ASSETS.

Liquid assets include such things as cash, bank accounts, proceeds from the sale of a resource, 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. (3-30-01)

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. (7-1-98)

314. VEHICLES.

For both AFDC-related and FPG-related Medicaid coverage groups, one (1) vehicle, regardless of value, is excluded. In two (2) parent families, a second vehicle used for medical transportation, or seeking or retaining employment, is also excluded. The equity value of each additional vehicle, licensed or unlicensed, is a resource. The value of special equipment for the use or transportation of a disabled person is not counted when determining the equity value. (3-30-01)

315. BANK ACCOUNTS.

Money deposited to a bank account by the participant is a countable resource. Income not spent in the month received is counted as a resource the next month. (7-1-99)

316. (RESERVED).

317. SALES CONTRACTS.

A mortgage, promissory note, or other form of sales contract, that can be sold is a resource. (7-1-98)

318. RESOURCES EXCLUDED BY FEDERAL LAW.

A resource excluded by federal law is not counted in determining the resource amount available to the participant. (7-1-98)

319. -- 329. (RESERVED).

330. CONDITIONAL BENEFITS.

A participant ineligible due solely to excess nonliquid resources can receive Medicaid. Nonliquid resources are noncash resources not convertible to cash within twenty (20) working days. The participant must meet two (2) conditions. First, his countable liquid resources must not exceed three (3) times his Medicaid income limit. Second, the participant agrees, in writing, to sell excess nonliquid resources at their fair market value, within three (3) months. The value of excess real property is not counted as a resource, as long as the participant makes reasonable efforts to sell the property at its fair market value, and his reasonable efforts to sell are not successful. This exclusion is also used to compute deemed resources. (4-5-00)

01. Conditional Benefits Payments Disposal/Exclusion Period. The disposal period and exclusion period for excess nonliquid resources begins on the date the participant signs the Agreement to Sell Property. The disposal and exclusion periods can begin earlier for a participant who met all requirements to receive conditional

benefits before his first opportunity to sign the Agreement to Sell Property. The participant must sign the Agreement to Sell Property before his application is approved. (4-5-00)

02. Time Period For Disposal Of Excess Personal Property. The disposal period for excess nonliquid personal property is three (3) months. One (1) three (3) month extension, for sale of personal property, is allowed when good cause exists. (4-5-00)

03. Good Cause For Not Making Efforts To Sell Excess Property. The participant has good cause for not making efforts to sell property, when circumstances beyond his control prevent his taking the required actions. (3-30-01)

04. Participant Does Not Have Good Cause. If the participant does not have good cause for not making efforts to sell the property, the value of the property is counted as a resource back to the beginning of the conditional benefits period. If the resource value exceeds the limits, Medicaid is closed. Advance notice of closure is required. (3-30-01)

331. -- 345. (RESERVED).

346. DETERMINING INCOME ELIGIBILITY FOR THE MONTH OF APPLICATION.
Calculate the household's countable income for the application month, and compare the income against the income limits for the appropriate Medicaid program. Use actual income for each of the three (3) retroactive months to determine eligibility for that month. Determine eligibility for each retroactive month separately. (3-30-01)

347. ANTICIPATING INCOME.
Anticipate income to determine continuing eligibility. Compare the household's countable anticipated income against the income limits for the appropriate Medicaid program. (3-30-01)

348. DETERMINING INCOME AVAILABLE TO THE HOUSEHOLD.
Income from financially responsible household members 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. The participant must take all necessary steps to obtain program benefits for which he may be eligible. This includes RSDI, unemployment insurance, and worker's compensation. (3-30-01)

349. CALCULATING A FULL MONTH'S INCOME USING ACTUAL AND PROJECTED INCOME.
Calculate the monthly income, using actual income already received during the month and income expected to be received in the month. The household and the Department must agree this is a reasonable estimate of that month's income. (3-30-01)

01. Full Month's Income Expected From An Ongoing Source. If no changes are expected, use the actual income received in the past thirty (30) days to project a full month's income. If changes are expected, project the income for the month with the new information. (3-30-01)

02. Full Month's Income Not Expected From An Ongoing Source. If a full month's income is not expected from an ongoing source, count the income expected for the month. If the actual amount is known, use the actual income. If the actual income is unknown, project the expected income for that month. (3-30-01)

03. Full Month's Income Not Expected From A New Source. 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 the actual income is unknown, project the expected income for that month. (3-30-01)

04. Income From Terminated Source. If income is from a terminated source, and no additional income is expected in a future month, count the actual income received during the month. Do not convert income to a monthly amount, if a full month's income from the terminated source is not expected. (3-30-01)

05. Seasonal Income. If income changes seasonally, consider the household's income from the last

season and any pay changes to project the month's income. (3-30-01)

06. Fluctuating Income. When income fluctuates each pay period, and the rate of pay remains the same, average the income from the past thirty (30) days to determine the average pay period amount. Convert the average pay period amount to a full month's income. (3-30-01)

07. Income Paid As Salary. Count income paid as salary at the expected monthly salary rate. Do not count salary at an hourly rate. (3-30-01)

350. CONVERTING INCOME TO A MONTHLY AMOUNT.

If a full month's income is expected, but income is received more often than monthly, convert the income to a monthly amount using the appropriate formula in Subsections 350.01 through 350.03. (3-30-01)

01. Weekly Income. Multiply weekly income by four point three (4.3). (3-30-01)

02. Bi-Weekly Income. Multiply bi-weekly income by two point one five (2.15). (3-30-01)

03. Semi-Monthly Income. Multiply semi-monthly income by two (2). (3-30-01)

351. EARNED INCOME.

Earned income is 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. (3-30-01)

352. SELF-EMPLOYMENT EARNED INCOME.

Income from self-employment is treated as earned income. Compute self-employment income using Table 352.06. (3-30-01)

01. Annualize Self-Employment Income. Annualize the income if the participant has been self employed for more than one (1) year. (4-5-00)

02. Average Self-Employment Income. Average the income over the period of time the business has been operating if the participant has been self employed for less than one (1) year. (4-5-00)

03. Annualized Or Averaged Income Not Accurate. If the annualized or averaged income does not reflect the participant's current or projected income from his business, anticipate self employment income and expenses. (4-5-00)

04. Allowable Costs Of Producing The Self-Employment Income. Allowable costs of producing the self-employment income include: (4-5-00)

a. The cost of labor paid to persons not in the home. (4-5-00)

b. The cost of stock. (4-5-00)

c. The cost of material. (4-5-00)

d. The cost for rent and utilities, advertising, shipping and legal fees. (4-5-00)

e. The cost of seed and fertilizer. (4-5-00)

f. Interest paid to purchase income-producing property, including real estate. (4-5-00)

- g. Insurance premiums. (4-5-00)
- h. Taxes paid on income-producing property. (4-5-00)
- i. Transportation, when a vehicle is an integral part of business activity. (4-5-00)

05. Non-Allowable Costs Of Producing The Self-Employment Income. The non-allowable costs of producing the self-employment income are: (4-5-00)

- a. Payments on the principal of the purchase price of income-producing real estate and capital assets, equipment, machinery, and other durable goods. (4-5-00)
- b. Net losses from previous periods. (4-5-00)
- c. Federal, State, and local income taxes. (4-5-00)
- d. Money set aside for retirement. (4-5-00)
- e. Work-related personal expenses such as transportation to and from work. (4-5-00)
- f. Depreciation. (4-5-00)

06. Computing Self-Employment Income.

TABLE 352.06 - COMPUTING SELF-EMPLOYMENT INCOME	
STEP	DESCRIPTION
Step 1.	Add all self-employment income.
Step 2.	Add all capital gains to the self-employment income. The result is gross self-employment income.
Step 3.	Use the method of determining net self-employment income that most benefits the participant. Either subtract fifty percent of total gross self-employment income or subtract allowable costs of producing the self-employment income. Allowable costs are listed in Subsection 352.04. Do not subtract the non-allowable costs listed in Subsection 352.05. The result is available self-employment income.

(3-30-01)

353. INCOME PAID UNDER CONTRACT.

The earned income of an employee paid on a contractual basis is prorated over the period of the contract. (7-1-98)

354. JOB TRAINING PARTNERSHIP ACT (JTPA) INCOME.

Incentive income from the JTPA program is earned income. JTPA allowances are excluded if provided for specific goods and services. JTPA income, earned and unearned, paid to a minor child, is excluded with no time limits.

(3-30-01)

355. CHILD'S INCOME.

A child's earned income is excluded for AFDC-related and FPG-related Medicaid coverage groups other than the Children's Health Insurance Program (CHIP) coverage group. Earned income of a child eligible under CHIP between the ages of eighteen (18) and nineteen (19) is counted.

(3-30-01)

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 excluded.

(3-30-01)

357. EARNED INCOME DISREGARDS.

Earned income disregards are subtracted from earnings after they are converted to a monthly amount, if the participant is not eligible without the disregards. The earned income disregards are the standard disregard, thirty dollars (\$30) plus one-third (1/3) disregard, and the dependent care disregard. Disregards are subtracted in that order. (3-30-01)

358. STANDARD EARNED INCOME DISREGARD.

The first ninety dollars (\$90) of earned income is disregarded. (3-30-01)

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. (7-1-98)

360. THIRTY 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. (7-1-98)

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. 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 361.02. (3-30-01)

01. Dependents Two 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. (7-1-98)

02. Dependents Under Two 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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

374. INTEREST INCOME.

Interest posted to a bank account on a monthly or quarterly basis is unearned income in the month received. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

379. INCOME FROM ROOMER OR BOARDER.

Income from a commercial boarding house is earned income. 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. (3-30-01)

380. RETIREMENT ACCOUNT WITHDRAWALS.

Monthly withdrawals from retirement accounts are unearned income. Principal withdrawn in one (1) lump sum is a resource. Interest from a retirement account withdrawn in one lump sum is unearned income. (7-1-99)

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. (7-1-98)

382. EDUCATIONAL INCOME.

Monies obtained for purposes of education are earned or unearned income as listed in Subsections 382.01 through 382.05. (7-1-98)

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. (7-1-98)

02. State Work Study Income Of Student. Work Study income, partially or wholly funded through the State, is earned income. (7-1-98)

03. VA Educational Assistance. VA Educational Assistance payments are unearned income. (7-1-98)

04. AmeriCorps. The AmeriCorps living allowance or stipend is earned income. (7-1-98)

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. (7-1-98)

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. (3-30-01)

384. LUMP SUM INCOME.

A nonrecurring lump sum payment is income in the month received. 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. (4-5-00)

385. INCOME EXCLUDED BY FEDERAL LAW.

Income excluded by federal law is not counted in determining income available to the participant. (7-1-98)

386. UNEARNED INCOME DISREGARDS.

Unearned income disregards are subtracted from monthly income as listed in Subsections 386.01 and 386.02. (7-1-98)

01. Child Support Disregard. The first fifty dollars (\$50) of child support is disregarded. (7-1-98)

02. TAFI. One hundred dollars (\$100) of TAFI income is disregarded for one (1) and two (2) person families. One-time only TAFI diversion payments are excluded as income. (3-30-01)

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. (7-1-98)

401. AFDC INCOME STANDARDS.

The AFDC standards are based on the number of family members. The standards are listed in Table 401.

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

TABLE 401 - AFDC STANDARDS		
Number In Family	Payment Standard	Need Standard
9	\$710	\$2,221
10	\$776	\$2,426
Over 10 Persons	Add \$65 Each	Add \$205 Each

(7-1-98)

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. (7-1-98)

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. (7-1-98)

412. QUALIFIED PREGNANT WOMAN.

A Qualified Pregnant Woman must meet non-financial and financial criteria for AFDC. (3-30-01)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

03. Deprivation. The dependent child must be deprived. Deprivation is the lack of, or interruption in parental care, guidance and support ordinarily received from one (1) or both parents. A child is deprived when one (1) of the conditions listed in Subsections 413.03.a. through 413.03.d. exists. (3-30-01)

a. **Continued Absence.** A child is deprived when a parent is continuously absent from the home and no longer provides support, care or parental guidance. This may be due to death, divorce, desertion, marital separation, annulment, deportation or confinement in an institution for more than thirty (30) days. 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 a parent's absence is active duty in a uniformed service. (3-30-01)

b. **Paternity Not Established.** A child is deprived when paternity is not established or an Acknowledgement of Paternity form is not signed. (3-30-01)

c. **Incapacity.** A child is deprived when a parent has a physical or mental incapacity expected to last for at least thirty (30) days. A parent is incapacitated when qualified for SSI, AABD, or Social Security Disability. A parent is incapacitated when physically or mentally unable to work full time at his usual occupation, or the occupation for which he was trained, or is unable to perform homemaking activities without help from others. (3-30-01)

d. Unemployment or Underemployment. A child is deprived in a two (2) parent family when the family meets financial requirements. The budget unit must include at least one (1) child common to both parents. (3-30-01)

04. One Hundred Eighty-Five Percent Test. The family is ineligible for AFDC-related Medicaid when total gross income exceeds one hundred eighty-five percent (185%) of the monthly need standard. (3-30-01)

414. (RESERVED).

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 for reasons related to the initiation of or an increase in child support collected by CSS. Medicaid must have been received in three (3) of the six (6) months before the month the family would become ineligible. (3-30-01)

416. TRANSITIONAL MEDICAID (TM).

Low Income Families with Children are eligible for Transitional Medicaid (TM) if the family income exceeds limits because of a reason listed in Subsections 416.01 through 416.03. The caretaker must have earnings each month. The family must have received Medicaid in three (3) of the six (6) months before the month they became ineligible. Eligible families may get TM for up to twelve (12) months. (4-5-00)

01. Hours Of Employment Increased. Family income exceeds limits because the caretaker relative's hours of employment increased. (4-5-00)

02. Employment Income Increased. Family income exceeds limits because employment income increased. (4-5-00)

03. Disregard Expired. Family income exceeds limits because the thirty dollar (\$30) plus one-third (1/3) or the thirty dollar (\$30) disregard expired. (4-5-00)

417. TM NOTICE REQUIREMENTS.

The participant must be provided notice during TM as described in Subsections 417.01 and 417.02. (3-30-01)

01. Required Notice During First Six Months Of TM. Notify the participant of the reporting requirements and the option for months seven (7) through twelve (12) of TM. Send the notice and the report form in month three (3) and month six (6) of TM. (3-30-01)

02. Required Notice During Second Six Months Of TM. Notify the participant of reporting requirements. Send the notice and the report form in month nine (9) of TM. (3-30-01)

418. TM REPORTING REQUIREMENT.

Families receiving TM are mailed three (3) report forms during the twelve (12) TM months. Families must complete and return the reports as listed in Subsections 418.01 through 418.03. (3-30-01)

01. First Report. The family must complete and return the report only if changes have occurred in earnings, household composition or work-related child care costs. The first report is due by day twenty-one (21) of TM month four (4). The report covers TM months one (1) through three (3). (3-30-01)

02. Second Report. The family must complete and return the report only if changes have occurred in earnings, household composition or work-related child care costs. The second report is due by day twenty-one (21) of TM month seven (7). The report covers TM months four (4) through six (6). (3-30-01)

03. Third Report. The family must complete and return the report only if changes have occurred in earnings, household composition or work-related child care costs. The third report is due by day twenty-one (21) of TM month ten (10). The report covers TM months seven (7) through nine (9). (3-30-01)

419. INCOME TESTS FOR TM.

When a family reports changes in earnings, household composition or child care costs, eligibility to receive months seven (7) through twelve (12) of TM must be evaluated using the income tests listed in Section 419. Use the steps in Table 419.01 for the first income test, done at the end of month seven (7) of TM. Use steps in Table 419.02 for the second income test, done at the end of month ten (10) of TM. (3-30-01)

01. First TM Income, Test Done At The End Of Month Seven.

TABLE 419.01 - FIRST TM INCOME TEST, DONE AT THE END OF MONTH SEVEN (7)	
STEP	ACTION
Step 1.	Add the gross monthly earnings from months four (4) through six (6) of TM.
Step 2.	Subtract allowable child care costs from months four (4) through six (6) of TM from the total gross earnings. Allowable child care costs are costs necessary for the employment of the caretaker relative, not paid by another party.
Step 3.	Divide the result of the computation in Step 2 by three (3). The result is the average monthly earnings.
Step 4.	Select the Federal Poverty Guideline amount for the family size and multiply that amount by one hundred eighty-five percent (185%).
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, close TM. Adequate notice is required.

(3-30-01)

02. Second TM Income Test, Done At The End Of Month Ten.

TABLE 419.02 - SECOND TM INCOME TEST, DONE AT THE END OF MONTH TEN (10)	
STEP	ACTION
Step 1.	If the caretaker relative reports earnings in each of months seven (7) through nine (9) TM eligibility continues. If no earnings go to Step 2.
Step 2.	If no earnings are reported for any of months seven (7) through nine (9) of TM, determine if the caretaker relative has good cause for the lack of earnings. Use the criteria in Subsection 419.03. If good cause does not exist, close TM. Ten (10) day advance notice is required.

(3-30-01)

03. Good Cause For Lack Of Earnings. Good cause for lack of earnings includes, but is not limited to: (3-30-01)

- a. Family crisis. (4-5-00)
- b. Court required appearance or incarceration. (4-5-00)
- c. Loss of transportation where no other means of transportation is readily accessible. (4-5-00)
- d. Loss of child care arrangements. (4-5-00)
- e. Involuntary loss of employment. (4-5-00)
- f. Illness. (4-5-00)

420. REASONS TO END TM.

Reasons to end TM are listed in Subsections 420.01 through 420.05. (4-5-00)

01. Child Leaves Family Unit. The family unit ceases to include an eligible child. (4-5-00)

02. Not Residing In Idaho. The family unit ceases to reside in Idaho. (4-5-00)

03. Failure To Furnish SSN. The caretaker relative fails to furnish the SSN for a family unit member other than a newborn. That family unit member is not eligible for TM. (4-5-00)

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 ineligible for TM. (4-5-00)

05. Member Committing Fraudulent Acts. It is determined a member of the family unit committed fraud during the last six (6) months the unit got Medicaid, before getting TM. The remaining members of the family unit remain eligible. (4-5-00)

421. TM FAMILY RETURNS TO IDAHO.

If TM is 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. Count the months of absence as if the family had actually received TM during those months. (4-5-00)

422. NEW PERSONS MOVE INTO TM HOME.

New persons moving into the home during the twelve (12) month TM period are eligible for Medicaid if they must be included in the budget unit as described in Section 303. (4-5-00)

423. -- 499. (RESERVED).

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

FPG coverage groups are Low Income Child, Low Income Pregnant Women, presumptively eligible pregnant women and Child Health Insurance Program (CHIP). (3-30-01)

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. (7-1-98)

01. Child Under Age Six. Family 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. (7-1-99)

02. Child Age Six and Over. 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. (7-1-99)

502. LOW INCOME PREGNANT WOMAN.

A Low Income Pregnant Woman must meet Medicaid non-financial criteria. Medicaid for a Low Income Pregnant Woman is limited to pregnancy related and postpartum services. A Low Income Pregnant Woman is eligible for Medicaid through a sixty (60) day postpartum period if she applied for Medicaid while pregnant and was receiving Medicaid when the child was born. (3-30-01)

01. Income Limit. Family income must not exceed one hundred thirty-three percent (133%) of the Federal Poverty Guideline. (4-5-00)

02. Family Size. Family members include the pregnant woman and the unborn child. Family members also include the spouse, minor dependent children, and minor step-children, if living with the pregnant woman. Other

related or non-related children may be included if they live with the pregnant woman. Count family members regardless of Medicaid ineligibility or disqualification. Do not include family members receiving SSI or AABD payments. For an individual Medicaid determination, only income and resources of persons financially responsible for the individual can make the individual ineligible for Medicaid. (3-30-01)

03. Income Disregards. Subtract allowable income exclusions and disregards to determine family income. (3-30-01)

04. 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. (4-5-00)

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. (7-1-98)

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. 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. (3-30-01)

505. CHILD HEALTH INSURANCE PROGRAM (CHIP).

The 1997 Balanced Budget Reconciliation Act provides medical coverage for low income children. The children must meet the conditions in Subsections 505.01 through 505.08: (3-30-01)

01. Under Age Nineteen. The child must be under the age of nineteen (19). (7-1-99)

02. No Health Insurance. The child must not have creditable health insurance coverage. (7-1-99)

03. No Medicaid Eligibility. The child must not be eligible for other Medicaid programs. (7-1-99)

04. Resources. The family's countable resources must not exceed five thousand dollars (\$5000). (3-30-01)

05. Income Limit July 1, 1998 And After. For the period beginning July 1, 1998 and after, the family's gross income must not exceed and one hundred fifty percent (150%) of the Federal Poverty Guidelines for the household size. Families who receive Medicaid under the CHIP coverage group are not entitled to disregards from earned or unearned income. (3-30-01)

06. Intent To Qualify. A family must not remove a child from a creditable health insurance plan with the intent to qualify. (7-1-99)

07. Cost Prohibitive. A family must purchase creditable health insurance if affordable and available. The SRS will determine if insurance would be cost prohibitive, given the family's circumstances. (3-30-01)

08. Other Eligibility Criteria. All other eligibility criteria as defined for poverty level, low income children. (7-1-99)

506. -- 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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. The MP's parental income is deemed as shown in Subsections 603.01 through 603.04. (7-1-98)

01. Standard Disregard. From earned income, subtract the standard work disregard of ninety dollars (\$90). (7-1-98)

02. Child Care Costs. From earned income subtract child care costs up to the maximums in Section 361. (7-1-98)

03. Unearned Income. To earned income, add the amount of unearned income. (7-1-98)

04. Parental Family Deduction. From the total income, subtract an amount equal to the AFDC Need Standard or the FPG for the MP's parent's family size. This deduction is determined by the MP's coverage group. In calculating the family size, exclude the MP and her children. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

01. Under Age Twenty-one. The child is under age twenty-one (21). (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

01. Age. The foster child is under age twenty-one (21). (7-1-98)

02. Department Responsibility. The Division of Family and Children's Services assumes full or partial financial responsibility for the child. (7-1-98)

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. (7-1-98)

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. (7-1-98)

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. (7-1-98)

01. Age. The child is under age twenty-one (21). (7-1-98)

02. Adoption Assistance. An adoption assistance agreement, other than under Title IV-E, between the state and the adoptive parent(s) is in effect. (7-1-98)

03. Special Needs. The child has special needs for medical or rehabilitative care that prevent adoptive placement without Medicaid. (7-1-98)

04. Medicaid. The child received Medicaid in Idaho prior to the adoption agreement. (7-1-98)

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. (7-1-98)

706. THE ADOPTIONS AND SAFE FAMILIES ACT.

The Adoptions and Safe Families Act of 1997 provides health insurance coverage for any child with special needs if they meet the conditions in Subsections 706.01 and 706.02: (7-1-99)

01. Adoption Assistance Agreement. The child has an adoption assistance agreement; and (7-1-99)

02. Special Needs. The State has determined that due to the child's special needs for medical, mental health or rehabilitative care the child cannot be placed with adoptive parents without medical assistance. (7-1-99)

707. -- 748. (RESERVED).

749. CONTINUOUS ELIGIBILITY FOR CHILDREN UNDER AGE NINETEEN.

Children under age nineteen (19), found Medicaid eligible in an initial determination or a redetermination, remain eligible for a period of twelve (12) months. Eligibility continues for twelve (12) months, or until the age limit is exceeded, regardless of changes in circumstances. The twelve (12) month continuous eligibility period does not apply if, for any reason, eligibility was determined incorrectly. (3-30-01)

750. ANNUAL REDETERMINATION.

Participants must have eligibility redetermined annually. The annual redetermination is a review of all eligibility factors. To continue to receive Medicaid, the participant must complete and sign an application form and meet all nonfinancial and financial eligibility criteria. Exceptions to annual redetermination are listed in Subsections 751.01 through 751.04. (3-30-01)

751. EXCEPTIONS TO ANNUAL REDETERMINATION.

Participants who receive Medicaid through a time-limited coverage group, for which eligibility is not redetermined annually, are listed in Subsections 751.01 through 751.04. (3-30-01)

01. Extended Medicaid. A participant who receives Extended Medicaid is eligible as provided in Section 415. (3-30-01)

02. Transitional Medicaid. A participant who receives Transitional Medicaid is eligible as provided in Section 416. (3-30-01)

03. Low Income Pregnant Woman. A participant who receives Medicaid as a Low Income Pregnant Woman is eligible as provided in Section 502. (3-30-01)

04. Newborn Child Of Medicaid Eligible Mother. A participant receiving Medicaid as the newborn child of a Medicaid eligible mother is eligible as provided in Section 601. (3-30-01)

752. REPORTING REQUIREMENTS.

Changes in family circumstances must be reported to the Department. 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 personal contact, telephone or mail. (3-30-01)

753. TYPES OF CHANGES THAT MUST BE REPORTED.

Changes in circumstances the participant must report are listed in Subsections 753.01 through 753.12. (3-30-01)

01. Name Or Address. A name change for any participant must be reported. A change of address or location must be reported. (3-30-01)

02. Household Composition. Changes in family composition must be reported if a parent or relative caretaker receives Medicaid. (3-30-01)

03. Marital Status. Marriages or divorces of any family member must be reported if a parent or relative caretaker receives Medicaid. (3-30-01)

04. New Social Security Number. A Social Security Number (SSN) that is newly assigned to a

Medicaid participant must be reported. (3-30-01)

05. Health Insurance Coverage. Enrollment or disenrollment of a participant in a health insurance plan must be reported. (3-30-01)

06. Pregnancy Termination. Pregnant participants must report when pregnancy ends. (3-30-01)

07. Earned Income. Changes in the amount or source of earned income must be reported if a parent or relative caretaker receives Medicaid. (3-30-01)

08. Unearned Income. Changes in the amount or source of unearned income must be reported if a parent or relative caretaker receives Medicaid. (3-30-01)

09. Support Income. Changes in the amount of support paid or a change in the ordered amount must be reported if a parent or relative caretaker receives Medicaid. (3-30-01)

10. Resources. Changes in resources must be reported when a parent, relative caretaker, or pregnant woman receives Medicaid. This includes receipt of money or goods from any source. (3-30-01)

11. Vehicles. Changes in the number or type of vehicles must be reported if a parent or relative caretaker receives Medicaid. (3-30-01)

12. Disability. A family member who becomes disabled or is no longer disabled must be reported if a parent or relative caretaker receives Medicaid. (3-30-01)

754. PARTICIPANT FAILS TO REPORT EARNED INCOME.

When a parent or relative caretaker who receives Medicaid fails to report a change in earned income, or the change is not reported on time, the earned income disregards are not allowed in the financial determination. (3-30-01)

755. -- 759. (RESERVED).

760. NOTICE OF CHANGES IN ELIGIBILITY.

The participant must be notified of changes in Medicaid eligibility. The notice must give the effective date, the reason for the action, the rule that supports the action, and appeal rights. (3-30-01)

761. ADVANCE NOTICE RESPONSIBILITY.

When a reported change results in Medicaid closure, the participant must be notified at least ten (10) calendar days before the effective date of the action. (3-30-01)

762. ADVANCE NOTICE NOT REQUIRED.

Advance notice is not required when a condition listed in Subsections 762.01 through 762.08 exists. The participant must be notified by the date of the action. (3-30-01)

01. Death Of Participant. The Department has proof of the participant's death. (3-30-01)

02. Participant Request. The participant requests closure in writing. (3-30-01)

03. Participant In Institution. The participant is admitted or committed to an institution. Further payments to the participant do not qualify for federal financial participation under the state plan. (3-30-01)

04. Nursing Care. The participant is placed in a nursing facility, or Intermediate Care Facility for the Mentally Retarded. (3-30-01)

05. Participant Address Unknown. The participant's whereabouts are unknown. (3-30-01)

06. Aid In Another State. A participant is approved for aid in another state. (3-30-01)

07. Eligible One Month. The participant is eligible for aid only during the calendar month of his application for aid. (3-30-01)

08. Retroactive Medicaid. The participant's Medicaid eligibility is for a prior period. (3-30-01)

763. -- 799. (RESERVED).

800. OVERPAYMENTS.

Medicaid overpayments occur when a participant receives Medicaid services during a month, but is ineligible for Medicaid. (7-1-99)

801. RECOVERY OF OVERPAYMENTS.

All Medicaid overpayments are subject to recovery. Medicaid overpayments are recovered by direct payment. (7-1-99)

01. Notice Of Overpayment. The participant must be informed of the Medicaid overpayment. (7-1-99)

02. Notice Of Recovery. The participant must be informed when his Medicaid overpayment is fully recovered. (7-1-99)

802. -- 999. (RESERVED).

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