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**IDAPA 16
TITLE 03
CHAPTER 01**

16.03.01 - ELIGIBILITY FOR HEALTH CARE ASSISTANCE FOR FAMILIES AND CHILDREN

000. LEGAL AUTHORITY.

In accordance with Sections 56-201, 56-202(b), 56-203(g), 56-209, 56-209b, 56-236, 56-237, 56-238, 56-239, 56-240, 56-242, and 56-1004(1)(a), Idaho Code, the Idaho Legislature has authorized the Department of Health and Welfare to adopt and enforce rules for the administration of the Title XIX Medicaid, Children's Health Insurance Program A (CHIP A), Children's Health Insurance Program B (CHIP B) and the Children's Access Card programs. (4-6-05)

001. TITLE AND SCOPE.

01. Title. These rules will be cited as IDAPA 16, Title 03, Chapter 01, "Eligibility for Health Care Assistance for Families and Children". (4-6-05)

02. Scope. These rules provide standards for issuing Title XIX Medicaid, CHIP A, CHIP B, and Children's Access Card coverage to families and children qualifying under AFDC-related and Federal Poverty Guideline (FPG) coverage groups. (4-6-05)

03. Policy. It is the policy of the Idaho Department of Health and Welfare, to serve the citizens of Idaho and to distribute Title XIX Medicaid, CHIP A, CHIP B and Children's Access Card benefits according to acceptable standards. (4-6-05)

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(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 Department of Health and Welfare, 450 West State Street, P.O. Box 83720, Boise, Idaho, 83720-0036 or at any of the Department's Regional Offices. (3-20-04)

003. ADMINISTRATIVE APPEALS.

All administrative appeals are governed by provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings". (4-6-05)

004. INCORPORATION BY REFERENCE.

No documents have been incorporated by reference into these rules. (4-6-05)

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE NUMBER -- INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (4-6-05)

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (4-6-05)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-6-05)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (4-6-05)

05. Internet Website. The Department's internet website is found at "www.healthandwelfare.idaho.gov". (4-6-05)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS.

Any use or disclosure of Department records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records". (4-6-05)

007. FEDERAL LAWS.

Federal and public laws applicable to IDAPA 16, Title 03, Chapter 01 are listed in Subsections 007.01 through 007.19. (4-6-05)

- 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.** This Federal law is contained in Public Law 105-89, November 19, 1997. (4-6-05)
- 03. Child Citizenship Act of 2000.** This Federal Law is contained in Title 8 of the U.S. Code. (4-6-05)
- 04. Child Nutrition Act of 1966.** This Federal Law is contained in Title 42 of U.S. Code. (7-1-98)
- 05. Domestic Volunteer Service Act of 1973.** This Federal Law is contained in Titles 5 and 42 of the U.S. Code. (7-1-98)
- 06. Higher Education Amendments of 1968.** This Federal Law is contained in Titles 12 and 20 of the U.S. Code. (7-1-98)
- 07. Housing Act of 1949.** This Federal Law is contained in Titles 12 and 42 of the U.S. Code. (7-1-98)
- 08. 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)
- 09. 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)
- 10. 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)
- 11. 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)
- 12. National School Lunch Act.** This Federal Law is contained in Title 42 of the U.S. Code. (7-1-98)
- 13. Older Americans Act of 1965.** This Federal Law is contained in Title 42 of the U.S. Code. (7-1-98)
- 14. Personal Responsibility and Work Opportunity Reconciliation Act of 1996.** This Federal Law is contained in Public Law 104-193. (7-1-98)
- 15. Rehabilitation Act of 1973.** This Federal Law is contained in Title 29 of the U.S. Code. (7-1-98)
- 16. 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)
- 17. 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)
- 18. 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)

19. Violence Against Women Act of 2000 (VAWA 2000). This Federal Law is contained in Public Law 106-386 Div. B, October 28, 2000, 114 Stat. 1491. (4-6-05)

008. -- 009. (RESERVED).

010. DEFINITIONS (A THROUGH L).

For the purposes of these rules the following terms are used as defined below: (4-6-05)

01. Adult. Any individual who has passed the month of his nineteenth birthday. (4-6-05)

02. Application Date. The date the Application for Assistance (AFA) is received by the Department in a local office or the date the application is postmarked if mailed. (4-6-05)

03. Budget Unit. Individuals living with the participant who are the participant's family members and considered in the household size when eligibility is determined. (4-6-05)

04. Child. Any individual who has not passed the month of his nineteenth birthday. (4-6-05)

05. Children's Access Card. The insurance premium assistance program for children in families who qualify for CHIP A or CHIP B. (4-6-05)

06. CHIP A (Children's Health Insurance Program A). The health insurance program described in IDAPA 16.03.18, "CHIP B and Children's Access Card Rules," for children whose income exceeds the Title XIX Medicaid threshold, but is less than or equal to one hundred fifty percent (150%) of the Federal Poverty Guidelines (FPG). (4-6-05)

07. CHIP B (Children's Health Insurance Program B). A limited health insurance program described in IDAPA 16.03.18, "CHIP B and Children's Access Card Rules," for children in families whose income is greater than one hundred fifty percent (150%), but is less than or equal to one hundred eighty-five percent (185%) of the current FPG. (4-6-05)

08. Choice Agreement. An agreement that allows individuals to make a choice between CHIP B and the Children's Access Card programs. (4-6-05)

09. Co-Payments (co-pays). The amount a participant is required to pay for specified services as set forth in IDAPA 16.03.18, "CHIP B and Children's Access Card Rules". (4-6-05)

10. Cost-Sharing. A payment the participant is required to make toward the cost of their health care. (4-6-05)

11. Coverage Group. One (1) of the following service categories an individual is eligible for: Title XIX Medicaid, CHIP A, CHIP B or Children's Access Card program. (4-6-05)

12. Department. The Idaho Department of Health and Welfare. (4-6-05)

13. Disenrollment. Ending an individual's participation in a health insurance program. (4-6-05)

14. Eligibility. The determination of whether or not an individual is eligible for a public program. (4-6-05)

15. Enrollment. The process of adding eligible individuals to a health insurance program. (4-6-05)

16. Enrollment Cap. The combined total of openings for the CHIP B and Children's Access Card programs. (4-6-05)

17. Extended Medicaid for Spousal Support Increase. Extended Medicaid is medical assistance for

a parent or relative caretaker who becomes ineligible for Title XIX Medicaid due to an increase in spousal support payments. (4-6-05)

18. Federal Poverty Guidelines (FPG). The federal poverty guidelines issued annually by the Department of Health and Human Services (HHS). (4-6-05)

19. Field Office. An office of the Idaho Department of Health and Welfare authorized to accept and process applications for Medicaid. (4-6-05)

20. Health Care Assistance (HCA). Title XIX Medicaid, CHIP A, CHIP B or Children's Access Card benefits granted by the Department for persons or families under the authority of Title 56, Chapter 2, Idaho Code. (4-6-05)

21. Health Insurance Premium Program (HIPP). The premium assistance program in which Title XIX Medicaid and CHIP A participants may participate. (4-6-05)

22. Low Income Families With Children. Medical assistance for one (1) or two (2) parent or relative caretaker families. (4-6-05)

23. Low Income Child. Medical assistance for children. (4-6-05)

24. Low Income Pregnant Woman. Medical assistance for a pregnant woman that is limited to pregnancy-related services for the period of the pregnancy and sixty (60) days after the pregnancy ends. (4-6-05)

011. -- 012. (RESERVED).

013. DEFINITIONS (M THROUGH Z).

For the purposes of these rules the following terms are used as defined below: (4-6-05)

01. Open Enrollment. A time-period during which an eligible participant may enroll in a medical benefit plan. (4-6-05)

02. Participant. A person who is applying for or receiving Title XIX Medicaid, CHIP or Children's Access Card benefits. (4-6-05)

03. Premium. A regular, periodic charge or payment for health coverage as set forth in IDAPA 16.03.18, "CHIP B and Children's Access Card Rules". (4-6-05)

04. Premium Assistance. The partial or total premium paid to an insurance company or employer by the State to supplement the cost of enrolling eligible individuals in a health insurance plan. (4-6-05)

05. Qualified Pregnant Woman. Medical assistance for a pregnant woman who is eligible for AFDC related Title XIX Medicaid but chooses to apply for herself only. (4-6-05)

06. Relative of Specified Degree. Relatives of specified degree include: father, mother, (natural or adoptive), child, grandfather or grandmother, brother or sister, stepfather or stepmother, stepbrother or stepsister, aunt or uncle, first cousin, first cousin once removed, niece, nephew, person of preceding generations denoted by grand, great or great-great. (4-6-05)

07. Self Reliance Specialist. An individual employed by the state of Idaho, Department of Health and Welfare, whose duties include the determination of eligibility and payments of benefits. (4-6-05)

08. State. The state of Idaho. (4-6-05)

09. Title XIX Medicaid. Medicaid programs regulated by Title XIX of the Social Security Act. (4-6-05)

10. Title XXI State Children's Health Insurance Program (SCHIP). Programs regulated by Title XXI of the Social Security Act. (4-6-05)

11. Transitional Medicaid. Medical assistance for families who become ineligible for AFDC related Title XIX Medicaid due to an increase in earned income or loss of income disregards. (4-6-05)

12. Working Day. A calendar day in which regular hours of Department activity occur. Weekends and State holidays are not considered working days. (4-6-05)

014. -- 015. (RESERVED).

016. ABBREVIATIONS.

- 01. AFA.** Application for Assistance. (4-6-05)
- 02. AFDC.** Aid to Families with Dependent Children, the cash assistance program for families and children in effect through June 30, 1997. (7-1-98)
- 03. AG.** Office of the Attorney General, Health and Welfare Division. (7-1-98)
- 04. AIM.** Advanced Information Management system for Medicaid. (4-6-05)
- 05. ASVI.** Alien Status Verification Index. (7-1-98)
- 06. CHIP.** Child Health Insurance Program. Includes CHIP A and CHIP B coverage groups. (4-6-05)
- 07. CSS.** Child Support Services. (4-6-05)
- 08. DHW.** Department of Health and Welfare. (7-1-98)
- 09. DOL.** Department of Commerce and Labor. (7-1-99)
- 10. DVR.** Department of Vocational Rehabilitation. (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. ESI.** Employer Sponsored Insurance. (4-6-05)
- 15. FmHA.** The Farmer's Home Administration of the U.S. Department of Agriculture. (7-1-98)
- 16. FPG.** Federal Poverty Guideline. (7-1-98)
- 17. HHS.** U.S. Department of Health and Human Services. (4-6-05)
- 18. HIPP.** Health Insurance Premium Payment program. (4-6-05)
- 19. HUD.** The U.S. Department of Housing and Urban Development. (7-1-98)
- 20. ICF/MR.** Intermediate Care Facility/Mentally Retarded. (7-1-98)
- 21. ICSES.** The Idaho Child Support Enforcement System. (7-1-98)
- 22. IEVS.** Income and Eligibility Verification System. (7-1-98)

- 23. **INA.** Immigration and Naturalization Act. (7-1-98)
- 24. **IRS.** Internal Revenue Service. (7-1-98)
- 25. **PRWORA.** Personal Responsibility Work Opportunity Reconciliation Act of 1996. (7-1-98)
- 26. **RSDI.** Retirement, Survivors, and Disability Insurance. (7-1-98)
- 27. **SAVE.** Systematic Alien Verification for Entitlement. (7-1-98)
- 28. **SIE.** Self-Insured Employer. (4-6-05)
- 29. **SOLQ.** State Online Query. (4-6-05)
- 30. **SRS.** Self Reliance Specialist. (7-1-98)
- 31. **SSA.** Social Security Administration. (7-1-98)
- 32. **SSI.** Supplemental Security Income. (7-1-98)
- 33. **SSN.** Social Security Number. (7-1-98)
- 34. **TAFI.** Temporary Assistance for Families in Idaho. (7-1-98)
- 35. **TANF.** Temporary Assistance to Needy Families. (3-20-04)
- 36. **TPL.** Third Party Liability. (7-1-98)
- 37. **TM.** Transitional Medicaid. (3-20-04)
- 38. **UIB.** Unemployment Insurance Benefits. (7-1-98)
- 39. **VA.** Veterans Administration. (7-1-98)
- 40. **VRS.** Vocational Rehabilitation Services, Department of Education. (7-1-98)

017. -- 099. (REERVED).

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 100.04. (4-11-06)

01. Right to Apply. Any person has the right to apply for Health Care Assistance programs. Applications must be in writing on forms provided by the Department. (4-6-05)

02. Right to Hearing. Any participant can request a hearing to contest a Department decision in accordance with IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings". (4-11-06)

03. Right to Request Reinstatement of Benefits. Any participant has the right to request reinstatement of benefits until a hearing decision is made if the requests for the hearing and for the reinstatement are made within ten (10) days of the mailing of the notice of action. (4-11-06)

04. 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 HEALTH CARE ASSISTANCE.

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. (4-6-05)

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. ELIGIBILITY EFFECTIVE DATES.

Title XIX Medicaid, CHIP A and CHIP B coverage begins the first day of the application month. Children's Access Card coverage begins the first day of the month the private insurance coverage begins. Individuals may choose Bridge Coverage as described in Section 105 of this rule. (4-6-05)

105. BRIDGE COVERAGE.

Individuals choosing the Children's Access Card may enroll in CHIP A or CHIP B until their private insurance coverage begins. (4-6-05)

106. RETROACTIVE MEDICAL ASSISTANCE ELIGIBILITY.

Title XIX Medicaid and CHIP A can begin up to three (3) calendar months before the application month if the participant is eligible for Title XIX Medicaid or CHIP A during the prior period. Coverage is provided if services that can be paid by Medicaid were received in the prior period. CHIP B and Children's Access Card participants are not eligible for retroactive medical assistance unless they meet all of the eligibility criteria for Title XIX Medicaid or CHIP A in the prior period. (4-6-05)

107. -- 199. (RESERVED).

200. NONFINANCIAL CRITERIA FOR DETERMINING ELIGIBILITY.

Nonfinancial criteria are conditions of eligibility, other than income and resources, that must be met before Health Care Assistance can be authorized. (4-6-05)

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 QUALIFIED NON-CITIZEN REQUIREMENTS.

To be eligible, an individual must be a member of one (1) of the groups listed in Subsections 204.01 through 204.12 of this rule. (3-20-04)

01. U.S. Citizen. A U.S. Citizen; or (3-20-04)

02. U.S. National, National of American Samoa or Swains Island. A U. S. National, National of American Samoa or Swains Island; or (3-20-04)

03. Full-Time Active Duty U.S. Armed Forces Member. A qualified non-citizen as defined in 8 U.S.C. 1641(b) or (c) currently on full-time active duty with the U.S. Army, U.S. Air Force, U.S. Marine Corps, U.S. Navy or U.S. Coast Guard, or a spouse or unmarried dependent child of the U.S. Armed Forces member; or (3-20-04)

04. Veteran of the U.S. Armed Forces. A qualified non-citizen as defined in 8 U.S.C. 1641(b) or (c) honorably discharged from the U.S. Army, U.S. Air Force, U.S. Marine Corps, U.S. Navy or U.S. Coast Guard for a

reason other than their citizenship status or a spouse, including a surviving spouse who has not remarried, or an unmarried dependent child of the veteran; or (3-20-04)

05. Non-Citizen Entering the U.S. Before August 22, 1996. A non-citizen who entered the U.S. before August 22, 1996, and is currently a qualified non-citizen as defined in 8 U.S.C. 1641(b) or (c); or (3-20-04)

06. Non-Citizen Entering on or After August 22, 1996. A non-citizen who entered on or after August 22, 1996, and (3-20-04)

a. Is a refugee admitted into the U.S. under 8 U.S.C. 1157, and can be eligible for seven (7) years from their date of entry; or (3-20-04)

b. Is an asylee granted asylum into the U.S. under 8 U.S.C. 1158, and can be eligible for seven (7) years from the date their asylee status is assigned; or (3-20-04)

c. Is an individual whose deportation or removal from the U.S. has been withheld under 8 U.S.C. 1253 or 1231(b)(3) as amended by Section 305(a) of Division C of Public Law 104-208, and can be eligible for seven (7) years from the date their deportation or removal was withheld; or (3-20-04)

d. Is an Amerasian immigrant admitted into the U.S. under 8 U.S.C. 1612(b)(2)(A)(i)(V), and can be eligible for seven (7) years from the date of entry; or (3-20-04)

e. Is a Cuban or Haitian entrant to the U.S. under Section 501(e) of the Refugee Assistance Act, and can be eligible for seven (7) years from their date of entry; or (3-20-04)

07. Qualified Non-Citizen Entering on or After August 22, 1996. A qualified non-citizen under 8 U.S.C. 1641(b) or (c), entering the U.S. on or after August 22, 1996, and who has had a qualified non-citizen status for at least five (5) years; or (3-20-04)

08. American Indian Born in Canada. An American Indian born in Canada under 8 U.S.C. 1359; or (3-20-04)

09. American Indian Born Outside the U.S. An American Indian born outside of the U.S., and is a member of a U.S. federally recognized tribe under 25 U.S.C. 450 b(e); or (3-20-04)

10. Qualified Non-Citizen Child Receiving Federal Foster Care. A qualified non-citizen child as defined in 8 U.S.C. 1641(b) or (c), and receiving federal foster care assistance; or (3-20-04)

11. Victim of Severe Form of Trafficking. A victim of a severe form of trafficking in persons, as defined in 22 U.S.C. 7102(13); who meets one (1) of the following: (3-20-04)

a. Is under the age of eighteen (18) years; or (3-20-04)

b. Is certified by the U.S. Department of Health and Human Services as willing to assist in the investigation and prosecution of a severe form of trafficking in persons; and (3-20-04)

i. Has made a bona fide application for a temporary visa under 8 U.S.C. 1104(a)(15)(T), which has not been denied, or (3-20-04)

ii. Is remaining in the U.S. to assist the U.S. Attorney General in the prosecution of traffickers in persons. (3-20-04)

205. INDIVIDUALS NOT MEETING THE CITIZENSHIP OR QUALIFIED NON-CITIZEN REQUIREMENTS.

Individuals who do not meet the citizenship or qualified non-citizen requirements in Section 204 of these rules, may be eligible for emergency medical services if they meet all other conditions of eligibility for a Title XIX Medicaid program or CHIP A. (4-6-05)

01. Limited Eligibility. Eligibility for emergency medical assistance under the Title XIX Medicaid programs and CHIP A is limited to the date(s) of the emergency condition. (4-6-05)

02. Ineligibility for CHIP B and Children's Access Card. Individuals who do not meet the citizenship or qualified non-citizen requirements in Section 204 of these rules are not eligible for the CHIP B or Children's Access Card program. (4-6-05)

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 Health Care Assistance benefits paid for a sponsored qualified noncitizen. (4-6-05)

208. -- 213. (RESERVED).

214. SOCIAL SECURITY NUMBER (SSN) REQUIREMENT.
An applicant must provide his Social Security Number (SSN), or proof he has applied for an SSN, to the Department before approval of eligibility. If the applicant has more than one (1) SSN, all numbers must be provided. The SSN must be verified by the Social Security Administration (SSA) electronically. When an SSN is unverified, the applicant is not eligible for Health Care Assistance. The Department must notify the applicant in writing if eligibility is being denied or lost for failure to meet the SSN requirement. (4-6-05)

01. Application for SSN. The applicant must apply for an SSN, or a duplicate SSN when he cannot provide his SSN to the Department. If the SSN has been applied for but not issued by the SSA, the Department can not deny, delay or stop benefits. The Department will help an applicant with required documentation when the applicant applies for an SSN. (3-8-04)

02. Failure to Apply for SSN. The applicant may be granted good cause for failure to apply for an SSN if they have a well-established religious objection to applying for an SSN. A well-established religious objection means the applicant: (3-8-04)

a. Is a member of a recognized religious sect or division of the sect; and (3-8-04)

b. Adheres to the tenets or teachings of the sect or division of the sect and for that reason is conscientiously opposed to applying for or using a national identification number. (3-8-04)

03. SSN Requirement Waived. An applicant may have the SSN requirement waived when he is: (3-8-04)

a. Only eligible for emergency medical services as described in Section 602 of these rules; or (4-6-05)

b. A waived newborn child as described in Section 601 of these rules. (3-8-04)

215. GROUP HEALTH PLAN ENROLLMENT.
Title XIX Medicaid and CHIP A 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. (4-6-05)

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 application for assistance. 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. (4-6-05)

217. MEDICAL SUPPORT COOPERATION.

A participant enrolled in the Health Care Assistance programs 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 Health Care Assistance if the legally responsible person does not cooperate. A parent of any age can legally assign rights to medical support for his own child or children. 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. (4-6-05)

01. Cooperation Defined. Cooperation includes providing all information to identify and locate the noncustodial parent and 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. (4-6-05)

- 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.

To be eligible for Health Care Assistance, a participant must meet the income and resource limits for at least one (1) coverage group. (4-6-05)

01. Income and Resources. Sections 300 through 706, of these rules, describe the types of income and resources considered in the eligibility determination process and how they are considered for all family medical coverage groups. (4-6-05)

02. Income Disregards. The income disregards described in Sections 357 through 362 and Section 388, of these rules, do not apply to CHIP A, CHIP B or the Children's Access Card program. (4-11-06)

301. FINANCIAL RESPONSIBILITY.

The income and resources of individuals who are financially responsible for the participant are counted in determining eligibility. Individuals are financially responsible for themselves. Parents are financially responsible for their adoptive and natural children but not step children. Spouses are financially responsible for each other. (4-6-05)

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. A person is disqualified if: (3-20-04)

a. He does not meet the financial eligibility criteria found in Sections 300 through 706 of these rules; or (3-20-04)

b. He does not meet the non-financial eligibility criteria found in Sections 200 through 214 of these rules; or (3-20-04)

c. He fails to cooperate with Medicaid requirements found in Sections 215 through 220 of these rules.

(3-20-04)

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. -- 308. (RESERVED).

309. DETERMINING RESOURCE ELIGIBILITY.

The following information is required to determine a participant's resource eligibility: (4-6-05)

01. Countable Resources. The value of the participant's calculated countable resources is compared to the resource limit for the appropriate Health Care Assistance coverage group. (4-6-05)

02. Initial Eligibility. For initial eligibility the value of their countable resources is determined as of the application date. (4-6-05)

03. Excess Countable Resources. Excess countable resources anticipated at any time during an upcoming month, affects the entire month's eligibility. (4-6-05)

310. RESOURCE LIMITS.

The resource limit for AFDC-related coverage groups is one thousand dollars (\$1,000). The resource limit for FPG-

related coverage groups is five thousand dollars (\$5,000). (4-6-05)

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. PROPERTY TRANSFER.

When determining Medicaid eligibility for any family medical coverage group, there is no asset transfer penalty. (4-11-06)

332. -- 344. (RESERVED).

345. DETERMINING ELIGIBILITY FOR RETROACTIVE MEDICAL ASSISTANCE.

The participant's countable income is calculated for each retroactive month using actual, not converted income for that month to a maximum of three (3) months. Determine eligibility for each retroactive month separately. Retroactive medical assistance is limited to Title XIX Medicaid and CHIP A coverage groups. (4-6-05)

346. DETERMINING INCOME ELIGIBILITY FOR THE MONTH OF APPLICATION.

The individual's countable income for the application month is compared against the income limits for the appropriate Health Care Assistance program. (4-6-05)

347. DETERMINING AVAILABLE INCOME.

Income from financially responsible household members is considered available to the participant. Income is available when the participant has a legal interest in a liquidated sum. 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. (4-6-05)

348. DETERMINING INCOME ELIGIBILITY.

Income from financially responsible household members is counted to determine an individual's eligibility. The individual's countable income must be calculated using actual income already received and anticipated income that can reasonably be expected. The individual's calculated income is used to determine eligibility. The appropriate Health Care Assistance coverage group is determined by comparing the income against the income limit. (4-6-05)

349. CALCULATING A FULL MONTH'S INCOME USING ACTUAL AND PROJECTED INCOME.

The participant's monthly income is calculated using actual income and anticipated income. Anticipated income is income the participant is reasonably expected to receive. The estimate of anticipated income must be based on the best available information. (4-6-05)

01. Full Month's Income Anticipated. If no changes are anticipated, the actual income received in the past thirty (30) days is used to calculate a full month's income. If changes are anticipated, the full month's income is projected with the new information. (4-6-05)

02. Full Month's Income Not Anticipated. If a full month's income is not anticipated, the actual income expected for the month is counted. If the actual income is unknown anticipated income for that month is projected. (4-6-05)

03. Seasonal Income. If income changes seasonally, consider the household's income from the previous season and any anticipated pay changes to calculate the individual's average monthly income. (4-6-05)

04. Fluctuating Income. When income fluctuates each pay period but the rate of pay remains the same, average the income from the past thirty (30) days to determine the average anticipated pay period amount. Convert the average anticipated pay period amount to a full month's income. (4-6-05)

05. 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)

06. Income Paid Under Contract. The earned income of an individual paid on a contractual basis is prorated over the term of the contract. (4-6-05)

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)
- j.** Expenses directly related to producing the goods or services and, without which, the goods or services could not be produced. (4-11-06)
- 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.** Personal expenses such as lunches and transportation to and from work. (4-11-06)
 - f.** Personal business and entertainment expenses, and personal transportation costs. (4-11-06)
 - g.** 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. OFFSETTING FARM SELF-EMPLOYMENT LOSSES.

If a farmer's cost of producing self-employment income results in a loss, the loss must be subtracted from other countable income in the household. The losses from non-farm self-employment income must be subtracted first. If any loss remains, the remaining loss must be subtracted from the total of earned income. If any loss still remains, the remaining loss must be subtracted from the total of unearned income. Net losses from the self-employment income of a farmer are prorated over the year and do not carry over from year to year. (4-11-06)

354. 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)

355. 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)

356. 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)

357. 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)

358. 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)

359. STANDARD EARNED INCOME DISREGARD.

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

360. 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)

361. 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)

362. 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 362.01 and 362.02 of this rule. (4-11-06)

01. Dependents Two Years of Age or Older. Dependents, two (2) years of age or older, have 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. (3-20-04)

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)

363. -- 369. (RESERVED).

370. UNEARNED INCOME.

Unearned income is any income the individual receives that is not gained through employment. Unearned income includes payments from pensions, RSDI, unemployment compensation, worker's compensation, veteran's benefits, other government benefits, TAFI, TANF, contributions, support payments, cash gifts and capital investment returns, such as dividends and interest. (4-6-05)

371. SUPPORT INCOME.

Support income is any payment a non-custodial parent or absent spouse makes to the individual. The payment is support when either parent defines it as such, or when the payment is used to meet the individual's needs. A child support payment is unearned income to the child. A spousal support payment is unearned income to the individual who receives it. For Title XIX Medicaid coverage groups, the first fifty dollars (\$50) of child support received for each child is disregarded. (4-6-05)

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 self-employment income. (4-6-05)

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 AND DIVIDEND INCOME.

Interest posted to any financial institution account on a monthly, quarterly, or any other regular basis is unearned income in the month received. Dividends are unearned income in the month received. (4-6-05)

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 individual or family. Contributions are unearned income. The contributions are counted prospectively, if they can reasonably be anticipated. (4-6-05)

378. DISABILITY INSURANCE PAYMENTS.

Disability payments paid to an individual through an insurance company are unearned income in the month received. (4-6-05)

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 (1) lump sum is unearned income. (3-20-04)

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. Any student financial assistance provided under Title IV of the Higher Education Act or under Bureau of Indian Affairs education program is excluded. Educational grants and loans to undergraduate students, paid or insured under any program administered by the Secretary of Education, are excluded educational income. (4-6-05)

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. Tuition and mandatory fees, not paid by another program, must be deducted from the countable work study income after subtracting the earned income disregards. (4-6-05)

03. VA Educational Assistance. VA Educational Assistance payments are unearned income. The costs of tuition, books, fees, equipment, special clothing needs and transportation for school purposes must be deducted from the VA Educational payment. When VA Educational Assistance is paid monthly, anticipate the total of all payments for the school term. Subtract the anticipated allowable expenses for the school term. Divide the balance by the number of months in the school term. Count the balance as unearned income. (4-6-05)

04. AmeriCorps. The AmeriCorps living allowance or stipend is earned income. The AmeriCorps Education Award is not counted as income. The AmeriCorps Child Care Allowance is not counted as income, if used to meet the child care cost needed for participating in the program. (4-6-05)

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)

01. Lump Sum Received in Initial Month of Eligibility. Count lump sum income received in the application month as income for that month. (4-6-05)

02. Lump Sum Received in Any Other Month of Eligibility. If the lump sum income can be anticipated, count the lump sum as income in the month income is expected. Any portion of the lump sum left after the month of receipt is a countable resource. (4-6-05)

385. INCOME EXCLUDED BY FEDERAL LAW.

Income excluded by federal law is not counted in determining income available to the participant. The following kinds of income are excluded by federal law: (3-20-04)

01. Agent Orange Settlement Funds. Payments made to veterans from the Agent Orange Settlement Fund. (3-20-04)

02. Alaska Native Claims. Tax-exempt portions of payments made in accordance with the Alaska Native Claims Settlement Act, PL 92-203. Cash, including cash dividend on stock, received from a Native Corporation unless the amount exceeds two thousand dollars (\$2,000) per individual, per year. (3-20-04)

03. AmeriCorps. AmeriCorps payments, other than stipends or living allowances, are excluded. These payments are made for child care allowances and educational awards. (3-20-04)

04. Child Nutrition Benefits. The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the food service program for children under the National School Fund Act, as amended, (PL 92-433 and PL 93-150). These are the WIC program and school lunch program. (3-20-04)

05. Commodities and Food Stamps. The value of U.S. Department of Agriculture donated commodities and Food Stamps. (3-20-04)

06. Disaster Relief. Assistance paid under the Disaster Relief Act of 1974 and aid provided under any federal statute for a President-declared disaster and comparable disaster assistance provided by states, local

government and disaster assistance organizations. (3-20-04)

07. Elderly Nutritional Benefits. Any benefits received under Title VII, Nutritional Program for the Elderly, of the Older Americans Act of 1965. (3-20-04)

08. Foster Care/Adoption Assistance Payment. Foster care payments paid by the Department are excluded. Adoption Assistance payments paid by federal, state or local agencies are excluded. (3-20-04)

09. Garnishments. Income garnished by court order is not available. (3-20-04)

10. Home Energy Assistance. PL 100-203 excludes Home Energy Assistance. The aid must be provided based on need certified by the Department. (3-20-04)

11. Home Produce. The value of home produce used by the family. (3-20-04)

12. Housing Subsidies. The value of government rent and/or housing subsidies. (3-20-04)

13. HUD Family Self-Sufficiency Escrow Account. Interest earned on an escrow account established by HUD for families participating in the Family Self-Sufficiency Program established by Section 544 of the National Affordable Housing Act. (3-20-04)

14. Income Tax Refunds and EITC Payments. Income tax refunds are excluded from income, but counted as a resource. Earned Income Tax Credit (EITC) payments, or the advance payment of the EITC, is excluded. (3-20-04)

15. Indian Payments. Payments distributed to or held in trust for members of any Indian tribe issued under Public Law (PL) 92-254, PL 93-134, or PL 94-540. Payments distributed to certain Indian tribes, including the Shoshone Bannock Tribe of Fort Hall, Idaho, referenced under Section 5 of PL 94-114, effective October 10, 1975. Per capita judgment funds paid to members of the Blackfoot Tribe of the Blackfoot Indian Reservation, Montana and the Gros Ventre Tribe of the Fort Belknap Reservation, Montana. Per capita funds held in trust by the Secretary of the Interior for tribal members paid under PL 98-64. Effective January 1, 1994, up to two thousand dollars (\$2,000) of payments derived from interests of individual Indians in trust or restricted lands are excluded by Section 8 of the PL 93-134 as amended by PL 103-66. (3-20-04)

16. Loans. A bona fide loan is not available income. (3-20-04)

17. Low Income Energy Assistance. Money paid to families under the Low Income Energy Assistance Act of 1981 is excluded. (3-20-04)

18. Radiation Exposure Compensation Act. Payments made to individuals under this act are excluded. (3-20-04)

19. Relocation Assistance. Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and relocation payments paid to civilians of World War II per Public Law 100-383. (3-20-04)

20. SSI Income or AABD Income. Income and resources of a person who has been determined eligible for or is receiving SSI or AABD is excluded. (3-20-04)

21. Senior Volunteer Programs. Payments for supportive services or out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aids, or senior companions and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other program under Title II and Title III of the Domestic Volunteer Service Act of 1973, Section 418, PL 93-113. (3-20-04)

22. Spina Bifida. Spina bifida allowances paid to children of Vietnam veterans. (3-20-04)

23. Third Party Deposits to a Checking Account. Third party deposits to a participant's checking

account are excluded if the deposit is solely for the use of the third party and the participant receives no benefit from the deposit. (3-20-04)

24. Title IV Educational Income. Any student financial assistance provided under Title IV of the Higher Education Act or under Bureau of Indian Affairs education program. (3-20-04)

25. Utility Reimbursement Payments. Utility reimbursement payments made to persons living in housing subsidized by HUD. (3-20-04)

26. VISTA Volunteers. Payments to individual volunteers under PL 96-143, the Domestic Volunteer Act of 1979, under Title I of PL 93-113 pursuant to Section 404(g), which governs the Volunteers in Service to America (VISTA). (3-20-04)

27. Work-Related Payments. Payments made by an employer for work-related expenses are excluded. Work-related expenses include travel and per diem. (3-20-04)

386. COUNTING TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO (TAFI) INCOME. Individuals and families are eligible for Medicaid coverage under the Low Income Families With Children group (MA or MU) as described in Section 413 of these rules, if: (3-20-04)

01. TAFI and Idaho Tribal TANF Income. Their only income is Idaho TAFI or Idaho Tribal TANF. (4-11-06)

02. TAFI, Idaho Tribal TANF, and Other Unearned Income. Their only income is a combination of Idaho TAFI, Idaho Tribal TANF, and other unearned income, but whose total income is equal to or less than the current Idaho TAFI maximum grant amount. (4-11-06)

03. TAFI or Idaho Tribal TANF Income and Medicaid Eligible. Their income includes Idaho TAFI or Idaho Tribal TANF and they meet the Medicaid financial eligibility criteria described in Sections 346 through 388 of these rules. (4-11-06)

387. COUNTING OUT-OF-STATE TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) BENEFITS. When determining eligibility for Medicaid coverage, TANF payments received from other states are countable unearned income. (3-20-04)

388. -- 399. (RESERVED).

400. DETERMINING COVERAGE GROUPS ELIGIBILITY. To correctly determine coverage group eligibility for each individual, the income and resource tests in the order listed in Subsections 400.01 through 400.03 are applied. (4-6-05)

01. Individual Countable Monthly Income. Countable monthly income and resources for each individual are compared to the income and resource payment standard for Title XIX Medicaid AFDC-related coverage groups. When income or resources exceed the AFDC-related coverage groups standards, the individual is ineligible for Title XIX AFDC-related coverage groups. (4-6-05)

02. Child or Pregnant Woman Countable Monthly Income. If the individual is a child or pregnant woman, the individual's countable monthly income and resources are compared to the income and resource limits for the Title XIX Medicaid FPG-related coverage groups. If the individual's countable monthly income or resources exceed the income and resource standards for both the Title XIX Medicaid AFDC and FPG-related coverage groups, the participant is ineligible for Title XIX AFDC and FPG-related coverage groups. (4-6-05)

03. Child's TITLE XXI CHIP A, CHIP B, and Children's Access Card Countable Monthly Income. If the individual is a child, his countable monthly income and resources are compared to the Title XXI CHIP A, CHIP B and Children's Access Card coverage group's income and resource standards. If the individual's countable monthly income or resources exceed the income and resource standards for the Title XXI CHIP A, CHIP B and

Children's Access Card coverage groups, the child is not eligible.

(4-6-05)

401. AFDC RELATED COVERAGE GROUPS INCOME STANDARDS.

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

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
10	\$776	\$2,426
Over 10 Persons	Add \$65 Each	Add \$205 Each

(4-6-05)

402. -- 409. (RESERVED).

410. TITLE XIX MEDICAID COVERAGE GROUPS RELATED TO AFDC STANDARDS.

Persons with countable income below the AFDC payment standard may be eligible for the Title XIX Medicaid coverage groups of Qualified Pregnant Women, or Low Income Families with Children.

(4-6-05)

411. (RESERVED).

412. QUALIFIED PREGNANT WOMAN.

A Qualified Pregnant Woman must meet non-financial and financial criteria for one (1) of the Low Income Families With Children coverage groups.

(4-6-05)

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 all non-financial, financial, and conditions listed in Subsections 413.01 through 413.03 of these rules are met.

(4-6-05)

01. Living with a Relative. A child must live with an adult who is a relative of specified degree.

(4-6-05)

02. Child. A child is expected to graduate from high school by his nineteenth birthday.

(4-6-05)

03. Financial Deprivation. A child is financially deprived when the individual's income does not exceed the income limit for their budget unit size as described in Section 401 of this rule. (4-6-05)

414. (RESERVED).

415. EXTENDED MEDICAID FOR SPOUSAL SUPPORT INCREASE.

Participants in the Low Income Families with Children coverage groups are eligible for four (4) calendar months of Extended Medicaid (EM) if the individual's spousal support income causes them to exceed the income limit for their budget unit size. The individual must have received Title XIX Medicaid in Idaho in at least three (3) of the six (6) months before the month the participant became income ineligible. (4-6-05)

416. TRANSITIONAL MEDICAID (TM).

Individuals and families who were eligible for Title XIX Medicaid coverage under the Low Income Families with Children group (MA or MU) are eligible for Transitional Medicaid (TM) if the family income exceeds limits because of a reason listed in Subsections 416.01 through 416.03 of this rule. The family must have received Low Income Families with Children medical assistance in Idaho in three (3) of the six (6) months before the month they became ineligible unless the family meets the condition in Subsection 416.01 of this rule. Eligible families may get TM for up to twelve (12) months. (4-6-05)

01. Idaho TAFI Income and Income From Employment. Family income exceeds limits because they have Idaho TAFI income and income from employment. (3-20-04)

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. HEALTH CARE ASSISTANCE COVERAGE GROUPS RELATED TO THE FPG STANDARDS.**
Pregnant women and children whose countable income is within the income ranges specified may be eligible for one (1) of the FPG coverage groups. The Title XIX Medicaid coverage groups related to the FPG are Low Income Child, Low Income Pregnant Women, and presumptively eligible pregnant women. The Title XXI coverage groups related to the FPG are CHIP A, CHIP B and Children's Access Card. (4-6-05)
- 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 pregnant woman of any age is eligible for the Low Income Pregnant Woman coverage group if she meets all of the non-financial and financial criteria of the coverage group. Medical assistance for a participant in the Low Income Pregnant Woman coverage group is limited to pregnancy related and postpartum services. The Low Income Pregnant Woman medical assistance coverage extends through the sixty (60) day postpartum period if she applied for medical assistance while pregnant and was receiving medical assistance when the child was born. An individual who applies for Low Income Pregnant Woman medical assistance after the child is born is not eligible for the sixty-day (60) postpartum period. (4-6-05)
- 01. Income Limit.** The individual's countable income which is calculated using income disregards must not exceed one hundred thirty-three percent (133%) of the FPG for her budget unit size in the application month. (4-6-05)

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 woman in any Title XIX Medicaid coverage group, who becomes ineligible for that coverage group because of an increase in income, continues to receive coverage as a Low Income Pregnant Woman. (4-6-05)

504. PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN.

A pregnant woman can get limited ambulatory prenatal care as a presumptively eligible (PE) pregnant woman through the end of the month after the month the provider completes the PE determination. PE coverage is designed to provide some prenatal care during the time between the pregnancy diagnosis and the eligibility determination. A qualified PE provider accepts written requests for these services and completes the eligibility determination. The qualified PE provider must inform the participant how to complete the formal application process. Qualified PE providers are required to send the result of the PE decision and the completed application for Title XIX Medicaid to the Department within two (2) working days. Notice and hearing rights of the Title XIX Medicaid program do not apply to the PE decisions. An individual is eligible for only one (1) period of PE coverage during each pregnancy. (4-6-05)

505. CHIP A.

A child may be eligible for CHIP A coverage if all non-financial and financial criteria are met. The child must meet all the conditions listed in Subsections 505.01 through 505.08 of these rules. (4-6-05)

01. Child's Income Eligibility. To participate in the CHIP A coverage group, an individual's countable income, must be within the range specified for their age. There are no earned or unearned income disregards for CHIP A. (4-6-05)

a. Child under age six (6). The child's countable income must exceed one hundred thirty-three percent (133%) of the FPG for his budget unit size and must be less than or equal to one hundred fifty percent (150%) of the FPG for his budget unit size. (4-6-05)

b. Child age six (6) through the month of his nineteenth birthday. The child's countable income must exceed one hundred percent (100%) of the FPG for his budget unit size and must be less than or equal to one hundred fifty percent (150%) of the FPG for his budget unit size. (4-6-05)

02. Child's Resource Eligibility. The child's countable resources must not exceed five thousand dollars (\$5000). (4-6-05)

03. No Creditable Health Insurance. The child must not have creditable health insurance coverage. (4-6-05)

04. Child Disenrolled to Qualify for CHIP A. If a child is disenrolled from creditable insurance with the intent to qualify for CHIP A he is not eligible for CHIP A. (4-6-05)

05. Not Eligible for Other Coverage. The child must not be eligible for any Title XIX Medicaid coverage. (4-6-05)

06. Choice Agreement Signed. A child who is eligible to participate in CHIP A and chooses Children's Access Card coverage must have a Choice Agreement signed and on file. If a Choice Agreement is not signed and on file, the child will be enrolled in the CHIP A program. (4-6-05)

07. Choice Agreement Change Requested. CHIP A participants can move from CHIP A to the Children's Access Card at any time if they request the change in writing at least forty-five (45) days in advance of the change. A Children's Access Card participant who is income eligible for CHIP A can move to CHIP A at any time if they make the request in writing at least forty-five (45) days in advance of the change. The forty-five (45) day advance notice requirement will be waived if the child is moving from Children's Access Card to CHIP A for one (1) of the following reasons: (4-6-05)

- a.** The child lost health insurance due a parents' loss of employment; or (4-6-05)
- b.** The employee lost eligibility for his employer sponsored insurance; or (4-6-05)
- c.** The employer stopped providing creditable insurance coverage; or (4-6-05)
- d.** The child lost access to his health insurance because his parent can no longer legally cover him with employer sponsored insurance. (4-6-05)

08. Other Eligibility Criteria. All other eligibility requirements in this chapter are applicable to the CHIP A coverage group unless the rule excludes this coverage group. (4-6-05)

506. CHIP B.

The CHIP B coverage group provides a limited benefit package as described in IDAPA 16.03.18, "CHIP B and Children's Access Card Rules," to children who apply and are found eligible during an open enrollment period. Children applying during closed enrollment periods are denied. A child may be eligible for the CHIP B coverage group if all non-financial and financial criteria are met. The child must also meet all the conditions listed in Subsections 506.01 through 506.12 of this rule. (4-6-05)

01. Child's Income Eligibility. The child's countable income must be less than or equal to one hundred eighty-five percent (185%) of the FPG for his budget unit size. There are no earned or unearned income disregards for CHIP B. (4-11-06)

02. Asset Limit for a Child. There is no asset test or resource limit for a child applying for CHIP B or the Children's Access Card. (4-11-06)

03. No Creditable Health Insurance. The child must not have creditable health insurance coverage. (4-6-05)

04. Child Disenrolled to Qualify for CHIP B. To be enrolled in CHIP B, a child must not have disenrolled from creditable insurance in the six (6) months prior to his application with the intent to qualify for CHIP B. (4-6-05)

05. Not Eligible for Other Coverage. The child must not be eligible for any Title XIX Medicaid coverage group or the CHIP A coverage group. (4-6-05)

06. Dependents of State Employees Not Eligible. The dependent child of a State employee is not eligible to enroll in CHIP B if the State employee is eligible to participate in state-sponsored health insurance. (4-6-05)

07. Choice Agreement Signed. A child who is eligible to participate in CHIP B and chooses Children's Access Card coverage must have a Choice Agreement signed and on file. If a Choice Agreement is not signed and on file, the child will be enrolled in the CHIP B program. The Choice Agreement will describe the differences between the CHIP B program and the Children's Access Card. (4-6-05)

08. Choice Agreement Change Requested. A CHIP B participant can move from CHIP B to the

Children's Access Card at any time if the request is made in writing at least forty-five (45) days in advance of the change. A Children's Access Card participant who is income eligible for CHIP B can move to CHIP B at any time if the request is made in writing at least forty-five (45) days in advance of the change. The forty-five day (45) advance notice requirement will be waived if the child is moving from Children's Access Card to CHIP B for one (1) of the reasons listed in Subsection 505.07 of this rule. (4-6-05)

09. CHIP B Participants Have Required Cost-Sharing Responsibilities. The parent of a CHIP B participant must comply with any cost-sharing requirements described in IDAPA 16.03.18, "CHIP B and Children's Access Card Rules". Native American and Alaskan Eskimo children are not subject to cost-sharing requirements. (4-6-05)

10. Other Eligibility Criteria. All other eligibility requirements in this chapter are applicable to this coverage group unless the rule specifically excludes the CHIP B coverage group. (4-6-05)

11. Enrollment Cap. The number of individuals who can be enrolled in this program is subject to an enrollment cap specified by the Department. Individuals who meet all eligibility criteria for this program will be denied if there are no enrollment openings. (4-6-05)

12. Child Entering the Home. A child entering the home during a closed enrollment period will not be automatically enrolled in the CHIP B program. They may apply during open enrollment. (4-6-05)

507. CHILDREN'S ACCESS CARD.

The Children's Access Card coverage group provides insurance premium assistance to children who apply and are found eligible during an open enrollment period. A child receiving Children's Access card can change to CHIP A or B with a forty-five (45) day written notice, subject to the provisions in Subsections 505.07 and 506.08 of these rules. (4-6-05)

01. Children's Access Card Eligibility. A child is eligible for the Children's Access Card if all eligibility requirements for Low Income Child, CHIP A, or CHIP B listed in Sections 501, 505, and 506 of these rules are met and if the person meets all of the conditions specified in Subsections 507.02 through 507.06 of these rules. (4-11-06)

02. Co-Pays and Deductibles. The family is responsible for the co-pays and deductibles required by their private insurance. (4-6-05)

03. Choice Agreement. The family must have a signed Choice Agreement on file requesting Children's Access Card. If the family does not sign a Choice Agreement they will be enrolled in the CHIP coverage group they are eligible for. The Choice Agreement form will describe the differences between the CHIP B program and the Children's Access Card. (4-6-05)

04. Enrollment Cap. The number of individuals who can be enrolled in this program is subject to an enrollment cap specified by the Department. Individual's who meet all eligibility criteria for this program will be denied if there are no enrollment openings. (4-6-05)

05. CHIP Coverage Within Sixty Days of Application Date. A person applying for the Children's Access Card program, who did not indicate on the Choice Agreement Form that he wanted CHIP coverage until his private insurance began, may receive coverage if he requests CHIP within sixty (60) days following the date of his application. (4-6-05)

06. Eligibility Outside the Open Enrollment Period. If the insurance carrier will add the child to the health insurance plan, an eligible child may be added to the Children's Access Card program outside of an open enrollment period when one or both of the following conditions exist: (4-6-05)

a. The child is living in or entering the home of a family who currently has a child enrolled in the Children's Access Card program; or (4-6-05)

b. The enrollment cap has been met. (4-6-05)

508. -- 599. (RESERVED).

600. INDIVIDUALS WHO MAY QUALIFY FOR HEALTH CARE ASSISTANCE THROUGH SPECIAL CIRCUMSTANCES.

The individuals listed in Subsections 601 through 603 of these rules may gain eligibility in any Title XIX Medicaid or CHIP A coverage group. Individuals described in Section 604 of these rules, may gain eligibility in any Title XIX or CHIP A or CHIP B coverage group. (4-6-05)

601. NEWBORN CHILD.

A newborn child whose mother is receiving Title XIX Medicaid or CHIP A at the time of the child's birth is eligible for Title XIX Medicaid for one (1) year. Other nonfinancial criteria are not applied until a renewal is made. (4-6-05)

602. EMERGENCY MEDICAL CONDITION.

Individuals who do not meet citizenship requirements may receive medical assistance under any Title XIX coverage group or the CHIP A coverage group 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. Medical assistance 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 eligible for Title XIX Medicaid. (4-6-05)

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 362. (4-11-06)

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 Title XIX Medicaid, CHIP A or CHIP B. Non-financial and financial criteria must be met, and the individual must meet conditions of Title XIX Medicaid, CHIP A or CHIP B. 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. (4-6-05)

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 HEALTH CARE ASSISTANCE ELIGIBILITY FOR CHILDREN UNDER AGE NINETEEN.

Children under age nineteen (19), found eligible in an initial determination or a renewal, remain eligible for a period of twelve (12) months. Eligibility stops when the child is no longer an Idaho resident, or the child dies. The twelve-month (12) continuous eligibility period does not apply if, for any reason, eligibility was determined incorrectly. Children approved for emergency medical services or pregnancy related services only are not eligible for the twelve-month (12) continuous eligibility period. (4-6-05)

750. ANNUAL RENEWAL.

Participants must have an annual eligibility renewal. The annual renewal is a review of all eligibility factors. Exceptions to annual renewal are listed in Section 751 of these rules. (4-6-05)

751. EXCEPTIONS TO ANNUAL RENEWAL.

Participants who receive Title XIX Medicaid through a time-limited coverage group, do not require an annual renewal. Coverage groups that do not require renewal are listed in Subsections 751.01 through 751.04 of these rules. (4-6-05)

01. Extended Medicaid. A participant who receives Extended Medicaid is eligible as provided in Section 415 of these rules. (4-6-05)

02. Transitional Medicaid. A participant who receives Transitional Medicaid is eligible as provided in Section 416 of these rules. (4-6-05)

03. Low Income Pregnant Woman. A participant who receives Medicaid as a Low Income Pregnant Woman is eligible as provided in Section 502 of these rules. (4-6-05)

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 of these rules. (4-6-05)

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, in writing, through personal contact, telephone, fax, electronic mail, or mail. (4-6-05)

753. TYPES OF CHANGES THAT MUST BE REPORTED.

Changes in circumstances the participant must report are listed in Subsections 753.01 through 753.12 of these rules. (4-6-05)

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 Health Care Assistance program participant must be reported. (4-6-05)

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

06. End of Pregnancy. Pregnant participants must report when pregnancy ends. (4-6-05)

07. Earned Income. Changes in the amount or source of earned income must be reported if a parent or relative caretaker receives Title XIX Medicaid. (4-6-05)

08. Unearned Income. Changes in the amount or source of unearned income must be reported if a parent or relative caretaker receives Title XIX Medicaid. (4-6-05)

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 Title XIX Medicaid. (4-6-05)

10. Resources. Changes in resources must be reported when a parent, relative caretaker, or pregnant woman receives Title XIX Medicaid. This includes receipt of money or goods from any source. (4-6-05)

11. Vehicles. Changes in the number or type of vehicles must be reported if a parent or relative caretaker receives Title XIX Medicaid. (4-6-05)

12. Disability. A family member who becomes disabled or is no longer disabled must be reported if a parent or relative caretaker receives Title XIX Medicaid. (4-6-05)

754. PARTICIPANT FAILS TO REPORT EARNED INCOME.

When a parent or relative caretaker who receives Title XIX 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. (4-6-05)

755. -- 759. (RESERVED).

760. NOTICE OF CHANGES IN ELIGIBILITY.

The participant must be notified of changes in Health Care Assistance eligibility. The notice must give the effective date, the reason for the action, the rule that supports the action, and appeal rights. (4-6-05)

761. ADVANCE NOTICE RESPONSIBILITY.

When a reported change results in Health Care Assistance closure, the participant must be notified at least ten (10) calendar days before the effective date of the action. (4-6-05)

762. ADVANCE NOTICE NOT REQUIRED.

Advance notice is not required when a condition listed in Subsections 762.01 through 762.08 of these rules exists. The participant must be notified by the date of the action. (4-6-05)

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 Title XIX Medicaid or CHIP A eligibility is for a prior period. (4-6-05)

763. -- 799. (RESERVED).

800. OVERPAYMENTS.

Health Care Assistance overpayments occur when a participant receives benefits during a month they were not eligible. (4-6-05)

801. RECOVERY OF OVERPAYMENTS.

All Health Care Assistance overpayments are subject to recovery. Overpayments are recovered by direct payment. (4-6-05)

01. Notice of Overpayment. The participant must be informed of the Health Care Assistance overpayment. (4-6-05)

02. Notice of Recovery. The participant must be informed when his Health Care Assistance overpayment is fully recovered. (4-6-05)

802. -- 999. (RESERVED).

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