Table of Contents

16.03.01 - Eligibility for Health Care Assistance for Families and Children

000. Legal Authority. 5
001. Title And Scope. 5
002. Written Interpretations. 5
003. Administrative Appeals. 5
004. Incorporation By Reference. 5
005. Office -- Office Hours -- Mailing Address -- Street Address -- Telephone Number -- Internet Website. 5
006. Confidentiality Of Records And Public Records. 5
007. -- 009. (Reserved). 6
010. Definitions (A Through L). 6
011. Definitions (M Through Z). 7
012. -- 099. (Reserved). 8
100. Participant Rights. 8
101. -- 109. (Reserved). 8
110. Application For Health Care Assistance. 8
111. -- 119. (Reserved). 8
120. Collateral Contacts. 8
121. -- 129. (Reserved). 8
130. Application Time Limits. 8
131. -- 139. (Reserved). 8
140. Eligibility Effective Dates. 8
141. -- 149. (Reserved). 8
150. Retroactive Medical Assistance Eligibility. 8
151. -- 199. (Reserved). 9
200. Non-Financial Criteria For Determining Eligibility. 9
201. -- 209. (Reserved). 9
210. Residency. 9
211. -- 219. (Reserved). 9
220. Citizenship And Qualified Non-Citizen Requirements. 9
221. U.S. Citizenship And Identity Documentation Requirements. 10
222. Levels Of Citizenship Documentation. 10
223. Identity Rules For Children. 13
224. Eligibility For Applicants And Medicaid Participants Who Do Not Provide Citizenship And Identity Documentation. 13
225. Individuals Considered As Meeting The U.S. Citizenship And Identity Documentation Requirements. 14
226. (Reserved). 14
227. Assistance In Obtaining Documentation. 14
228. Provide Documentation Of Citizenship And Identity One Time. 14
229. -- 239. (Reserved). 14
240. Individuals Who Do Not Meet The Citizenship Or Qualified Non-Citizen Requirements. 14
241. -- 249. (Reserved). 14
250. Emergency Medical Condition. 14

251. Sponsor Deeming. 14
252. Sponsor Responsibility. 15
253. -- 269. (Reserved). 15
270. Social Security Number (SSN) Requirement. 15
271. -- 279. (Reserved). 15
280. Group Health Plan Enrollment. 15
281. -- 289. (Reserved). 15
290. Assignment Of Rights To Medical Support And Third Party Liability. 15
291. Medical Support Cooperation. 15
292. Cooperation With Healthy Connections Program. 16
293. Cost-Sharing Requirement. 16
294. -- 295. (Reserved). 16
296. Cooperation With The Quality Control Process. 17
297. -- 299. (Reserved). 17
300. Financial Responsibility. 17
301. Financial Eligibility. 17
302. -- 314. (Reserved). 17
315. Resource Definition. 17
316. Determining Resource Eligibility For AFDC-Related Adults And Low Income Pregnant Women. 17
317. -- 324. (Reserved). 17
325. Resource Limits. 17
326. Equity Value Of Resources. 17
327. Vehicles. 17
328. Bank Accounts. 18
329. -- 339. (Reserved). 18
340. Sales Contracts. 18
341. Property Transfer. 18
342. Resources Excluded By Federal Law. 18
343. -- 344. (Reserved). 18
345. Available Income. 18
346. Determining Income Eligibility. 18
347. Earned Income. 18
348. Child's Earned Income. 18
349. Income Paid Under Contract. 18
350. In-Kind Income. 18
351. Self-Employment Earned Income. 19
352. Offsetting Farm Self-Employment Losses. 19
353. -- 369. (Reserved). 20
370. Unearned Income. 20
371. Support Income. 20
372. Rental Income From Real Property. 20
373. Unearned Income Covering More Than One Month. 20
374. Interest And Dividend Income. 20
375. Retirement, Survivors, And Disability Insurance (RSDI) Income. 20
376. Money Gifts. 20
377. Contributions. 20
378. Disability Insurance Payments. 20

379. Income From Roomer Or Boarder. 20
380. Retirement Account Withdrawals. 20
381. Income From Sale Of Real Property. 21
382. Educational Income. 21
383. Medical Insurance Payments. 21
384. Lump Sum Income. 21
385. Income Excluded By Federal Law. 21
386. Counting Temporary Assistance To Families In Idaho (TAFI) Income. 23
387. Counting Out-Of-State Temporary Assistance To Needy Families (TANF) Benefits. 23
388. Child's Unearned Income. 23
389. -- 394. (Reserved). 23
395. Earned Income Disregards For AFDC-Related Adults And Low Income Pregnant Women. 23
396. -- 399. (Reserved). 24
400. AFDC-Related Budget Unit. 24
401. Persons Who Must Be Included In An AFDC-Related Budget Unit. 24
402. Persons Who May Be Included In An AFDC-related Budget Unit. 25
403. Persons Who Must Not Be Included In An AFDC-related Budget Unit. 25
404. -- 409. (Reserved). 25
410. Determining Medicaid Eligibility For AFDC-Related Adults. 25
411. AFDC-Related Coverage Groups Income limits. 25
412. -- 419. (Reserved). 26
420. Extended Medicaid For Spousal Or Child Support Increase. 26
421. Transitional Medicaid. 26
422. Transitional Medicaid Notice Requirements. 26
423. Transitional Medicaid Reporting Requirement. 27
424. Income Tests For Transitional Medicaid. 27
425. Reasons To End Transitional Medicaid Before The End Of The Eligibility Period. 28
426. Transitional Medicaid Family Returns To Idaho. 28
427. New Persons Move Into Transitional Medicaid Home. 28
428. -- 499. (Reserved). 29
500. Low Income Pregnant Woman. 29
501. Pregnant Woman Ineligible Because Of Excess Income. 29
502. Presumptive Eligibility For Pregnant Women. 29
503. -- 519. (Reserved). 29
520. Financial Eligibility. 30
521. Financial Responsibility. 30
522. Family Size. 30
523. Access To Or Coverage Under Other Health Plans. 30
524. Child Disenrolled To Qualify For Direct Coverage. 30
525. Continuous Health Care Assistance Eligibility For Children Under Age Nineteen. 30
526. -- 529. (Reserved). 31
530. Newborn Child Deemed Eligible For Medicaid. 31
531. Minor Parent Living With Parents. 31
532. Resident Of An Eligible Institution. 31

533. Children With Special Circumstances And Medicaid. 31
534. Adolescent Resident Of Idaho State Hospital South. 31
535. Title IV-E Foster Care Child. 32
536. Title XIX Foster Child. 32
537. State Subsidized Adoption Assistance Child. 32
538. Child In Federally-Subsidized Adoption Assistance. 32
539. The Adoptions And Safe Families Act. 32
540. -- 549. (Reserved). 33
550. Medicaid Direct Coverage Groups. 33
551. Health Assessment. 33
552. -- 559. (Reserved). 33
560. Choosing Children's Access Card. 33
561. Children's Access Card Eligibility. 33
562. Co-Pays And Deductibles. 33
563. -- 599. (Reserved). 33
600. Annual Eligibility Renewal. 33
601. Exceptions To Annual Renewal. 34
602. Non-Renewal Of A Child's Direct Coverage. 34
603. -- 609. (Reserved). 34
610. Reporting Requirements. 34
611. Types Of Changes That Must Be Reported. 34
612. Participant Fails To Report Earned Income. 35
613. -- 619. (Reserved). 35
620. Notice Of Changes In Eligibility. 35
621. Notice Of Change Of Plan. 35
622. Advance Notice Responsibility. 35
623. Advance Notice Not Required. 35
624. -- 699. (Reserved). 36
700. Overpayments. 36
701. Recovery Of Overpayments. 36
702. -- 999. (Reserved). 36

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 56-202, 56-203, 56-209, 56-236, 56-237, 56-238, 56-239, 56-240, 56-242, 56-250, 56-253, 56-255, and 56-257, Idaho Code, the Idaho Legislature has authorized the Department of Health and Welfare to adopt and enforce rules for the administration of Title XIX of the Social Security Act (Medicaid), Title XXI of the Social Security Act, and the Premium Assistance program. (3-30-07)

001. TITLE AND SCOPE.

01. Title. These rules will be cited as IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children." (3-30-07)

02. Scope. These rules provide standards for issuing coverage for Title XIX and Title XXI of the Social Security Act as well as Premium Assistance coverage to children. (3-30-07)

002. WRITTEN INTERPRETATIONS.
In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency has written statements that 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. (3-30-07)

003. ADMINISTRATIVE APPEALS.
All administrative appeals are governed by provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings." (3-30-07)

004. INCORPORATION BY REFERENCE.
No documents have been incorporated by reference into these rules. (3-30-07)

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. (3-30-07)

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. (3-30-07)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (3-30-07)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (3-30-07)

05. Internet Website. The Department's internet website is found at www.healthandwelfare.idaho.gov. (3-30-07)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS.

01. Confidential Records. Any information about an individual covered by these rules and contained in the Department's records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." (3-30-07)

02. Public Records. The Department will comply with Sections 9-337 through 9-350, Idaho Code,

when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. (3-30-07)

007. -- 009. (RESERVED).

010. DEFINITIONS (A THROUGH L).
For the purposes of these rules the following terms are used as defined below: (3-30-07)

01. Adult. Any individual who has passed the month of his nineteenth birthday. (3-30-07)

02. AFDC. Aid to Families with Dependent Children, the cash assistance program for families and children in effect through June 30, 1997. (3-30-07)

03. 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. (3-30-07)

04. Budget Unit. A budget unit is a person or group of persons who are relatives of specified degree and live in the same home with a Medicaid-eligible dependent child. (3-30-07)

05. Child. Any individual from birth through the end of the month of his nineteenth birthday. (3-30-07)

06. Children's Access Card. The Children's Access Card is a premium assistance program that pays a premium subsidy toward a private health insurance plan for children who choose to participate in the program. (3-30-07)

07. Cost-Sharing. A participant payment for a portion of Medicaid service costs such as deductibles, coinsurance or co-payment amounts. (3-30-07)

08. Creditable Health Insurance. Creditable health insurance is coverage that provides benefits for inpatient and outpatient hospital services and physicians' medical and surgical services. Creditable coverage excludes liability, limited scope dental, vision, specified disease or other supplemental-type benefits. (3-30-07)

09. Department. The Idaho Department of Health and Welfare. (3-30-07)

10. Disenrollment. The end of an individual's participation in a health insurance program. (3-30-07)

11. Eligibility. The determination of whether or not an individual is eligible for health care benefits. (3-30-07)

12. Enrollment. The process of adding eligible individuals to a health care benefit. (3-30-07)

13. Extended Medicaid. Extended Medicaid is medical assistance for a parent or relative caretaker who becomes ineligible for Title XIX Medicaid due to an increase in child or spousal support payments. (3-30-07)

14. Family Size. Family size is the number of people living in the same home as the child. This includes relatives and other optional household members. (3-30-07)

15. Federal Poverty Guidelines (FPG). The federal poverty guidelines issued annually by the Department of Health and Human Services (HHS). (3-30-07)

16. Health Assessment. Health Assessment is an examination performed by a primary care provider in order to determine the appropriate health plan for a Medicaid-eligible individual. (3-30-07)

17. Health Care Assistance (HCA). Title XIX, Title XXI, or Premium Assistance benefits granted by the Department for persons or families under the authority of Title 56, Chapter 2, Idaho Code. (3-30-07)

18. Health Insurance Premium Program (HIPP). The Premium Assistance program in which Title XIX and Title XXI participants may participate. (3-30-07)

19. Health Plan. A set of health services paid for by Idaho Medicaid. (3-30-07)

20. Health Questionnaire. A tool used to assist Health and Welfare staff in determining the correct Health Plan for the Medicaid applicant. (3-30-07)

21. HUD. The U.S. Department of Housing and Urban Development. (3-30-07)

22. 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. (3-30-07)

23. 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. (3-30-07)

011. DEFINITIONS (M THROUGH Z).
For the purposes of these rules the following terms are used as defined below: (3-30-07)

01. Newborn Deemed Eligible. A child born to a woman who is eligible for and receiving medical assistance on the date of the child's birth. A child so born is eligible for Medicaid for the first year of his life. (7-1-06)T

02. Participant. A person eligible for, and enrolled in, the Idaho medical assistance program. (3-30-07)

03. Premium. A regular, periodic charge or payment for health coverage as set forth in IDAPA 16.03.16, "Premium Assistance." (3-30-07)

04. 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, and persons of preceding generations denoted by grand, great or great-great. (3-30-07)

05. SSI. Supplemental Security Income. (3-30-07)

06. SSN. Social Security Number. (3-30-07)

07. State. The state of Idaho. (3-30-07)

08. TAFI. Temporary Assistance for Families in Idaho. (3-30-07)

09. TANF. Temporary Assistance to Needy Families. (3-30-07)

10. Title XIX. Title XIX of the Social Security Act, known as Medicaid, is a medical benefits program jointly financed by the federal and state governments and administered by the States. This program pays for medical assistance for certain individuals and families with low income and limited resources. (3-30-07)

11. Title XXI. Title XXI of the Social Security Act, known as the State Children's Health Insurance Program (SCHIP), is a federal and state partnership similar to Medicaid, that expands health insurance to targeted, low- income children. (3-30-07)

12. 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. (3-30-07)

13. Working Day. A calendar day in which the regular hours of Department activity occur. Weekends

and State holidays are not considered working days. (3-30-07)

012. -- 099. (RESERVED).

APPLICATION REQUIREMENTS
(Sections 100 Through 199)

100. PARTICIPANT RIGHTS.
The participant has rights protected by federal and state laws and Department rules. The Department must inform participants of the following rights during the application process and eligibility reviews: (3-30-07)

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. (3-30-07)

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 Rules." (3-30-07)

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 request for the reinstatement is made before the effective date of the action taken on the notice of decision. (10-1-07)T

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 contained in Title 29 of the U.S. Code, and all other relevant parts of federal and state laws. (3-30-07)

101. -- 109. (RESERVED).

110. 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. (3-30-07)

111. -- 119. (RESERVED).

120. COLLATERAL CONTACTS.
A participant's signature on the application is his consent for the Department to contact collateral sources for verification of eligibility requirements. (3-30-07)

121. -- 129. (RESERVED).

130. APPLICATION TIME LIMITS.
Each application must be processed within forty-five (45) days, unless prevented by events beyond the Department's control. (3-30-07)

131. -- 139. (RESERVED).

140. ELIGIBILITY EFFECTIVE DATES.
Title XIX and Title XXI coverage begins the first day of the application month. Premium Assistance begins the first day of the month that private insurance coverage begins. (3-30-07)

141. -- 149. (RESERVED).

150. RETROACTIVE MEDICAL ASSISTANCE ELIGIBILITY.
Title XIX and Title XXI can begin up to three (3) calendar months before the application month if the participant is eligible during the prior period. Coverage is provided if services that can be paid by Medicaid were received in the

prior period. Participants who are found to be eligible for Premium Assistance are eligible for retroactive medical assistance if they meet all of the eligibility criteria for Title XIX or Title XXI in the prior period. (3-30-07)

151. -- 199. (RESERVED).

NON-FINANCIAL REQUIREMENTS
(Sections 200 Through 299)

200. NON-FINANCIAL CRITERIA FOR DETERMINING ELIGIBILITY.
Non-financial criteria are conditions of eligibility, other than income and resources, that must be met before Health Care Assistance can be authorized. (3-30-07)

201. -- 209. (RESERVED).

210. RESIDENCY.
The participant must voluntarily live in Idaho and have no immediate intention of leaving. (3-30-07)

211. -- 219. (RESERVED).

220. CITIZENSHIP AND QUALIFIED NON-CITIZEN REQUIREMENTS.
To be eligible, an individual must be a member of one (1) of the following groups: (3-30-07)

01. U.S. Citizen. A U.S. Citizen; (3-30-07)

02. U.S. National, National of American Samoa or Swain's Island. A U. S. national, or a national of American Samoa or Swain's Island. (3-30-07)

03. Child Born Outside the U.S. A child born outside the U.S., as defined in Public Law 106-395, is considered a citizen if all of the following conditions are met: (3-30-07)

a. At least one (1) parent is a U.S. Citizen. The parent can be a citizen by birth or naturalization. This includes an adoptive parent; (3-30-07)

b. The child is residing permanently in the U.S. in the legal and physical custody of a parent who is a U.S. Citizen; (3-30-07)

c. The child is under eighteen (18) years of age; (3-30-07)

d. The child is a lawful permanent resident; and (3-30-07)

e. If the child is an adoptive child, the child was residing in the U.S. at the time the parent was naturalized and was in the legal and physical custody of the adoptive parent. (3-30-07)

04. Full-Time Active Duty U.S. Armed Forces Member. A qualified non-citizen as defined in 8 U.S.C. 1641(b) or (c) who is 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; (3-30-07)

05. Veteran of the U.S. Armed Forces. A qualified non-citizen as defined in 8 U.S.C. 1641(b) or (c) who were 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; (3-30-07)

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

continuously present in the U.S. until he became a qualified non-citizen; (3-30-07)

07. Non-Citizen Entering On or After August 22, 1996. A non-citizen who entered the U.S. on or after August 22, 1996, and who is: (3-30-07)

a. 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; (3-30-07)

b. 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; (3-30-07)

c. 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; (3-30-07)

d. 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 (3-30-07)

e. A Cuban or Haitian entrant to the U.S. under Section 501(e) of the Refugee Assistance Act under Section 501(e) of P.L. 96-422 (1980), and can be eligible for seven (7) years from their date of entry; (3-30-07)

08. Qualified Non-Citizen Entering On or After August 22, 1996. A qualified non-citizen under 8 U.S.C. 1641(b) or (c), who entered the U.S. on or after August 22, 1996, and who has held a qualified non-citizen status for at least five (5) years; (3-30-07)

09. American Indian Born in Canada. An American Indian born in Canada, under 8 U.S.C. 1359; (3-30-07)

10. American Indian Born Outside the U.S. An American Indian born outside of the U.S., who is a member of a U.S. federally recognized tribe under 25 U.S.C. 450 b(e); (3-30-07)

11. 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; and (3-30-07)

12. 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: (3-30-07)

a. Is under the age of eighteen (18) years; or (3-30-07)

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 (3-30-07)

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 (3-30-07)

ii. Is remaining in the U.S. to assist the U.S. Attorney General in the prosecution of traffickers in persons. (3-30-07)

221. U.S. CITIZENSHIP AND IDENTITY DOCUMENTATION REQUIREMENTS.
Any individual who participates in a Medicaid funded program must provide documentation of U.S. citizenship and identity unless he has otherwise met the requirements under Section 225 of this rule. The individual must provide the Department with the most reliable document that is available. Documents must be originals or copies certified by the issuing agency. Copies of originals or notarized copies cannot be accepted. The Department will accept original documents in person, by mail, or through a guardian or authorized representative. (3-30-07)

222. LEVELS OF CITIZENSHIP DOCUMENTATION.

01. Documents Accepted as Primary Level Proof of Both U.S. Citizenship and Identity. The following documents are accepted as the primary level of proof of both U.S. citizenship and identity: (3-30-07)

a. A U.S. passport; (3-30-07)

b. A Certificate of Naturalization, DHS Forms N-550 or N-570; or (3-30-07)

c. A Certificate of U.S. Citizenship, DHS Forms N-560 or N-561. (3-30-07)

02. Documents Accepted as Secondary Level Proof of U.S. Citizenship but Not Identity. The following documents are accepted as proof of U.S. citizenship if the proof in Subsection 222.01 is not available. These documents are not proof of identity and must be used in combination with a least one (1) document listed in Subsection 222.05 or Section 223 of these rules to establish both citizenship and identity. (3-30-07)

a. A U.S. birth certificate that shows the individual was born in one (1) of the following: (3-30-07)

i. United States fifty (50) states; (3-30-07)

ii. District of Columbia; (3-30-07)

iii. Puerto Rico, on or after January 13, 1941; (3-30-07)

iv. Guam, on or after April 10, 1899; (3-30-07)

v. U.S. Virgin Islands, on or after January 17, 1917, (3-30-07)

vi. America Samoa; (3-30-07)

vii. Swain's Island; or (3-30-07)

viii. Northern Mariana Islands, after November 4, 1986; (3-30-07)

b. A certification of report of birth issued by the Department of State, Forms DS-1350 or FS-545; (3-30-07)

c. A report of birth abroad of a U.S. Citizen, Form FS 240; (3-30-07)

d. A U.S. Citizen I.D. card, DHS Form I-197; (3-30-07)

e. A Northern Mariana Identification Card, Form I-873; (3-30-07)

f. An American Indian Card issued by the Department of Homeland Security with the classification code “KIC,” Form I-873; (3-30-07)

g. A final adoption decree showing the child's name and U.S. place of birth; (3-30-07)

h. Evidence of U.S. Civil Service employment before June 1, 1976; (7-13-07)T

i. An official U.S. Military record showing a U.S. place of birth; (7-13-07)T

j. Certification of birth abroad, Form FS-545; (7-13-07)T

k. Verification with the Department of Homeland Security's Systematic Alien Verification for Entitlements (SAVE) database; or (7-13-07)T

l. Evidence of meeting the automatic criteria for U.S. citizenship outlined in the Child Citizenship Act of 2000. (7-13-07)T

03. Documents Accepted as Third Level Proof of U.S. Citizenship but Not Identity. The following documents are accepted as proof of U.S. citizenship if a primary or secondary level of proof is not available. These documents are not proof of identity and must be used in combination with a least one (1) document listed in Subsection 222.05 or Section 223 of these rules to establish both citizenship and identity. (3-30-07)

a. A written hospital record on hospital letterhead established at the time of the person's birth that was created five (5) years before the initial application date that indicates a U.S. place of birth; or (3-30-07)

b. Life, health, or other insurance record that was created at least five (5) years before the initial application date and that indicates a U.S. place of birth. (3-30-07)

c. Religious record recorded in the U.S. within three (3) months of birth showing the birth occurred in the U.S. and showing whether the date of the birth or the individual's age at the time the record was made. The record must be an official record recorded with the religious organization. (7-13-07)T

04. Documents Accepted as Fourth Level Proof of U.S. Citizenship but Not Identity. The following documents are accepted as proof of U.S. citizenship only if documents in Subsections 105.01 through 105.03 of these rules do not exist and cannot be obtained for a person who claims U.S. citizenship. These documents are not proof of identity and must be used in combination with a least one (1) document listed in Subsection 222.05 or Section 223 of these rules to establish both citizenship and identity. (3-30-07)

a. Federal or state census record that shows the individual has U.S. citizenship or a U.S. place of birth; (3-30-07)

b. One (1) of the following documents that shows a U.S. place of birth for participants sixteen (16) years of age or older and was created at least five (5) years before the application for Medicaid. For children under sixteen (16) years of age, the document must have been created near the time of birth; (7-13-07)T

i. Seneca Indian tribal census record; (3-30-07)

ii. Bureau of Indian Affairs tribal census records of the Navajo Indians; (3-30-07)

iii. U.S. State vital Statistics official notification of birth registration; (3-30-07)

iv. A delayed U.S. public birth record that is recorded more than five (5) years after the person's birth; (7-13-07)T

v. Statement signed by the physician or midwife who was in attendance at the time of birth; (3-30-07)

vi. Medical (clinic, doctor, or hospital) record; (3-30-07)

vii. Institutional admission papers from a nursing facility, skilled care facility or other institution; or (3-30-07)

viii. Bureau of Indian Affairs roll of Alaska Natives. (7-13-07)T

c. A written declaration, signed and dated, which states, “I declare under penalty of perjury that the foregoing is true and correct.” A declaration is accepted for proof of U.S. citizenship or naturalization if no other documentation is available and complies with the following: (7-13-07)T

i. Declarations must be made by two (2) persons who have personal knowledge of the events establishing the individual's claim of U.S. citizenship; (3-30-07)

ii. One (1) of the persons making a declaration cannot be related to the individual claiming U.S. citizenship; (3-30-07)

iii. The persons making the declaration must provide proof of their own U.S. citizenship and identity; and (3-30-07)

iv. A declaration must be obtained from the individual applying for Medicaid, a guardian, or representative that explains why the documentation does not exist or cannot be obtained. (3-30-07)

05. Documents Accepted for Proof of Identity but Not Citizenship. The following documents are accepted as proof of identity. They are not proof of citizenship and must be used in combination with at least one (1) document listed in Subsections 222.01 through 222.04 of this rule to establish both citizenship and identity. (3-30-07)

a. A state-issued driver's license bearing the individual's picture or other identifying information such as name, age, gender, race, height, weight, or eye color; (3-30-07)

b. A federal, state, or local government-issued identity card with the same identifying information that is included on driver's licenses as described in Subsection 222.05.a of this rule; (3-30-07)

c. School identification card with a photograph of the individual; (3-30-07)

d. U.S. Military card or draft record; (3-30-07)

e. Military dependent's identification card; (3-30-07)

f. U. S. Coast Guard Merchant Mariner card; (3-30-07)

g. Certificate of Degree of Indian blood; or (3-30-07)

h. Native American Indian or Alaska Native Tribal document with a photograph or other personal identifying information relating to the individual. (3-30-07)

i. Identity affidavits are acceptable proof of identity for individuals living in a residential care facility. (7-13-07)T

223. IDENTITY RULES FOR CHILDREN.
The following documentation of identity for children under sixteen (16) may be used: (3-30-07)

01. School Records. School records may be used to establish identity. Such records also include nursery or day care records. (3-30-07)

02. Written Declaration. A written declaration, signed and dated, which states, "I declare under penalty of perjury that the foregoing is true and correct," if documents listed in Subsection 221.02 of this rule are not available. A declaration cannot be used for identity if a declaration for citizenship documentation was provided for the child. A declaration may be used if it meets the following conditions: (3-30-07)

a. It states the date and place of the child's birth; and (3-30-07)

b. It is signed by a parent or guardian. (3-30-07)

224. ELIGIBILITY FOR APPLICANTS AND MEDICAID PARTICIPANTS WHO DO NOT PROVIDE CITIZENSHIP AND IDENTITY DOCUMENTATION.

01. Applicants. Eligibility will be denied to any applicant who does not provide proof of citizenship and identity documentation. (3-30-07)

02. Participants. Any Medicaid participant, who does not provide proof of citizenship and identity documentation at a scheduled renewal and who is making a good faith effort to obtain documentation, will not be terminated from Medicaid for lack of documentation unless the participant: (3-30-07)

a. Does not meet other eligibility criteria required in this chapter of rules; or (3-30-07)

b. Refuses to obtain the documentation. (3-30-07)

225. INDIVIDUALS CONSIDERED AS MEETING THE U.S. CITIZENSHIP AND IDENTITY DOCUMENTATION REQUIREMENTS.
The individuals listed in Subsections 225.01 through 225.05 of this rule meet the U.S. citizenship and identity requirements and are not required to provide documentation of citizenship and identity. (10-1-06)T

01. Supplemental Security Income (SSI) Recipients. (10-1-06)T

02. Social Security Disability Income (SSDI) Recipients. (10-1-06)T

03. Individuals Determined by SSA to be Entitled to Receive Medicare. (10-1-06)T

04. Adoptive or Foster Care Children Receiving Assistance Under Title IV-B or Title IV-E of the Social Security Act. (10-1-06)T

226. (RESERVED).

227. ASSISTANCE IN OBTAINING DOCUMENTATION.
The Department will assist individuals who are mentally or physically incapacitated and who lack a representative to assist them in obtaining such documentation. (3-30-07)

228. PROVIDE DOCUMENTATION OF CITIZENSHIP AND IDENTITY ONE TIME.
When an individual has provided citizenship and identity documents, changes in eligibility will not require an individual to provide such documentation again unless later verification of the documents provided raises a question of the individual's citizenship or identity. (3-30-07)

229. -- 239. (RESERVED).

240. INDIVIDUALS WHO DO NOT MEET THE CITIZENSHIP OR QUALIFIED NON-CITIZEN REQUIREMENTS.
Individuals who do not meet the citizen or qualified non-citizen requirements under Section 220 of these rules may be eligible for emergency medical services if they meet all other conditions of eligibility for a Title XIX or Title XXI program. (3-30-07)

01. Limited Eligibility. Eligibility for emergency medical assistance under the Title XIX or Title XXI programs is limited to the date(s) of the emergency condition. (3-30-07)

02. Ineligibility for Premium Assistance. Individuals who do not meet the citizen, qualified non-citizen, or identity requirements in Section 220 of these rules are not eligible for the Premium Assistance program. (3-30-07)

241. -- 249. (RESERVED).

250. EMERGENCY MEDICAL CONDITION.
Individuals who do not meet citizenship requirements may receive medical assistance under any Title XIX or Title XXI coverage group, except Premium Assistance, 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 Department 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 Social Security Number (SSN) requirement is waived because an SSN cannot be issued. Individuals must be otherwise eligible for Title XIX. (3-30-07)

251. SPONSOR DEEMING.
Income and resources of a legal non-citizen’s sponsor and the sponsor’s spouse are counted in determining eligibility.

(3-30-07)

252. SPONSOR RESPONSIBILITY.
Section 213 of the Immigration and Naturalization Act requires that a sponsor signing Form I-864, Affidavit of Support, reimburse the Department for Health Care Assistance benefits paid for a sponsored, qualified non-citizen. (3-30-07)

253. -- 269. (RESERVED).

270. 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. (3-30-07)

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. (3-30-07)

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: (3-30-07)

a. Is a member of a recognized religious sect or division of the sect; and (3-30-07)

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. (3-30-07)

03. SSN Requirement Waived. An applicant may have the SSN requirement waived when he is: (3-30-07)

a. Only eligible for emergency medical services as described in Section 250 of these rules; or (3-30-07)

b. A newborn deemed eligible child as described in Section 530 of these rules. (7-1-06)T

271. -- 279. (RESERVED).

280. GROUP HEALTH PLAN ENROLLMENT.
Title XIX and Title XXI 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. (3-30-07)

281. -- 289. (RESERVED).

290. 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. (3-30-07)

291. MEDICAL SUPPORT COOPERATION.
A Medicaid recipient responsible for assigning their rights to medical support must cooperate to identify and locate the noncustodial parent, establish paternity, and establish, modify and enforce a medical support order. (3-30-07)

01. Cooperation Defined. Cooperation includes providing all information to identify and locate the non-custodial parent and identifying other liable third party payers. The participant must provide the first and last name of the non-custodial parent. The participant must also provide at least two (2) of the following pieces of information about the non-custodial parent: (3-30-07)

a. Birth date; (3-30-07)

b. Social Security Number; (3-30-07)

c. Current address; (3-30-07)

d. Current phone number; (3-30-07)

e. Current employer. (3-30-07)

f. Make, model, and license number of any motor vehicle owned by the non-custodial parent; or (3-30-07)

g. Names, phone numbers and addresses of the parents of the non-custodial parent. (3-30-07)

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 following reasons: (3-30-07)

a. There is proof the child was conceived as a result of incest or rape; (3-30-07)

b. There is proof the child's non-custodial parent may inflict physical or emotional harm to the participant, the child, the custodial parent or the caretaker relative; or (3-30-07)

c. A credible explanation is provided showing the participant cannot provide the minimum information regarding the non-custodial parent. (3-30-07)

d. A participant who has good cause for not cooperating as described in Subsection 291.03.b of this rule. (3-30-07)

03. Conditions for Non-Denial of Medicaid. Medicaid cannot be denied for individuals who meet one (1) of the following conditions: (3-30-07)

a. A child or unmarried minor child who cannot legally assign his rights to medical support; or (3-30-07)

b. A pregnant woman whose income is at or below the federal poverty guideline, and who does not cooperate in establishing paternity and obtaining medical support from, or derived from, the father of the unborn child. (3-30-07)

292. COOPERATION WITH HEALTHY CONNECTIONS PROGRAM.
Applicants must cooperate with Healthy Connections in establishing a Primary Care Provider unless exempt under IDAPA 16.03.09, "Medicaid Basic Plan Benefits." If a primary care provider is not chosen by the applicant, Healthy Connections will choose the primary care provider for the participant. (3-30-07)

293. COST-SHARING REQUIREMENT.
Participants are required to pay a cost-sharing premium based on the level of their family income as described in IDAPA 16.03.18, "Medicaid Cost-Sharing." Individuals who fail to pay their cost-sharing premium and become delinquent cannot receive Heath Care Assistance. (3-30-07)

294. -- 295. (RESERVED).

296. 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. (3-30-07)

297. -- 299. (RESERVED).

FINANCIAL REQUIREMENTS
(Sections 300 Through 314)

300. 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 biological children but not step children. Spouses are financially responsible for each other. (3-30-07)

301. FINANCIAL ELIGIBILITY.
To be eligible for Health Care Assistance, a participant must meet the income and resource limits. (3-30-07)

302. -- 314. (RESERVED).

RESOURCES
(Sections 315 Through 344)

315. 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. (3-30-07)

316. DETERMINING RESOURCE ELIGIBILITY FOR AFDC-RELATED ADULTS AND LOW INCOME PREGNANT WOMEN.
Resources are considered in determining eligibility for AFDC-related adult Medicaid and Low Income Pregnant Women. The following information is required to determine a participant's resource eligibility: (3-30-07)

01. Countable Resources. The equity value of all countable non-excluded resources is compared to the resource limit for AFDC Medicaid adults and Low Income Pregnant Women. (3-30-07)

02. Initial Eligibility. For initial eligibility, the value of countable resources is determined as of the application date. (3-30-07)

03. Excess Countable Resources. Excess countable resources anticipated at any time during an upcoming month, affects the entire month's eligibility. (3-30-07)

317. -- 324. (RESERVED).

325. RESOURCE LIMITS.
The resource limit for AFDC-related coverage groups is one thousand dollars ($1,000). The resource limit for the Low Income Pregnant Woman coverage group is five thousand dollars ($5,000). (3-30-07)

326. 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. (3-30-07)

327. VEHICLES.

For both AFDC-related and Low Income Pregnant Woman related Medicaid, 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. (3-30-07)

328. 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. (3-30-07)

329. -- 339. (RESERVED).

340. SALES CONTRACTS.
A mortgage, promissory note, or other form of sales contract, that can be sold is a resource. (3-30-07)

341. PROPERTY TRANSFER.
When determining Medicaid eligibility for any family medical coverage group, there is no asset transfer penalty. (3-30-07)

342. RESOURCES EXCLUDED BY FEDERAL LAW.
A resource excluded by federal law is not counted in determining the resource amount available to the participant. (3-30-07)

343. -- 344. (RESERVED).

INCOME
(Sections 345 Through 394)

345. AVAILABLE INCOME.
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. (3-30-07)

346. 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 during the month the application is submitted. Eligibility for Health Care Assistance is determined by comparing the individual's calculated income against the income limit. (3-30-07)

347. 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. (3-30-07)

348. CHILD'S EARNED INCOME.
A child's earned income is excluded. (3-30-07)

349. INCOME PAID UNDER CONTRACT.
The earned income of an employee paid on a contractual basis is prorated over the period of the contract. (3-30-07)

350. IN-KIND INCOME.

An individual who receives a service, benefit, or durable goods instead of wages is earning in-kind income. In-kind income is excluded. (3-30-07)

351. SELF-EMPLOYMENT EARNED INCOME.
Income from self-employment is treated as earned income. Countable self-employment income is the difference between the gross receipts and the allowable costs of producing the self-employment income, if the amount is expected to continue. (3-30-07)

01. Allowable Costs of Producing the Self-Employment Income. Allowable costs of producing the self-employment income include: (3-30-07)

a. The cost of labor paid to persons not in the home; (3-30-07)

b. The cost of stock; (3-30-07)

c. The cost of material; (3-30-07)

d. The cost for rent and utilities, advertising, shipping and legal fees; (3-30-07)

e. The cost of seed and fertilizer; (3-30-07)

f. Interest paid to purchase income-producing property, including real estate; (3-30-07)

g. Insurance premiums; (3-30-07)

h. Taxes paid on income-producing property; (3-30-07)

i. Transportation, when a vehicle is an integral part of business activity; and (3-30-07)

j. Expenses directly related to producing the goods or services and, without which, the goods or services could not be produced. (3-30-07)

02. Non-Allowable Costs of Producing the Self-Employment Income. The non-allowable costs of producing the self-employment income are: (3-30-07)

a. Payments on the principal of the purchase price of income-producing real estate and capital assets, equipment, machinery, and other durable goods; (3-30-07)

b. Net losses from previous periods; (3-30-07)

c. Federal, State, and local income taxes; (3-30-07)

d. Money set aside for retirement; (3-30-07)

e. Personal expenses such as meals and transportation to and from work; (3-30-07)

f. Personal business, personal entertainment expenses, and personal transportation costs which are not an integral part of business activity; and (3-30-07)

g. Depreciation. (3-30-07)

352. 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 calendar year and do not carry over from year to year. (3-30-07)

353. -- 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, Retirement, Survivors, and Disability Insurance (RSDI), unemployment compensation, worker's compensation, veteran's benefits, other government benefits, Temporary Assistance for Families in Idaho (TAFI), Temporary Assistance to Needy Families (TANF), contributions, support payments, cash gifts and capital investment returns, such as dividends and interest. (3-30-07)

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. (3-30-07)

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 performed by an outside agency. If an outside agency is not performing activities, the net rental income is self-employment income. (3-30-07)

373. UNEARNED INCOME COVERING MORE THAN ONE 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. (3-30-07)

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. (3-30-07)

375. RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE (RSDI) INCOME.
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. (3-30-07)

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. (3-30-07)

377. CONTRIBUTIONS.
Contributions are cash payments from persons who are not legally liable to support the individual or family. Contributions are unearned income. The contributions are counted prospectively, if they can reasonably be anticipated. (3-30-07)

378. DISABILITY INSURANCE PAYMENTS.
Disability payments paid to an individual through an insurance company are unearned income in the month received. (3-30-07)

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. (3-30-07)

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. (3-30-07)

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. (3-30-07)

382. EDUCATIONAL INCOME.
Any student financial assistance provided under Title IV of the Higher Education Act, the Bureau of Indian Affairs education program, grants, loans, scholarships, or work study is excluded. (3-30-07)

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. (3-30-07)

384. LUMP SUM INCOME.
A non-recurring 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 Retirement, Survivors, and Disability Insurance (RSDI), Veteran's Administration (VA), worker compensation awards, severance pay, disability insurance, and lottery winnings. (3-30-07)

01. Lump Sum Received in Initial Month of Eligibility. Lump sum income received in the application month is counted as income for that month. (3-30-07)

02. Lump Sum Received in Any Other Month of Eligibility. If the lump sum income can be anticipated, the lump sum is counted as income in the month income is expected. Any portion of the lump sum left after the month of receipt is a countable resource. (3-30-07)

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: (3-30-07)

01. Agent Orange Settlement Funds. Payments made to veterans from the Agent Orange Settlement Fund. (3-30-07)

02. Alaska Native Claims. Tax-exempt portions of payments made in accordance with the Alaska Native Claims Settlement Act, PL 92-203. (3-30-07)

03. AmeriCorps. AmeriCorps payments for child care allowances and educational awards, other than stipends or living allowances, are excluded. (3-30-07)

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. (3-30-07)

05. Commodities and Food Stamps. The value of U.S. Department of Agriculture donated commodities and Food Stamps. (3-30-07)

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. (3-30-07)

07. Elderly Nutritional Benefits. Any benefits received under Title VII, Nutritional Program for the Elderly, of the Older Americans Act of 1965. (3-30-07)

08. Foster Care and Adoption Assistance Payment. Foster care payments paid by the Department are excluded. Adoption Assistance payments paid by federal, state or local agencies are excluded. (3-30-07)

09. Garnishments. Income garnished by court order is not available and is excluded. (3-30-07)

10. Home Energy Assistance. PL 100-203 excludes Home Energy Assistance. The aid must be provided based on need certified by the Department. (3-30-07)

11. Home Produce. The value of home produce used by the family. (3-30-07)

12. Housing Subsidies. The value of government rent or housing subsidies or both, if the participant receives both. (3-30-07)

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. (3-30-07)

14. Income Tax Refunds and Earned Income Tax Credit (EITC) Payments. Income tax refunds are excluded from income, but counted as a resource. Earned Income Tax Credit payments, or the advance payment of the EITC, is excluded. (3-30-07)

15. Indian Payments. Payments distributed to or held in trust for members of any Indian tribe issued under 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. (3-30-07)

16. Loans. A bona fide loan is not available income. (3-30-07)

17. Low Income Energy Assistance. Money paid to families under the Low Income Energy Assistance Act of 1981 under 42 U.S.C. 8624(f) is excluded. (3-30-07)

18. Radiation Exposure Compensation Act. Payments made to individuals under this act are excluded. (3-30-07)

19. Relocation Assistance. Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, contained in 42 U.S.C. Subsection 4636 of the U.S. Code, and relocation payments paid to civilians of World War II per Public Law 100-383. (3-30-07)

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. (3-30-07)

21. Senior Volunteer Programs. Payments for supportive services or out-of-pocket expenses made to individual volunteers serving as foster grandparents, Vista volunteers, 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, and 93-143. This Federal Code is contained in Titles 5 and 42 of the U.S. Code. (3-30-07)

22. Spina Bifida. Spina bifida allowances paid to children of Vietnam veterans. (3-30-07)

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. (3-30-07)

24. Utility Reimbursement Payments. Utility reimbursement payments made to persons living in housing subsidized by HUD. (3-30-07)

25. Work-Related Payments. Payments made by an employer for work-related expenses are

excluded. Work-related expenses include travel and per diem. (3-30-07)

386. COUNTING TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO (TAFI) INCOME.
Individuals and families are eligible for health care assistance if: (3-30-07)

01. TAFI and Idaho Tribal Temporary Assistance for Needy Families Income. Their only income is Idaho TAFI or Idaho Tribal TANF. (3-30-07)

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. (3-30-07)

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 345 through 388 of these rules. (3-30-07)

387. COUNTING OUT-OF-STATE TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) BENEFITS.
When determining eligibility for Title XIX or Title XXI health coverage, TANF payments received from other states are countable unearned income. (3-30-07)

388. CHILD'S UNEARNED INCOME.
A child's unearned income is countable towards his eligibility. (3-30-07)

389. -- 394. (RESERVED).

DISREGARDS
(Section 395 Through 399)

395. EARNED INCOME DISREGARDS FOR AFDC-RELATED ADULTS AND LOW INCOME PREGNANT WOMEN.
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 subtracted from earnings in the following order: (3-30-07)

01. The Standard Disregard. The first ninety dollars ($90) of an individual's earned income is disregarded. (3-30-07)

02. Thirty Dollars Plus One-Third Disregard. Thirty dollars ($30) plus one-third (1/3) is disregarded when the earned income belongs to a single parent, a relative caretaker receiving Title XIX benefits, a pregnant woman, or a parent in a two (2) parent family receiving Title XIX benefits 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 budget unit. The disregard is not allowed after four (4) consecutive months. (3-30-07)

03. Thirty Dollars 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. (3-30-07)

04. The 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 adult living in the same home. The amount disregarded is the anticipated cost of care paid by the participant or the maximum care allowance, whichever is less. Maximum dependent care allowances are listed in Subsections 395.05 and 395.06 of this rule. Dependent care costs paid by a third party are not an allowable disregard. (3-30-07)

05. 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. (3-30-07)

06. 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. (3-30-07)

396. -- 399. (RESERVED).

HEALTH COVERAGE FOR ADULTS
(Sections 400 Through 499)

400. AFDC-RELATED BUDGET UNIT.

A budget unit is a person or group of persons who are relatives of specified degree who live in the same home with an eligible dependent child. Their needs, income, and resources are counted as a unit for AFDC adult eligibility. Eligibility is based on the number of budget unit members. (3-30-07)

01. Member of More Than One Budget Unit. No person may receive benefits in more than one (1) budget unit during the same month. (3-30-07)

02. 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. (3-30-07)

03. 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. (3-30-07)

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

Persons listed in Subsections 401.01 through 401.05 of this rule must be included in an AFDC-related budget unit. (3-30-07)

01. Parents. A biological or adoptive parent must be included in the budget unit. Both parents must be included if: (3-30-07)

a. One (1) or both parents is incapacitated; (3-30-07)

b. One (1) parent is receiving AABD Title XIX based on the Community Property method and is not an SSI recipient; or (3-30-07)

c. One (1) is unemployed or underemployed, or both parents are unemployed or underemployed. (3-30-07)

02. Disqualified Parents. Disqualified parents needs are not included when determining the size of the budget unit. A disqualified parent's income and resources are counted in full. A parent is disqualified if: (3-30-07)

a. He does not meet the non-financial eligibility criteria found in Sections 200 through 240 of these rules; or (3-30-07)

b. He fails to cooperate with Medicaid requirements found in Sections 270 through 296 of these rules. (3-30-07)

03. Siblings. A child's biological or adoptive brother or sister, including half-siblings, must be included in the budget unit. (3-30-07)

04. Pregnant Woman With No Other Children. A pregnant woman, who does not have a child residing in the home, may receive AFDC-related benefits. (3-30-07)

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 AFDC-related eligibility. (3-30-07)

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 AFDC-related benefits until the child is born and paternity is established. (3-30-07)

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. (3-30-07)

402. PERSONS WHO MAY BE INCLUDED IN AN AFDC-RELATED BUDGET UNIT.
Persons listed in Subsections 402.01 through 402.03 of this rule may be included in an AFDC-related budget unit. They may choose not to be included. (3-30-07)

01. Other Child in Home. A child who is a relative of specified degree but is not a biological 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. (3-30-07)

02. Child of Pregnant Woman. A pregnant woman's children can be included. If any children are included, all siblings must be included. (3-30-07)

03. Caretaker Relative Other Than Parent. In the absence of both, biological or adoptive parents, one (1) caretaker relative of specified degree can be included. (3-30-07)

403. PERSONS WHO MUST NOT BE INCLUDED IN AN AFDC-RELATED BUDGET UNIT.
Persons listed in Subsections 403.01 through 403.06 of this rule must not be included in an AFDC-related budget unit. (3-30-07)

01. SSI Recipient. Persons who receive SSI benefits must not be included. (3-30-07)

02. AABD State Supplemented Recipient. Persons who receive AABD cash benefits must not be included. (3-30-07)

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. (3-30-07)

04. Ineligible Non-Citizen. Persons who are ineligible non-citizens must not be included. (3-30-07)

05. Title IV-E Foster Child. A child who receives foster care payments from the Department must not be included. (3-30-07)

06. Adoption Assistance. A child who receives adoption assistance payments from any federal, state, or local agency providing adoption assistance payments must not be included. (3-30-07)

404. -- 409. (RESERVED).

410. DETERMINING MEDICAID ELIGIBILITY FOR AFDC-RELATED ADULTS.
Countable monthly income and resources for each individual are compared to the income and resource payment standard. When income or resources exceed standards, the individual is ineligible. (3-30-07)

411. AFDC-RELATED COVERAGE GROUPS INCOME LIMITS.
The AFDC income limits are based on the number of budget unit members. The income limits are listed in Table 411.

TABLE 411 AFDC INCOME LIMITS		
Number In Family	**Payment Income Limit**	**Need Income Limit**
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

(3-30-07)

412. -- 419. (RESERVED).

420. EXTENDED MEDICAID FOR SPOUSAL OR CHILD SUPPORT INCREASE.
Participants are eligible for four (4) calendar months of Extended Medicaid if an increase in the participant's spousal or child support causes them to exceed the income limit for their budget unit size. The participant must have received AFDC-related Medicaid in Idaho in at least three (3) of the six (6) months before the month the participant became income ineligible. (3-30-07)

421. TRANSITIONAL MEDICAID.
Individuals and families who were eligible for Title XIX Medicaid coverage under the AFDC-related coverage groups are eligible for Transitional Medicaid if the family income exceeds limits because of a reason listed in Subsections 421.01 through 421.03 of this rule. The family must have received AFDC-related Medicaid in Idaho in three (3) of the six (6) months before the month they became ineligible unless the family meets the condition in Subsection 421.01 of this rule. Eligible families may receive Transitional Medicaid for up to twelve (12) months. (10-1-07)T

01. Idaho TAFI Income and Income from Employment. Family income exceeds limits because they have Idaho TAFI income and income from employment. (10-1-07)T

02. Employment Income Increased. Family income exceeds limits because employment income increased. (10-1-07)T

03. Disregard Expired. Family income exceeds limits because the thirty dollar ($30) plus one-third (1/3) or the thirty dollar ($30) disregard expired. (10-1-07)T

422. TRANSITIONAL MEDICAID NOTICE REQUIREMENTS.
The participant must be provided notice during Transitional Medicaid as described in Subsections 422.01 and 422.02. (10-1-07)T

01. Required Notice During First Six Months of Transitional Medicaid. The Department will notify the participant of the reporting requirements and the option for months seven (7) through twelve (12) of

Transitional Medicaid. The Department will send the notice and the report form in month three (3) and month six (6) of Transitional Medicaid. (10-1-07)T

02. Required Notice During Second Six Months of Transitional Medicaid. The Department will notify the participant of reporting requirements. The Department will send the notice and the report form in month nine (9) of TM. (10-1-07)T

423. TRANSITIONAL MEDICAID REPORTING REQUIREMENT.
Families receiving Transitional Medicaid are mailed three (3) report forms during the twelve (12) Transitional Medicaid months. Families must complete and return the reports as listed in Subsections 423.01 through 423.03. (10-1-07)T

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). (10-1-07)T

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). (10-1-07)T

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 Transitional Medicaid month ten (10). The report covers Transitional Medicaid months seven (7) through nine (9). (10-1-07)T

424. INCOME TESTS FOR TRANSITIONAL MEDICAID.
When a family reports changes in earnings, household composition or child care costs, eligibility to receive months seven (7) through twelve (12) of Transitional Medicaid must be evaluated using the income tests listed in Section 424. Use the steps in Table 424.01 for the first income test, done at the end of month seven (7) of Transitional Medicaid. Use steps in Table 424.02 for the second income test, done at the end of month ten (10) of Transitional Medicaid. (10-1-07)T

01. First Transitional Medicaid Income, Test Done at the End of Month Seven.

TABLE 424.01 - FIRST TRANSITIONAL MEDICAID 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 Transitional Medicaid.
Step 2.	Subtract allowable child care costs from months four (4) through six (6) of Transitional Medicaid 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 Transitional Medicaid. Adequate notice is required.

(10-1-07)T

02. Second Transitional Medicaid Income Test, Done at the End of Month Ten.

TABLE 424.02 - SECOND TRANSITIONAL MEDICAID 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) Transitional Medicaid 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 Transitional Medicaid, 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 Transitional Medicaid. Ten (10) day advance notice is required.

(10-1-07)T

03. Good Cause for Lack of Earnings. Good cause for lack of earnings includes, but is not limited to: (10-1-07)T

a. Family crisis. (10-1-07)T

b. Court required appearance or incarceration. (10-1-07)T

c. Loss of transportation where no other means of transportation is readily accessible. (10-1-07)T

d. Loss of child care arrangements. (10-1-07)T

e. Involuntary loss of employment. (10-1-07)T

f. Illness. (10-1-07)T

425. REASONS TO END TRANSITIONAL MEDICAID BEFORE THE END OF THE ELIGIBILITY PERIOD.
Reasons to end Transitional Medicaid are: (3-30-07)

01. Child Leaves Family Unit. The family unit no longer includes an eligible child. (3-30-07)

02. Not Residing in Idaho. The family unit no longer resides in Idaho. (3-30-07)

03. 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. (3-30-07)

04. Member Committed Fraudulent Acts. It is determined a member of the family unit committed fraud during the last six (6) months the family received Medicaid, before getting Transitional Medicaid. The remaining members of the family unit remain eligible. (3-30-07)

426. TRANSITIONAL MEDICAID FAMILY RETURNS TO IDAHO.
If Transitional Medicaid is closed because the family left the state, the Transitional Medicaid is reopened if the family returns to Idaho during the twelve (12) month period. The participants remain eligible for the rest of the original twelve (12) months if all eligibility requirements are met. The months of absence are counted as if the participants had actually received Transitional Medicaid during those months. (3-30-07)

427. NEW PERSONS MOVE INTO TRANSITIONAL MEDICAID HOME.
New persons moving into the home during the twelve (12) month Transitional Medicaid period are eligible for Medicaid if they are mandatory members of the budget unit as described in Section 401 of these rules. (3-30-07)

428. -- 499. (RESERVED).

PREGNANCY-RELATED HEALTH COVERAGE
(Sections 500 Through 519)

500. 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. Health care 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. (3-30-07)

01. Income Limit. The individual's countable income which is calculated using allowable income disregards must not exceed one hundred thirty-three percent (133%) of the FPG for her family size in the application month. (3-30-07)

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. Family members are counted regardless of Medicaid ineligibility or disqualification. Family members who receive SSI or AABD payments are not included. For an individual Medicaid determination, only income and resources of persons financially responsible for the individual can make the individual ineligible for Medicaid. (3-30-07)

03. Income Disregards. Allowable income exclusions and disregards, described in Section 395 of these rules, are subtracted to determine the pregnant woman's income. (3-30-07)

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. (3-30-07)

05. Resource Limit for Adult Pregnant Women. The resource limit is described in Section 325 of these rules. (3-30-07)

501. PREGNANT WOMAN INELIGIBLE BECAUSE OF EXCESS INCOME.

A pregnant woman who receives health care assistance and becomes ineligible because of an increase in income will continue to receive coverage as a Low Income Pregnant Woman. (3-30-07)

502. 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 the Low Income Pregnant Woman to the Department within two (2) working days of the PE determination. 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. (3-30-07)

503. -- 519. (RESERVED).

HEALTH COVERAGE FOR CHILDREN
(Sections 520 Through 529)

520. FINANCIAL ELIGIBILITY.
Children are eligible for Health Care Assistance when the family's total income is less than or equal to one hundred eighty-five percent (185%) of Federal Poverty Guideline for the family size. Neither earned nor unearned income disregards are allowed in determining a child's eligibility for Title XIX or Title XXI. There is no resource test or limit for children. (3-30-07)

521. FINANCIAL RESPONSIBILITY.
The income of individuals who are financially responsible for the child is counted in determining eligibility. Individuals are financially responsible for themselves. Parents are financially responsible for their adoptive and biological children but not step children. Spouses are financially responsible for each other. (3-30-07)

522. FAMILY SIZE.
Family members living with the child are counted in the family size. Family members include the child, parent(s), stepparent, minor siblings, minor half-siblings, minor step-siblings, and the child's children. Otherwise related and non-related minor children are optional members. Family members are counted in the family size regardless of Medicaid ineligibility or disqualification. Persons receiving SSI or AABD payments are not included in family size. (3-30-07)

523. ACCESS TO OR COVERAGE UNDER OTHER HEALTH PLANS.
A child is ineligible for coverage under the SCHIP plan if they have access to or are enrolled in other health coverage plans as described below: (3-30-07)

01. Idaho State Employee Benefit Plan. The child is eligible to receive health insurance benefits under Idaho's State employee benefit plan, or (3-30-07)

02. Covered by Creditable Health Insurance. The child is covered by creditable health insurance at the time of application, or (3-30-07)

03. Dropped from Creditable Coverage. The child has been voluntarily dropped from creditable coverage in the six (6) months preceding application with the intention of qualifying for public coverage, or (3-30-07)

04. Eligible for Title XIX. The child is eligible under Idaho's Title XIX State Plan. (3-30-07)

524. CHILD DISENROLLED TO QUALIFY FOR DIRECT COVERAGE.
If a child is disenrolled from creditable insurance in the six (6) months prior to his application with the intent to qualify for direct coverage, he is not eligible for direct coverage. A child who is disenrolled from creditable health coverage through no fault of his own will not be denied direct coverage under this provision. A child did not disenroll with the intent to qualify if he lost creditable insurance for one of the following reasons: (3-30-07)

01. Loss of Employment. The child lost health insurance due to the loss of his parent's employment, or (3-30-07)

02. Employer Sponsored Insurance.The employee lost eligibility for his employer sponsored insurance, or (3-30-07)

03. Creditable Insurance Coverage.The employer stopped providing creditable insurance coverage, or (3-30-07)

04. Parent's Coverage. The child lost access to his health insurance because his parent can no longer legally cover him with employer-sponsored insurance. (3-30-07)

525. CONTINUOUS HEALTH CARE ASSISTANCE ELIGIBILITY FOR CHILDREN UNDER AGE NINETEEN.
Children under age nineteen (19), who are found eligible in an initial determination or a renewal, remain eligible for a period of twelve (12) months. The twelve (12) month continuous eligibility period does not apply if, for any reason,

eligibility was determined incorrectly. (3-30-07)

01. Reasons Continuous Eligibility Ends. Continuous eligibility for children stops for one (1) of the following reasons: (3-30-07)

a. The child is no longer an Idaho resident; or (3-30-07)

b. The child dies; or (3-30-07)

c. The participant requests closure; or (3-30-07)

d. The child turns nineteen (19) years of age as defined in Subsection 010.05 of these rules. (3-30-07)

02. Children Not Eligible for Continuous Eligibility. Children are not eligible for continuous eligibility for one (1) of the following reasons: (3-30-07)

a. A child is approved for emergency medical services; or (3-30-07)

b. A child is approved for pregnancy-related services. (3-30-07)

526. -- 529. (RESERVED).

SPECIAL CIRCUMSTANCES FOR CHILDREN
(Sections 530 Through 549)

530. NEWBORN CHILD DEEMED ELIGIBLE FOR MEDICAID.
A child is deemed eligible for Medicaid for his first year of life if: (7-1-06)T

01. Mother Filing an Application. The child is born to a mother who files an application for medical assistance, and (7-1-06)T

02. Mother Is Eligible for Medicaid. The mother is at or below one hundred thirty-three (133%) FPG and is eligible for Medicaid. This includes a mother with income at or below one hundred thirty-three (133%) of poverty who qualifies for coverage of only the delivery because of her alien status. (7-1-06)T

531. MINOR PARENT LIVING WITH PARENTS.
A minor parent is a child under the age of eighteen (18) who is pregnant or has a child. Minor parents who live with their parents may be eligible for Health Care Assistance for themselves and their children. The minor parents parent(s) are not required to apply. The minor parents parent(s) income is deemed to the minor parent. The minor parent must meet financial and non-financial criteria. (3-30-07)

532. RESIDENT OF AN ELIGIBLE INSTITUTION.
A resident of an eligible institution must meet all non-financial and financial criteria of Title XIX or Title XXI. 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. (3-30-07)

533. CHILDREN WITH SPECIAL CIRCUMSTANCES AND MEDICAID.
Children who receive foster care or are in adoptive placements are eligible for Medicaid. The children must meet non-financial criteria and must meet the financial requirements described for the children's coverage group.(3-30-07)

534. ADOLESCENT RESIDENT OF IDAHO STATE HOSPITAL SOUTH.
A child residing in Idaho State Hospital South may be eligible for Health Care Assistance if the following conditions are met. (3-30-07)

01. Under Age Twenty-One. The child is under age twenty-one (21). (3-30-07)

02. 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. (3-30-07)

535. TITLE IV-E FOSTER CARE CHILD.
A child may be eligible for Health Care Assistance as a Title IV-E foster care child if the following conditions are met. (3-30-07)

01. Financial. A child meets the financial condition of AFDC-related Medicaid, 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. (3-30-07)

02. Court Order or Voluntary Placement. 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. (3-30-07)

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. (3-30-07)

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. (3-30-07)

536. 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 following conditions are met: (3-30-07)

01. Age. The foster child is under age twenty-one (21); (3-30-07)

02. Department Responsibility. The Department assumes full or partial financial responsibility for the child; and (3-30-07)

03. 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. (3-30-07)

537. STATE SUBSIDIZED ADOPTION ASSISTANCE CHILD.
A child in a state subsidized adoptive placement may be Medicaid eligible if the following conditions are met: (3-30-07)

01. Age. The child is under age twenty-one (21); (3-30-07)

02. Adoption Assistance. An adoption assistance agreement, other than under Title IV-E, between the state and the adoptive parent(s) is in effect; (3-30-07)

03. Special Needs. The child has special needs for medical or rehabilitative care that prevent adoptive placement without Medicaid; and (3-30-07)

04. Medicaid. The child received Medicaid in Idaho prior to the adoption agreement. (3-30-07)

538. CHILD IN FEDERALLY-SUBSIDIZED ADOPTION ASSISTANCE.
A child in a federally-subsidized adoptive placement under Title IV-E foster care is eligible for Medicaid. No additional conditions must be met. (3-30-07)

539. 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 following conditions: (3-30-07)

01. Adoption Assistance Agreement. The child has an adoption assistance agreement; and (3-30-07)

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. (3-30-07)

540. -- 549. (RESERVED).

MEDICAID DIRECT COVERAGE PLANS
(Sections 550 Through 559)

550. MEDICAID DIRECT COVERAGE GROUPS.
Based on the assessment of the participant's health care needs they are enrolled in one (1) of the following plans: (3-30-07)

01. Medicaid Basic Plan. The Medicaid Basic Plan is similar to private health insurance plans. The services in this plan are described in IDAPA 16.03.09, "Medicaid Basic Plan Benefits." (3-30-07)

02. Medicaid Enhanced Plan. The Medicaid Enhanced Plan includes all of the benefits found in the Basic Plan, plus additional benefits to cover needs of people with disabilities or special health needs. The services in this plan are described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." (3-30-07)

551. HEALTH ASSESSMENT.
A health assessment is required when a participant moves to the enhanced plan. Children who are receiving services from the Department, in foster care, receiving SSI, infant toddler program and children receiving developmentally delayed services, are eligible for the enhanced plan without the need for the health assessment. (3-30-07)

552. -- 559. (RESERVED).

PREMIUM ASSISTANCE FOR PRIVATE HEALTH INSURANCE
(Section 560 Through 599)

560. CHOOSING CHILDREN'S ACCESS CARD.
Participants may choose Children's Access Card for a child when their countable family income exceeds one-hundred thirty-three percent (133%) and is less than or equal to one-hundred eighty-five percent (185)% of the Federal Poverty Guideline for his family size. (3-30-07)

561. CHILDREN'S ACCESS CARD ELIGIBILITY.
Eligibility requirements described in Sections 520 through 525 and 200 through 296 of these rules are applicable to Children's Access Card. (3-30-07)

562. CO-PAYS AND DEDUCTIBLES.
The family is responsible for the co-pays and deductibles required by their private insurance. (3-30-07)

563. -- 599. (RESERVED).

CASE MAINTENANCE REQUIREMENTS
(Sections 600 Through 701)

600. ANNUAL ELIGIBILITY RENEWAL.

Participants must have an annual eligibility review of all eligibility factors. Exceptions to the annual eligibility renewal are listed in Section 601 of these rules. (3-30-07)

601. EXCEPTIONS TO ANNUAL RENEWAL.
A participant who receives Title XIX or Title XXI through time-limited coverage does not require an annual renewal if: (3-30-07)

01. Extended Medicaid. A participant who receives Extended Medicaid is eligible as provided in Section 420 of these rules; (3-30-07)

02. Transitional Medicaid. A participant who receives Transitional Medicaid is eligible as provided in Section 421 of these rules; (3-30-07)

03. Low Income Pregnant Woman. A participant who receives Medicaid as a Low Income Pregnant Woman is eligible as provided in Section 500 of these rules; and (3-30-07)

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 530 of these rules. (3-30-07)

602. NON-RENEWAL OF A CHILD'S DIRECT COVERAGE.
A child cannot be renewed for direct coverage if cost-sharing payments are sixty (60) or more days delinquent as of the last working day of the twelve (12) month continuous eligibility period. A family can reestablish a child's eligibility by paying the premium debt in full. (3-30-07)

603. -- 609. (RESERVED).

610. 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. (3-30-07)

611. TYPES OF CHANGES THAT MUST BE REPORTED.
Changes in circumstances the participant must report are: (3-30-07)

01. Name or Address. A name change for any participant must be reported. A change of address or location must be reported; (3-30-07)

02. Household Composition. Changes in family composition must be reported if a parent or relative caretaker receives Medicaid; (3-30-07)

03. Marital Status. Marriages or divorces of any family member must be reported if a parent or relative caretaker receives Medicaid; (3-30-07)

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; (3-30-07)

05. Health Insurance Coverage. Enrollment or disenrollment of a participant in a health insurance plan must be reported.; (3-30-07)

06. End of Pregnancy. Pregnant participants must report when pregnancy ends; (3-30-07)

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

08. Unearned Income. Changes in the amount or source of unearned income must be reported if a parent or relative caretaker receives Title XIX benefits; (3-30-07)

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 benefits; (3-30-07)

10. Resources. Changes in resources must be reported when a parent, relative caretaker, or pregnant woman receives Title XIX benefits. This includes receipt of money or goods from any source; (3-30-07)

11. Vehicles. Changes in the number or type of vehicles must be reported if a parent or relative caretaker receives Title XIX benefits; and (3-30-07)

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 benefits. (3-30-07)

612. PARTICIPANT FAILS TO REPORT EARNED INCOME.
When a parent or relative caretaker who receives Title XIX benefits fails to report a change in earned income, or the change is not reported on time, the earned income disregards are not allowed in the financial determination. (3-30-07)

613. -- 619. (RESERVED).

620. 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. (3-30-07)

621. NOTICE OF CHANGE OF PLAN.
Switching from the basic to enhanced plans is allowed within the same month. Advance notice must be given to the participant when there is a decrease in their benefits and he will be switched from the enhanced plan to the basic plan. (3-30-07)

622. ADVANCE NOTICE RESPONSIBILITY.
The participant must be notified at least ten (10) calendar days before the effective date of when a reported change results in Health Care Assistance closure. (3-30-07)

623. ADVANCE NOTICE NOT REQUIRED.
Advance notice is not required when a condition listed in Subsections 623.01 through 623.08 of this rule exists. The participant must be notified no later than the date of the action. (3-30-07)

01. Death of Participant. The Department has proof of the participant's death. (3-30-07)

02. Participant Request. The participant requests closure in writing. (3-30-07)

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. (3-30-07)

04. Nursing Care. The participant is placed in a nursing facility or Intermediate Care Facility for the Mentally Retarded (ICF/MR). (3-30-07)

05. Participant Address Unknown. The participant's whereabouts are unknown. (3-30-07)

06. Medical Assistance in Another State. A participant is approved for medical assistance in another state. (3-30-07)

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

08. Retroactive Medicaid. The participant's Title XIX or Title XXI eligibility is for a prior period. (3-30-07)

624. -- 699. (RESERVED).

700. OVERPAYMENTS.
Health Care Assistance overpayments occur when a participant receives benefits during a month they were not eligible. (3-30-07)

701. RECOVERY OF OVERPAYMENTS.
All Health Care Assistance overpayments are subject to recovery. Overpayments are recovered by direct payment from the participant. (3-30-07)

01. Notice of Overpayment. The participant must be informed of the Health Care Assistance overpayment and appeal rights. (3-30-07)

02. Notice of Recovery. The participant must be informed when his Health Care Assistance overpayment is fully recovered. (3-30-07)

702. -- 999. (RESERVED).

Subject Index

A

AABD State Supplemented Recipient, Persons Who Must Not Be Included in an AFDC-Related Budget Unit 25
AFDC, Aid to Families with Dependent Children 6
AFDC-Related Budget Unit 24
AFDC-Related Coverage Groups Income limits 25
Access To Or Coverage Under Other Health Plans 30
Adolescent Resident Of Idaho State Hospital South, Special Circumstances For Children 31
Adoption Assistance Agreement, Adoptions & Safe Families Act 33
Adoption Assistance, Persons Who Must Not Be Included in an AFDC-Related Budget Unit 25
Adoption Assistance, State Subsidized Adoption Assistance Child 32
Adoptions & Safe Families Act, Special Circumstances For Children 32
Adult 6
Advance Notice Not Required, Case Maintenance Requirements 35
Advance Notice Responsibility, Case Maintenance Requirements 35
Age, State Subsidized Adoption Assistance Child 32
Age, Title XIX Foster Child 32
Agent Orange Settlement Funds, Income Excluded by Federal Law 21
Alaska Native Claims, Income Excluded by Federal Law 21
Allowable Costs of Producing the Self-Employment Income 19
AmeriCorps, Income Excluded by Federal Law 21
American Indian Born Outside the U.S., Citizenship & Qualified Non-Citizen Requirements 10
American Indian Born in Canada, Citizenship & Qualified Non-Citizen Requirements 10
Annual Eligibility Renewal, Case Maintenance Requirements 33
Applicants 13
Application Date 6
Application For Health Care Assistance 8
Application Requirements 8
Application Time Limits 8
Application for SSN 15
Assignment Of Rights To Medical Support & Third Party Liability 15
Assistance In Obtaining Documentation 14
Available Income 18

B

Bank Accounts 18
Budget Unit 6
Budget Units Not Separate, AFDC-Related Budget Unit 24

C

Caretaker Relative Other Than Parent, Persons Who May be Included in an AFDC-related Budget Unit 25
Case Maintenance Requirements 33
Child 6
Child Born Outside the U.S., Citizenship & Qualified Non-Citizen Requirements 9
Child Disenrolled To Qualify For Direct Coverage, Health Coverage For Children 30
Child In Federally-Subsidized Adoption Assistance, Special Circumstances For Children 32
Child Leaves Family Unit, End Transitional Medicaid Before the End of the Eligibility Period 28
Child of Pregnant Woman, Persons Who May be Included in an AFDC-related Budget Unit 25
Child's Unearned Income 23
Children Not Eligible for Continuous Eligibility, Health Coverage for Children 31
Children With Special Circumstances & Medicaid, Special Circumstances For Children 31
Children's Access Card 6
Child's Earned Income 18
Choosing Children's Premium Assistance, Premium Assistance For Private Health Insurance 33
Citizenship & Qualified Non-Citizen Requirements 9
Civil Rights, Participant Rights 8
Collateral Contacts 8
Commodities & Food Stamps, Income Excluded by Federal Law 21
Conditions for Non-Denial of Medicaid, Medical Support Cooperation 16
Continuing Eligibility, Low Income Pregnant Woman 29
Continuous Health Care Assistance Eligibility For Children Under Age Nineteen 30
Contributions 20
Cooperation Defined, Medical Support Cooperation 16
Cooperation With Healthy Connections Program 16
Cooperation With The Quality Control Process 17
Cost-Sharing 6
Cost-Sharing Requirement 16
Countable Resources, Determining Resource Eligibility For AFDC-Related Adults & Low Income Pregnant Women 17
Counting Out-Of-State Temporary Assistance To Needy Families (TANF) Benefits 23
Counting Temporary Assistance To Families In Idaho (TAFI) Income 23
Court Order or Voluntary Placement, Title IV-E Foster Care Child, 32
Covered by Creditable Health Insurance 30
Creditable Health Insurance 6
Creditable Insurance Coverage, Health Coverage for Children 30
Custody & Placement, Title IV-E Foster Care Child, 32

D

Death of Participant, Advance Notice Not Required 35
Definitions (A Through L) 6
Definitions (M Through Z) 7
Department 6
Department Responsibility, Title XIX Foster Child 32
Dependent Care Disregard 23
Dependents Two Years of Age or Older, Earned Income Disregards 23
Dependents Under Two Years of Age, Earned Income Disregards 24
Determining Income Eligibility 18
Determining Medicaid Eligibility For AFDC-Related Adults 25
Determining Resource Eligibility For AFDC-Related Adults & Low Income Pregnant Women 17
Disability Insurance Payments 20
Disability, Types of Changes That Must be Reported 35
Disaster Relief, Income Excluded by Federal Law 21
Disenrollment 6
Disqualified Parents, Persons Who Must be Included in an AFDC-Related Budget Unit 24
Disregard Expired, TM 26
Disregards 23

Documents Accepted as Fourth Level Proof of U.S. Citizenship but Not Identity 12
Documents Accepted as Primary Level Proof of Both U.S. Citizenship & Identity 11
Documents Accepted as Secondary Level Proof of U.S. Citizenship but Not Identity 11
Documents Accepted as Third Level Proof of U.S. Citizenship but Not Identity 12
Documents Accepted for Proof of Identity but Not Citizenship 13
Dropped from Creditable Coverage 30

E

Earned Income 18
Earned Income Disregards For AFDC-Related Adults & Low Income Pregnant Women 23
Earned Income, Types of Changes That Must be Reported 34
Educational Income 21
Elderly Nutritional Benefits, Income Excluded by Federal Law 21
Eligibility 6
Eligibility Effective Dates 8
Eligibility For Applicants & Medicaid Participants Who Do Not Provide Citizenship & Identity Documentation 13
Eligible One Month, Advance Notice Not Required 35
Emergency Medical Condition 14
Employer Sponsored Insurance, Health Coverage for Children 30
Employment Income Increased, TM 26
End of Pregnancy, Types of Changes That Must be Reported 34
Enrollment 6
Equity Value Of Resources 17
Exceptions To Annual Renewal, Case Maintenance Requirements 34
Excess Countable Resources, Determining Resource Eligibility For AFDC-Related Adults & Low Income Pregnant Women 17
Extended Medicaid 6
Extended Medicaid For Spousal Support Increase 26
Extended Medicaid, Exceptions to Annual Renewal 34

F

Failure to Apply for SSN 15
Failure to Cooperate, End Transitional Medicaid Before the End of the Eligibility Period 28
Family Size 6
Family Size, Health Coverage For Children 30
Family Size, Low Income Pregnant Woman 29
Federal Poverty Guidelines (FPG) 6
Financial Eligibility 17
Financial Eligibility, Health Coverage For Children 30
Financial Requirements 17
Financial Responsibility 17
Financial Responsibility, Health Coverage For Children 30
Financial, Title IV-E Foster Care Child, 32
First TM Income, Test Done at the End of Month Seven 27
Foster Care & Adoption Assistance Payment, Income Excluded by Federal Law 21
Full-Time Active Duty U.S. Armed Forces Member, Citizenship & Qualified Non-Citizen Requirements 9

G

Good Cause Defined, Medical Support Cooperation 16
Good Cause for Lack of Earnings, TM 28
Group Health Plan Enrollment 15

H

HUD Family Self-Sufficiency Escrow Account, Income Excluded by Federal Law 22
HUD, U.S. Department of Housing & Urban Development 7
Health Assessment 6, 33
Health Care Assistance (HCA) 6
Health Coverage For Adults 24
Health Coverage For Children 29
Health Insurance Coverage, Types of Changes That Must be Reported 34
Health Insurance Premium Program (HIPP) 7
Health Plan 7
Health Questionnaire 7
Home Energy Assistance, Income Excluded by Federal Law 22
Home Produce, Income Excluded by Federal Law 22
Household Composition, Types of Changes That Must be Reported 34
Housing Subsidies, Income Excluded by Federal Law 22

I

IV-E Foster Care & SSI Eligibility, Title IV-E Foster Care Child, 32
Idaho State Employee Benefit Plan 30
Idaho TAFI Income & Income From Employment, TM 26
Identity Rules For Children 13
In-Kind Income 18
Income 18
Income Disregards, Low Income Pregnant Woman 29
Income Excluded By Federal Law 21
Income From Roomer Or Boarder 20
Income From Sale Of Real Property 21
Income Limit, Low Income Pregnant Woman 29
Income Paid Under Contract 18
Income Tax Refunds & Earned Income Tax Credit (EITC) Payments, Income Excluded by Federal Law 22
Income Tests For TM 27
Income, Adolescent Resident of Idaho State Hospital South 32
Income, Title XIX Foster Child 32
Indian Payments, Income Excluded by Federal Law 22
Individuals Considered As Meeting The U.S. Citizenship & Identity Documentation Requirements 14
Individuals Who Do Not Meet The Citizenship Or Qualified Non-Citizen Requirements 14
Ineligibility for Premium Assistance 14
Ineligible Non-Citizen, Persons Who Must Not Be Included in an AFDC-Related Budget Unit 25
Initial Eligibility, Determining Resource Eligibility For AFDC-Related Adults & Low Income Pregnant Women 17
Interest & Dividend Income 20

L

Lack of Documentation 13
Levels Of Citizenship Documentation 10
Limited Eligibility 14
Liquid Assets 7
Loans, Income Excluded by Federal Law 22
Loss of Employment, Health Coverage for Children 30
Low Income Energy Assistance, Income Excluded by Federal Law 22
Low Income Pregnant Woman 7, 29

Low Income Pregnant Woman, Exceptions to Annual Renewal 34
Lump Sum Income 21
Lump Sum Received in Any Other Month of Eligibility 21
Lump Sum Received in Initial Month of Eligibility 21

M

Marital Status, Types of Changes That Must be Reported 34
Medicaid Basic Plan, Medicaid Direct Coverage Groups 33
Medicaid Direct Coverage Groups 33
Medicaid Direct Coverage Plans 33
Medicaid Enhanced Plan, Medicaid Direct Coverage Groups 33
Medicaid, State Subsidized Adoption Assistance Child 32
Medical Assistance in Another State, Advance Notice Not Required 35
Medical Insurance Payments 21
Medical Support Cooperation 15
Member Committed Fraudulent Acts, End Transitional Medicaid Before the End of the Eligibility Period 28
Member of More Than One Budget Unit, AFDC-Related Budget Unit 24
Minor Parent Living With Parents, Special Circumstances For Children 31
Money Gifts 20
More Than One Medicaid Budget Unit in Home, AFDC-Related Budget Unit 24
Mother Is Eligible for Medicaid 31

N

Name or Address, Types of Changes That Must be Reported 34
New Persons Move Into Transitional Medicaid Home 28
New Social Security Number, Types of Changes That Must be Reported 34
Newborn Child 31
Newborn Child of Medicaid-Eligible Mother, Exceptions to Annual Renewal 34
Newborn Deemed Eligible 7
Non-Allowable Costs of Producing the Self-Employment Income 19
Non-Citizen Entering On or After August 22, 1996, Citizenship & Qualified Non-Citizen Requirements 10
Non-Citizen Entering the U.S. Before August 22, 1996, Citizenship & Qualified Non-Citizen Requirements 9
Non-Financial Criteria For Determining Eligibility 9
Non-Financial Requirements 9
Non-Renewal Of A Child's Direct Coverage, Case Maintenance Requirements 34
Not Residing in Idaho, End Transitional Medicaid Before the End of the Eligibility Period 28
Notice Of Change Of Plan, Case Maintenance Requirements 35
Notice Of Changes In Eligibility, Case Maintenance Requirements 35
Notice of Overpayment 36
Notice of Recovery, Overpayment 36
Nursing Care, Advance Notice Not Required 35

O

Offsetting Farm Self-Employment Losses 19
Other Child in Home, Persons Who May be Included in an AFDC-related Budget Unit 25
Overpayments, Case Maintenance Requirements 36

P

Parents, Persons Who Must be Included in an AFDC-Related Budget Unit 24
Parent's Coverage, Health Coverage for Children 30
Participant 7
Participant Address Unknown, Advance Notice Not Required 35
Participant Fails To Report Earned Income, Case Maintenance Requirements 35
Participant Request, Advance Notice Not Required 35
Participant Rights 8
Participant in Institution, Advance Notice Not Required 35
Participants 13
Persons Who May Be Included In An AFDC-related Budget Unit 25
Persons Who Must Be Included In An AFDC-Related Budget Unit 24
Persons Who Must Not Be Included In An AFDC-Related Budget Unit 25
Pregnancy-Related Health Coverage 29
Pregnant Woman Ineligible Because Of Excess Income 29
Pregnant Woman With No Other Children, Persons Who Must be Included in an AFDC-Related Budget Unit 25
Premium 7
Premium Assistance For Private Health Insurance 33
Presumptive Eligibility For Pregnant Women 29
Property Transfer 18
Provide Documentation Of Citizenship & Identity One Time 14

Q

Qualified Non-Citizen Child Receiving Federal Foster Care, Citizenship & Qualified Non-Citizen Requirements 10
Qualified Non-Citizen Entering On or After August 22, 1996, Citizenship & Qualified Non-Citizen Requirements 10

R

Radiation Exposure Compensation Act, Income Excluded by Federal Law 22
Reasons Continuous Eligibility Ends, Health Coverage for Children 31
Reasons To End Transitional Medicaid Before The End Of The Eligibility Period 28
Recovery Of Overpayments 36
Relocation Assistance, Income Excluded by Federal Law 22
Rental Income From Real Property 20
Reporting Requirements, Case Maintenance Requirements 34
Required Notice During First Six Months of TM 26
Required Notice During Second Six Months of TM 27
Residency 9
Resident Of An Eligible Institution, Special Circumstances For Children 31
Resource Definition 17
Resource Limit For Adult Pregnant Women, Low Income Pregnant Woman 29
Resource Limits 17
Resources Excluded By Federal Law 18
Resources, Types of Changes That Must be Reported 35
Retirement Account Withdrawals 20
Retirement, Survivors, & Disability Insurance (RSDI) Income 20
Retroactive Medicaid, Advance Notice

Not Required 35
Retroactive Medical Assistance Eligibility 8
Right to Apply, Participant Rights 8
Right to Hearing, Participant Rights 8
Right to Request Reinstatement of Benefits, Participant Rights 8

S

SSI Income or AABD Income, Income Excluded by Federal Law 22
SSI Recipient, Persons Who Must Not Be Included in an AFDC-Related Budget Unit 25
SSI, Supplemental Security Income 7
SSN Requirement Waived 15
SSN, Social Security Number 7
Sales Contracts 18
School Records 13
Second TM Income Test, Done at the End of Month Ten 27
Self-Employment Earned Income 19
Senior Volunteer Programs, Income Excluded by Federal Law 22
Siblings, Persons Who Must be Included in an AFDC-Related Budget Unit 24
Social Security Number (SSN) Requirement 15
Special Circumstances For Children 31
Special Needs, Adoptions & Safe Families Act 33
Special Needs, State Subsidized Adoption Assistance Child 32
Spina Bifida, Income Excluded by Federal Law 22
Sponsor Deeming 14
Sponsor Responsibility 15
Standard Disregard 23
State 7
State Subsidized Adoption Assistance Child, Special Circumstances For Children 32
Stepparent Incapacitated or Unemployed, Persons Who Must be Included in an AFDC-Related Budget Unit 25
Stepparent Without Common Child, Persons Who Must Not Be Included in an AFDC-Related Budget Unit 25
Support Income 20
Support Income, Types of Changes That Must be Reported 35

T

TAFI & Idaho Tribal Temporary Assistance for Needy Families Income 23
TAFI or Idaho Tribal TANF Income & Medicaid-Eligible 23
TAFI, Idaho Tribal TANF, & Other Unearned Income 23
TAFI, Temporary Assistance for Families in Idaho 7
TANF, Temporary Assistance to Needy Families 7
TM Notice Requirements 26
TM Reporting Requirement 27
Third Party Deposits to A Checking Account, Income Excluded by Federal Law 22
Thirty Dollars Only Disregard 23
Thirty Dollars Plus One-Third Disregard 23
Title IV-E Foster Care Child, Special Circumstances For Children 32
Title IV-E Foster Child, Persons Who Must Not Be Included in an AFDC-Related Budget Unit 25
Title XIX 7
Title XIX Foster Child, Special Circumstances For Children 32
Title XXI 7
Transitional Medicaid 7, 26
Transitional Medicaid Family Returns To Idaho 28
Transitional Medicaid, Exceptions to Annual Renewal 34
Types Of Changes That Must Be Reported, Case Maintenance Requirements 34

U

U.S. Citizen, Citizenship & Qualified Non-Citizen Requirements 9
U.S. Citizenship & Identity Documentation Requirements 10
U.S. National, National of American Samoa or Swain's Island, Citizenship & Qualified Non-Citizen Requirements 9
Under Age Twenty-One, Adolescent Resident of Idaho State Hospital South 31
Unearned Income 20
Unearned Income Covering More Than One Month 20
Unearned Income, Types of Changes That Must be Reported 34
Utility Reimbursement Payments, Income Excluded by Federal Law 22

V

Vehicles 17
Vehicles, Types of Changes That Must be Reported 35
Veteran of the U.S. Armed Forces, Citizenship & Qualified Non-Citizen Requirements 9
Victim of Severe Form of Trafficking, Citizenship & Qualified Non-Citizen Requirements 10

W

Work-Related Payments, Income Excluded by Federal Law 22
Working Day 7
Written Declaration 13