

IDAPA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Welfare

16.03.01 – Eligibility for Health Care Assistance for Families and Children

Who does this rule apply to?

For those seeking medical assistance (Medicaid, Children's Health Insurance Program – CHIP) through the Department of Health and Welfare.

What is the purpose of this rule?

These rules provide eligibility requirements for those seeking medical assistance through programs covered under Title XIX and Title XXI of the Social Security Act.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statutes passed by the Idaho Legislature:

Public Assistance and Welfare -

Public Assistance Law:

- [Section 56-202, Idaho Code](#) – Duties of the Director of State Department of Health & Welfare
- [Section 56-203, Idaho Code](#) – Powers of State Department
- [Section 56-209, Idaho Code](#) – Assistance to Families with Children

Where can I find information on Administrative Appeals?

Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings."

How do I request public records?

Unless exempted, all public records are subject to disclosure by the Department that will comply with Title 74, Chapter 1, Idaho Code, upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA 16.05.01, "Use and Disclosure of Department Records."

Who do I contact for more information on this rule?

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Webpage: <https://healthandwelfare.idaho.gov/services-programs/medicaid-health/apply-medicaid-elderly-or-disabled-adults>

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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, 56-239, 56-250, 56-253, 56-255, 56-256 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), and Title XXI of the Social Security Act. (7-1-21)T

001. TITLE AND SCOPE.

01. Title. These rules are titled IDAPA 16.03.01, “Eligibility for Health Care Assistance for Families and Children.” (7-1-21)T

02. Scope. These rules provide standards for issuing coverage for Title XIX and Title XXI of the Social Security Act. (7-1-21)T

002. WRITTEN INTERPRETATIONS.

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 or at any of the Department's Regional Offices. (7-1-21)T

003. -- 009. (RESERVED)

010. DEFINITIONS (A THROUGH L).

For the purposes of this chapter, the following terms apply. (7-1-21)T

01. Advanced Payment of Premium Tax Credit. Payment of federal tax credits specified in 26 U.S.C. Part 36B (as added by section 1401 of the Affordable Care Act) which are provided on an advance basis to an eligible individual enrolled in a Qualified Health Plan (QHP) through an exchange in accordance with sections 1402 and 1412 of the Affordable Care Act. (7-1-21)T

02. Adult. Any individual who has passed the month of his nineteenth birthday. (7-1-21)T

03. Affordable Care Act. The Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152). (7-1-21)T

04. Applicant. A person applying for public assistance from the Department, including individuals referred to the Department from a Health Insurance Exchange or Marketplace. (7-1-21)T

05. Application. An application for benefits including an Application for Assistance (AFA) or other application recognized by the Department, including referrals from a Health Insurance Exchange or Marketplace. (7-1-21)T

06. Application Date. The date the Application for Assistance (AFA) is received by the Department or by the Health Insurance Exchange or Marketplace electronically, telephonically, in person, or the date the application is postmarked, if mailed. (7-1-21)T

07. Caretaker Relative. A caretaker relative is a relative of a child by full- or half-blood, adoption, or marriage with whom the child is living and who assumes primary responsibility for the child's care. A caretaker relative includes a child's natural, adoptive, or step parents, grandparents, siblings, aunt, uncle, niece, nephew, or cousin. (7-1-21)T

08. Child. Any individual from birth through the end of the month of his nineteenth birthday. (7-1-21)T

09. Citizen. A person having status as a “national of the United States” defined in 8 U.S.C. 1101(a)(22) that includes both citizens of the United States and non-citizen nationals of the United States. (7-1-21)T

10. Cost-Sharing. A participant payment for a portion of Medicaid service costs such as deductibles, co-insurance, or co-payment amounts. (7-1-21)T

11. 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. (7-1-21)T

12. Department. The Idaho Department of Health and Welfare. (7-1-21)T

13. Federal Poverty Guidelines (FPG). The federal poverty guidelines issued annually by the Department of Health and Human Services (HHS). The Federal Poverty Guidelines (FPG) are available on the U.S. Health and Human Services website at <http://aspe.hhs.gov/poverty>. (7-1-21)T

14. 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. (7-1-21)T

15. Health Care Assistance (HCA). Health coverage includes Medicaid coverage under Title XIX or Title XXI as well as private health insurance plans purchased with a Premium Tax Credit described in Subsection 010.01 of this rule granted by the Department for persons or families within the State of Idaho. (7-1-21)T

16. Health Insurance Premium Program (HIPP). The Premium Assistance program in which Title XIX and Title XXI participants may participate. (7-1-21)T

17. Health Plan. A set of health services paid for by Idaho Medicaid, or health insurance coverage obtained through the Health Insurance Exchange or Marketplace. (7-1-21)T

18. Health Questionnaire. A tool used to assist Health and Welfare staff in determining the correct Health Plan for the Medicaid applicant. (7-1-21)T

19. Internal Revenue Code. The federal tax law used to determine eligibility under Title 26 U.S.C. for individual income and self-employment income. (7-1-21)T

20. Internal Revenue Service (IRS). The U.S. government agency in charge of tax laws. These laws are used to determine income eligibility. The IRS website is at <http://www.irs.gov>. (7-1-21)T

21. Insurance Affordability Programs. Insurance affordability programs include Title XIX title XXI and all insurance programs available in the Health Insurance Exchange or Marketplace. (7-1-21)T

22. Lawfully Present. An individual who is a qualified non-citizen as described in Section 221 of these rules. (7-1-21)T

011. DEFINITIONS (M THROUGH Z).
For the purposes of this chapter, the following terms apply. (7-1-21)T

01. MAGI-Based Income. Income calculated using the same financial methodologies used by the IRS to determine modified adjusted gross income for federal tax filers, with the exception that: (7-1-21)T

a. Educational income is excluded in Section 382 of these rules; (7-1-21)T

b. Indian monies excluded by federal law are not included in MAGI-based income; (7-1-21)T

c. Lump sum income is counted only in the month received in Section 384 of these rules; and (7-1-21)T

d. For Medicaid applicants, MAGI-based income is calculated based on income received in the month of application. (7-1-21)T

02. Medicaid. Idaho's Medical Assistance Program administered by the Department and funded with federal and state funds according to Title XIX of the Social Security Act that provides medical care for eligible individuals. (7-1-21)T

03. Modified Adjusted Gross Income (MAGI). Modified Adjusted Gross Income (MAGI), is

Adjusted Gross Income as defined by the IRS, plus certain tax-exempt income. (7-1-21)T

04. 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, including during a month of retroactive eligibility for the mother. A child so born is eligible for Medicaid for the first year of his life. (7-1-21)T

05. Non-Citizen. Same as "alien" defined in Section 101(a)(3) of the Immigration and Nationality Act (INA) (8 U.S.C. 1101 (a)(3)), and includes any individual who is not a citizen or national of the United States. (7-1-21)T

06. Parent. For a household with a MAGI-based eligibility determination a parent can be: (7-1-21)T

a. Natural; (7-1-21)T

b. Biological; (7-1-21)T

c. Adoptive; or (7-1-21)T

d. Step-parent. (7-1-21)T

07. Participant. An individual who is eligible for, and enrolled in, a Health Care Assistance program. (7-1-21)T

08. Qualified Hospital. A qualified hospital has a Memorandum of Understanding (MOU) with the Department, participates as a provider under the Medicaid state plan, may assist individuals in completing and submitting applications for Health coverage, and has not been disqualified from doing presumptive eligibility determinations. (7-1-21)T

09. Qualified Non-Citizen. Same as "qualified alien" defined at 8 U.S. C.164(b) and (c). (7-1-21)T

10. Reasonable Opportunity Period. A period of time allowed for an individual to provide requested proof of citizenship or identity. A reasonable opportunity period extends for ninety (90) days beginning on the 5th day after the notice requesting the proof has been mailed to the applicant. This period may be extended if the Department determines that the individual is making a "good faith" effort to obtain necessary documentation. (7-1-21)T

11. Sibling. For household with MAGI-based eligibility determination: Is a natural or biological, adopted, half- or step-sibling. (7-1-21)T

12. Tax Dependent. A person, who is a related child, or other qualifying relative or person, according to federal IRS standards for whom another individual can claim a deduction for a personal exemption when filing a federal income tax for a taxable year. (7-1-21)T

13. Third Party. Includes a person, institution, corporation, public or private agency that is liable to pay all or part of the medical cost of injury, disease, or disability of a medical assistance participant. (7-1-21)T

14. 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 for some program types, limited resources. (7-1-21)T

15. Title XXI. Title XXI of the Social Security Act, known as the Children's Health Insurance Program (CHIP), is a federal and state partnership similar to Medicaid, that expands health insurance to targeted, low-income children. (7-1-21)T

012. -- 099. (RESERVED)

APPLICATION REQUIREMENTS
(Sections 100-199)

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. (7-1-21)T

01. Right to Apply. Any person has the right to apply for any Health Care Assistance program. Applications may be submitted by paper, electronically, fax, or telephonically. Application information must be in a form or format provided by the Department. (7-1-21)T

02. Right to Hearing. Any participant can request a hearing to contest a Department or Health Insurance Exchange or Marketplace decision under the provisions in IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Ruling." (7-1-21)T

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. Reinstatement pending a hearing decision is not provided in the case of an application denied because an individual did not provide citizenship or identity documentation during a reasonable opportunity period allowed by the Department. (7-1-21)T

101. -- 110. (RESERVED)

111. SIGNATURES.

An individual who is applying for benefits, receiving benefits, or providing additional information as required by this chapter, may do so with the depiction of the individual's name either handwritten, electronic, or recorded telephonically. Such signature serves as intention to execute or adopt the sound, symbol, or process for the purpose of signing the related record. (7-1-21)T

112. -- 129. (RESERVED)

130. APPLICATION TIME LIMITS.

Each application must be processed as close to real time as practicable, but not longer than forty-five (45) days, from the date of application, unless prevented by events beyond the Department's control. (7-1-21)T

131. -- 139. (RESERVED)

140. ELIGIBILITY EFFECTIVE DATES.

Title XIX and Title XXI coverage begins the first day of the application month. Coverage for a newborn is effective the date of birth. (7-1-21)T

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. (7-1-21)T

151. -- 199. (RESERVED)

NON-FINANCIAL REQUIREMENTS
(Sections 200-299)

200. NON-FINANCIAL CRITERIA FOR DETERMINING ELIGIBILITY.

Non-financial criteria are conditions of eligibility, other than income, that must be met before Health Care Assistance can be authorized. (7-1-21)T

201. -- 209. (RESERVED)

210. RESIDENCY.

The participant must live in Idaho and have no immediate intention of leaving, including an individual who has entered the state to look for work, or who has no permanent, fixed address. (7-1-21)T

211. -- 219. (RESERVED)

220. U.S. CITIZENSHIP VERIFICATION.

01. Citizenship Verified. Citizenship must be verified through electronic means when available. If an electronic verification is not immediately obtainable, the Department may request documentation from the applicant. The Department will not deny the application for Health Coverage until the applicant has had a reasonable opportunity period to obtain and provide the necessary proof of U. S. citizenship. (7-1-21)T

02. Benefits During Reasonable Opportunity Period. Benefits are provided during the reasonable opportunity period that is provided to allow the applicant time to obtain and provide documentation to verify U.S. citizenship. No overpayment exists for the reasonable opportunity period if the applicant does not provide necessary documentation during the reasonable opportunity period so that the application results in denial. (7-1-21)T

221. U.S. CITIZENSHIP AND QUALIFIED NON-CITIZEN REQUIREMENTS.

To be eligible, an individual must be a lawfully present member of one (1) of the following groups: (7-1-21)T

01. U.S. Citizen. A U.S. Citizen or a “national of the United States.” (7-1-21)T

02. 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: (7-1-21)T

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; (7-1-21)T

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, and the child does not have IR-4 status; (7-1-21)T

c. The child is under eighteen (18) years of age; (7-1-21)T

d. The child is a lawful permanent resident; and (7-1-21)T

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. (7-1-21)T

03. Full-Time Active Duty U.S. Armed Forces Member. A qualified non-citizen as defined in 8 U.S.C. 1641(b) or (c) 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. (7-1-21)T

04. Veteran of the U.S. Armed Forces. A qualified non-citizen as defined in 8 U.S.C. 1641(b) or (c) who was 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. (7-1-21)T

05. 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. (7-1-21)T

06. 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: (7-1-21)T

a. A refugee admitted into the U.S. under 8 U.S.C. 1157, and can be eligible for seven (7) years from the date of entry; (7-1-21)T

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 asylee status is assigned; (7-1-21)T

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 deportation or removal was withheld; (7-1-21)T

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 (7-1-21)T

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 the date of entry. (7-1-21)T

07. 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. (7-1-21)T

08. American Indian Born in Canada. An American Indian born in Canada, under 8 U.S.C. 1359. (7-1-21)T

09. 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). (7-1-21)T

10. Qualified Non-Citizen Child Receiving Federal Foster Care. A qualified non-citizen child as defined in 8 U.S.C. 1641(b) or (c), and receiving federal foster care assistance. (7-1-21)T

11. Victim of Severe Form of Trafficking. A victim of a severe form of trafficking in persons, as defined in 22 U.S.C. 7102(13); who meets one (1) of the following: (7-1-21)T

a. Is under the age of eighteen (18) years; or (7-1-21)T

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 (7-1-21)T

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 (7-1-21)T

ii. Is remaining in the U.S. to assist the U.S. Attorney General in the prosecution of traffickers in persons. (7-1-21)T

12. Afghan Special Immigrant. An Afghan special immigrant, as defined in Public Law 110-161, who has special immigration status after December 26, 2007. (7-1-21)T

13. Iraqi Special Immigrant. An Iraqi special immigrant, as defined in Public Law 110-181, who has special immigration status after January 28, 2008. (7-1-21)T

14. Individuals not Meeting the Citizenship or Qualified Non-Citizen Requirements. An individual who does not meet the citizenship or qualified non-citizen requirements in Subsections 221.01 through 221.13 of this rule, may be eligible for emergency medical services if he meets all other conditions of eligibility. (7-1-21)T

222. U.S. CITIZENSHIP AND IDENTITY VERIFICATION REQUIREMENTS.

Any individual who participates in a Title XIX Medicaid or Title XXI CHIP funded program must provide proof of U.S. citizenship and identity unless he has otherwise met the requirements under Section 226 of these rules.

(7-1-21)T

223. DOCUMENTATION OF U.S. CITIZENSHIP.

01. Documents Accepted as Stand-Alone Proof of U.S. Citizenship and Identity. The following documents are accepted as proof of both U.S. citizenship and identity: (7-1-21)T

a. A U.S. passport or a U.S. passport card, without regard to expiration date as long as the passport or passport card was issued without limitation; (7-1-21)T

b. A Certificate of Naturalization; (7-1-21)T

c. A Certificate of U.S. Citizenship. (7-1-21)T

d. Documented evidence, issued by a federally recognized Indian tribe, including tribes with an international border that identifies: (7-1-21)T

i. The federally recognized Indian Tribe issuing the document; (7-1-21)T

ii. The individual by name; (7-1-21)T

iii. Confirms the individual's membership; and (7-1-21)T

iv. Enrollment or affiliation with the Tribe. (7-1-21)T

e. Verification of U.S. citizenship by a federal agency or another state on or after July 1, 2006, no further documentation of U.S. citizenship or identity is required. (7-1-21)T

02. Documents Accepted as Evidence of U.S. Citizenship. The following documents are accepted as proof of U.S. citizenship if documented proof in Subsection 223.01 of this rule 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 223.03 or Section 224 of these rules to establish both citizenship and identity. (7-1-21)T

a. A U.S. birth certificate that shows the individual was born in one (1) of the following: (7-1-21)T

i. United States' fifty (50) states; (7-1-21)T

ii. District of Columbia; (7-1-21)T

iii. Puerto Rico, on or after January 13, 1941; (7-1-21)T

iv. Guam; (7-1-21)T

v. U.S. Virgin Islands, on or after January 17, 1917; (7-1-21)T

vi. America Samoa; (7-1-21)T

vii. Swain's Island; (7-1-21)T

viii. Northern Mariana Islands, after November 4, 1986; or (7-1-21)T

b. A cross match with a state's vital statistics agency that documents birth records. (7-1-21)T

c. A certification of report of birth issued by the Department of State, Forms DS-1350 or FS-545; (7-1-21)T

- d.** A report of birth abroad of a U.S. Citizen, Form FS 240; (7-1-21)T
 - e.** A U.S. Citizen I.D. card, DHS Form I-197; (7-1-21)T
 - f.** A Northern Mariana Identification Card; (7-1-21)T
 - g.** A final adoption decree showing the child's name and U.S. place of birth, or if the adoption is not final, a statement from the state-approved adoption agency that shows the child's name and U.S. place of birth; (7-1-21)T
 - h.** Evidence of U.S. Civil Service employment before June 1, 1976; (7-1-21)T
 - i.** An official U.S. Military record showing a U.S. place of birth; (7-1-21)T
 - j.** Certification of birth abroad, Form FS-545; (7-1-21)T
 - k.** Verification with the Department of Homeland Security's Systematic Alien Verification for Entitlements (SAVE) database; (7-1-21)T
 - l.** Evidence of meeting the automatic criteria for U.S. citizenship outlined in the Child Citizenship Act of 2000; (7-1-21)T
 - m.** Medical records from a hospital, clinic, or doctor, admission papers from nursing facility, skilled care facility, or other institution that indicates a U.S. place of birth; (7-1-21)T
 - n.** Life, health, or other insurance record that indicates a U.S. place of birth. (7-1-21)T
 - o.** Officially recorded religious record that indicates a U.S. place of birth; (7-1-21)T
 - p.** School records, including pre-school, Head Start, and daycare that shows the child's name and indicates a U.S. place of birth; (7-1-21)T
 - q.** Federal or state census record that shows U.S. Citizenship or indicates a U.S. place of birth; or (7-1-21)T
 - r.** When an applicant has none of the documents listed in Subsections 223.02.a. through q. of this rule, an affidavit signed by another individual under the penalty of perjury who can reasonably attest to the applicant's citizenship, and that contains the applicant's name, and indicates the date and U.S. place of birth, may be submitted. The affidavit does not need to be notarized. (7-1-21)T
- 03. Documents Accepted for Evidence of Identity.** The following documents are accepted as proof of identity provided the document has a photograph or other identifying information that includes name, age, sex, race, height, weight, eye color, or address. (7-1-21)T
- a.** A driver's license issued by a state or territory. A driver's license issued by a Canadian government authority is not a valid indicator of identity in the U.S. and cannot be used as evidence of identity. (7-1-21)T
 - b.** An identity card issued by federal, state, or local government; (7-1-21)T
 - c.** School identification card; (7-1-21)T
 - d.** U.S. Military card or draft record; (7-1-21)T
 - e.** Military dependent's identification card; (7-1-21)T
 - f.** U. S. Coast Guard Merchant Mariner card; or (7-1-21)T

- g.** A finding of identity from a federal or state governmental agency, when the agency has verified and certified the identity of the individual, including public assistance, law enforcement, internal revenue or tax bureau, or corrections agency; (7-1-21)T
- h.** A finding of identity from another state benefits agency or program provided that it obtained verification of identity as a criterion of participation; (7-1-21)T
- i.** Two (2) documents containing consistent information that corroborates the applicant's identity including: employer identification cards, high school or high school equivalency diplomas, college diplomas, marriage certificates, divorce decrees, property deeds or titles; (7-1-21)T
- j.** Identity affidavits are acceptable evidence of identity for individuals living in a residential care facility. (7-1-21)T
- k.** When an applicant has none of the specified findings or documents listed in Subsections 223.03.a. through j. of this rule, the applicant may submit an affidavit signed by another individual under the penalty of perjury who can reasonably attest to the applicant's identity. The affidavit must contain the applicant's name, and identifying information to establish identity. The affidavit does not need to be notarized. (7-1-21)T

224. IDENTITY RULES FOR CHILDREN.

The following additional sources of documentation of identity for children under nineteen (19) years of age may be used: (7-1-21)T

- 01. School Records.** School records may be used to establish identity, including nursery or day care records. (7-1-21)T
- 02. Medical Records.** Clinic, hospital, or doctor records may be used to establish identity. (7-1-21)T

225. ELIGIBILITY FOR APPLICANTS WHO DO NOT PROVIDE U.S. CITIZENSHIP AND IDENTITY DOCUMENTATION.

- 01. U.S. Citizenship and Identity not Verified.** When the Department is unable to obtain verification of U.S. citizenship and identity through electronic means, or the applicant is unable to provide documentation at the time of application, the applicant will have a reasonable opportunity period of ninety (90) days to provide proof of U.S. citizenship and identity. (7-1-21)T
- 02. Notice Mailed.** The reasonable opportunity period of ninety (90) days to provide needed documentation for proof of U.S. citizenship and identity begins five (5) days after the date the notice requesting the proof of documentation is mailed. (7-1-21)T
- 03. Medicaid Benefits.** If the applicant meets all other eligibility requirements, Medicaid benefits will be approved pending verification of U.S. citizenship and identity. Medicaid benefits will be denied if the applicant refuses to obtain documentation. (7-1-21)T

226. INDIVIDUALS CONSIDERED AS MEETING THE U.S. CITIZENSHIP AND IDENTITY DOCUMENTATION REQUIREMENTS.

The individuals listed in Subsections 226.01 through 226.06 of this rule are considered to have met the U.S. citizenship and identity requirements and are not required to provide further documentation. (7-1-21)T

- 01. Supplemental Security Income (SSI) Recipients.** (7-1-21)T
- 02. Social Security Disability Income (SSDI) Recipients.** (7-1-21)T
- 03. Individuals Entitled or Enrolled in Medicare by SSA.** Individuals determined by the SSA to be entitled or enrolled in any part of Medicare. (7-1-21)T

04. Adoptive or Foster Care Children Receiving Assistance. Adoptive or foster care children receiving under Title IV-B or Title IV-E of the Social Security Act. (7-1-21)T

05. Individuals Deemed Eligible for Medicaid. A waived newborn under Section 530 of these rules. (7-1-21)T

06. Individuals Whose Records Match Records of the SSA. Confirmed records of SSA that match and include: (7-1-21)T

a. Name; (7-1-21)T

b. Social Security Number; and (7-1-21)T

c. Declaration of U.S. Citizenship. (7-1-21)T

227. ASSISTANCE IN OBTAINING DOCUMENTATION.

The Department will provide assistance to individuals who need assistance in securing satisfactory documentary evidence of U.S. citizenship. (7-1-21)T

228. VERIFICATION OF CITIZENSHIP AND IDENTITY ONE TIME.

Once an individual's U.S. citizenship and identity have been verified, whether through an electronic data match or by provided documentation, changes in eligibility will not require an individual to provide the verification again. If later verification, documentation, or information provides the Department with good cause to question the validity of the individual's U.S. citizenship or identity, the individual may be requested to provide further verification. (7-1-21)T

229. -- 249. (RESERVED)

250. EMERGENCY MEDICAL CONDITION.

An individual who meets eligibility criteria for a category of assistance but does not meet U.S. citizenship requirements or eligible non-citizen requirements may receive medical assistance under a Title XIX or Title XXI coverage group as follows: (7-1-21)T

01. Emergency Medical Conditions. An individual not meeting the U.S. citizenship requirement may receive medical services necessary to treat an emergency medical condition, including labor and delivery. Emergency medical conditions have acute symptoms of severity, including severe pain. (7-1-21)T

02. Determination of Emergency Medical Conditions. The Department determines if a condition meets criteria of an emergency medical condition. (7-1-21)T

03. Limitation on Medical Assistance. Medical assistance is limited to the period of time established for the emergency medical condition. (7-1-21)T

04. Documentation Waived. For undocumented individuals with emergency medical conditions, the Social Security Number (SSN) requirement is waived because an SSN cannot be issued. Individuals must be otherwise eligible for Title XIX or XXI. (7-1-21)T

251. SPONSOR DEEMING.

Income of a legal non-citizen's sponsor and the sponsor's spouse are counted in determining eligibility. (7-1-21)T

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. (7-1-21)T

253. -- 269. (RESERVED)

270. SOCIAL SECURITY NUMBER (SSN) REQUIREMENT.

01. SSN Required. 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. (7-1-21)T

a. 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. (7-1-21)T

b. The Department must notify the applicant in writing if eligibility is being denied or lost for failure to meet the SSN requirement. (7-1-21)T

02. 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. (7-1-21)T

03. 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: (7-1-21)T

a. Is a member of a recognized religious sect or division of the sect; and (7-1-21)T

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. (7-1-21)T

04. SSN Requirement Waived. An applicant may have the SSN requirement waived when he is: (7-1-21)T

a. Only eligible for emergency medical services as described in Section 250 of these rules; or (7-1-21)T

b. A newborn deemed eligible child as described in Section 530 of these rules. (7-1-21)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. (7-1-21)T

281. MEDICAL EXCEPTION FOR INMATES.

An inmate can receive Medicaid while they are an inpatient in a medical facility. The inmate must meet all Medicaid eligibility requirements. (7-1-21)T

282. -- 289. (RESERVED)

290. ASSIGNMENT OF RIGHTS TO MEDICAL SUPPORT AND THIRD PARTY LIABILITY.

By operation of Sections 56-203B and 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. (7-1-21)T

291. MEDICAL SUPPORT COOPERATION.

A Medicaid participant 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. (7-1-21)T

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: (7-1-21)T

- a. Birth date; (7-1-21)T
- b. Social Security Number; (7-1-21)T
- c. Current address; (7-1-21)T
- d. Current phone number; (7-1-21)T
- e. Current employer; (7-1-21)T
- f. Make, model, and license number of any motor vehicle owned by the non-custodial parent; or (7-1-21)T
- g. Names, phone numbers, and addresses of the parents of the non-custodial parent. (7-1-21)T

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: (7-1-21)T

- a. There is proof the child was conceived as a result of incest or rape; (7-1-21)T
- 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; (7-1-21)T
- c. A credible explanation is provided showing the participant cannot provide the minimum information regarding the non-custodial parent; or (7-1-21)T
- d. A participant who has good cause for not cooperating as described in Subsection 291.03.b of this rule. (7-1-21)T

03. Conditions for Non-Denial of Medicaid. Medicaid cannot be denied for individuals who meet one (1) of the following conditions: (7-1-21)T

- a. A child or unmarried minor child who cannot legally assign his rights to medical support; or (7-1-21)T
- 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. (7-1-21)T

292. -- 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. (7-1-21)T

297. -- 299. (RESERVED)

FINANCIAL REQUIREMENTS
(Sections 300-344)

300. HOUSEHOLD COMPOSITION AND FINANCIAL RESPONSIBILITY.

Household composition and financial responsibility are divided into two categories: tax-filing and non-tax filing

households. (7-1-21)T

301. TAX FILING HOUSEHOLD.

01. Taxpayers. For an individual filing a federal tax return for the taxable year in which an initial determination or redetermination of eligibility is made, and who is not claimed as a tax dependent by another taxpayer, the tax filing household consists of the taxpayer, the taxpayer's spouse, and the taxpayer's tax dependents. (7-1-21)T

02. Individuals Claimed as a Tax-Dependent. For an individual who is claimed as a tax dependent by another taxpayer, the tax filing household is the household of the taxpayer claiming such individual as a tax dependent, with the exception that tax dependents meeting any of the following criteria will be treated as non-filers described in Section 302 of these rules: (7-1-21)T

a. Individuals claimed as a tax dependent by an individual other than a spouse or custodial parent; (7-1-21)T

b. Individuals under age nineteen (19) living with both parents, if the parents are not married, or married filing separately; and (7-1-21)T

c. Individuals under age nineteen (19) claimed as a tax dependent by a parent residing outside of the applicant household. (7-1-21)T

03. Married Couples. For married couples living together, each spouse is included in the household of the other spouse, regardless of whether a joint federal tax return is filed, if one (1) spouse is claimed as a tax dependent by the other spouse, or if each filed separately. (7-1-21)T

302. NON-TAX FILING HOUSEHOLD.

01. Individuals Not Filing a Tax Return and Not Claimed as a Tax Dependent. For an individual who does not expect to file a federal tax return and is not claimed as a tax dependent by a tax filer, or meets one (1) of the exceptions in Subsections 301.02.a. through 301.02.c. of these rules, the household consists of the individual and, if living with the individual the following: (7-1-21)T

a. The individual's spouse; (7-1-21)T

b. The individual's natural, adopted, and stepchildren under age nineteen (19); or (7-1-21)T

c. In the case of individuals under age nineteen (19), the individual's natural, adopted, and step parents and natural, adoptive and step siblings under age nineteen (19). (7-1-21)T

02. Married Couples. Married couples living together will be included in the household of the other spouse. (7-1-21)T

303. -- 344. (RESERVED)

INCOME
(Sections 345-394)

345. HOUSEHOLD INCOME.

The sum of calculated Modified Adjusted Gross Income (MAGI-based income) of every individual whose income must be included in the household budget minus a standard disregard in the amount of five percent (5%) of Federal Poverty Guidelines (FPG) by family size, if the disregard is used to establish eligibility. (7-1-21)T

346. DETERMINING INCOME ELIGIBILITY.

Financial eligibility for Medicaid applicants must be based on calculated monthly household income and household size. Eligibility for Health Care Assistance is determined by comparing the individual's calculated income against the

income limit. (7-1-21)T

347. EARNED INCOME.

Earned income is derived from labor or active participation in a business. Earned income includes taxable wages, tips, salary, commissions, bonuses, self-employment and any other type of income defined as earnings by the Internal Revenue Service (IRS). Earned income 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 IRS allowable self-employment expenses deducted. (7-1-21)T

348. DEPENDENT CHILD'S EARNED INCOME.

A dependent child's earned income is excluded, unless the child is required to file a tax return based on his own income. (7-1-21)T

349. (RESERVED)

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. (7-1-21)T

351. SELF-EMPLOYMENT EARNED INCOME.

Income from self-employment is treated as earned income. Calculated self-employment income is the taxable self-employment income after gross receipts and the IRS allowable costs of producing the self-employment income, when the self-employment is expected to continue as provided in Title 26, U.S.C. (7-1-21)T

352. -- 369. (RESERVED)

370. UNEARNED INCOME.

Unearned income is any income the individual receives that is not gained through employment. Unearned income is not excluded income if it is taxable. (7-1-21)T

371. -- 383. (RESERVED)

384. LUMP SUM INCOME.

A non-recurring lump sum payment is income in the month the lump sum is received. Lump sum income is a retroactive monthly benefit or a windfall payment. The lump sum may be earned or unearned income that is paid in a single sum. Lump sum income includes retirement, survivors, and disability insurance (RSDI), severance pay, disability insurance, and lottery winnings. (7-1-21)T

385. -- 387. (RESERVED)

388. DEPENDENT CHILD'S UNEARNED INCOME.

A child's unearned income is countable towards his household's eligibility, only when the child must file a tax return based on his own income. (7-1-21)T

389. -- 394. (RESERVED)

DISREGARDS
(Section 395-399)

395. INCOME DISREGARDS.

A standard disregard in the amount of five percent (5%) of Federal Poverty Guidelines (FPG) by family size is applied to the calculated income of an individual in those situations where the application of the disregard is necessary in order for the individual to be eligible for the highest income limit Health Care coverage for which they may be eligible. (7-1-21)T

396. -- 399. (RESERVED)

HEALTH COVERAGE FOR ADULTS
(Sections 400-499)

400. MEDICAID FOR ADULTS.

Medicaid is available for the following adults:

(7-1-21)T

01. Parent, Caretaker Relative, or a Pregnant Woman.

(7-1-21)T

a. The individual who is a parent, caretaker relative, or a pregnant woman in the household budget unit. (7-1-21)T

b. The individual who is responsible for an eligible dependent child, which includes the unborn child of a pregnant woman. (7-1-21)T

c. The individual who lives in the same household with the eligible dependent child. (7-1-21)T

02. Adults Under Age 65. The individual must: (7-1-21)T

a. Be age nineteen (19) or older and under age sixty-five (65); (7-1-21)T

b. Not entitled to or enrolled in Medicare Part A or Part B; and. (7-1-21)T

c. Not otherwise eligible for any other coverage under the State Plan. (7-1-21)T

03. MAGI Income Eligibility. For any of the eligibility groups described in Subsections 400.01 and 02, the individual must meet all income requirements of the Medicaid program for eligibility determined according to MAGI methodologies identified in Sections 300 through 303, and 411 of these rules. Eligibility is based on:

(7-1-21)T

a. The number of members included in the household budget unit; (7-1-21)T

b. All countable income for the household budget unit; and (7-1-21)T

c. Eligible individuals will have income calculated using their modified adjusted gross income (MAGI). Individuals with MAGI not greater than one hundred thirty-three per cent (133%) after applying a five per cent (5%) disregard to income are eligible to receive Medicaid in this section. (7-1-21)T

04. Member of More Than One Budget Unit. No person may receive benefits in more than one (1) budget unit during the same month. (7-1-21)T

05. 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. (7-1-21)T

401. -- 410. (RESERVED)

411. INCOME LIMITS FOR PARENTS AND CARETAKER RELATIVES.

The income limits are based on the number of household budget unit members. Parents and caretaker relatives, whose MAGI-based income does not exceed the guidelines listed in the table below for their household size, meet the income limit for parent and caretaker relative Medicaid.

| TABLE 411 INCOME LIMITS | |
|-----------------------------|---------------|
| Number of Household Members | Income Limit |
| 1 | \$233 |
| 2 | \$289 |
| 3 | \$365 |
| 4 | \$439 |
| 5 | \$515 |
| 6 | \$590 |
| 7 | \$666 |
| 8 | \$741 |
| 9 | \$816 |
| 10 | \$982 |
| Over 10 Persons | Add \$75 Each |

(7-1-21)T

412. -- 418. (RESERVED)

419. TRANSITIONAL MEDICAID FOR ADULTS.

Participants who no longer qualify for Medicaid due to an increase in earned income or working hours are eligible for an additional twelve (12) months of Medicaid. Participants must have been eligible for Medicaid during at least three (3) of the six (6) months immediately preceding the month in which the participant became ineligible. (7-1-21)T

420. EXTENDED MEDICAID FOR SPOUSAL SUPPORT INCREASE.

Participants are eligible for four (4) calendar months of Extended Medicaid if an increase in the participant's spousal support causes them to exceed the income limit for their household budget unit size. The participant must have received Medicaid in Idaho in at least three (3) of the six (6) months before the month the participant became income ineligible. (7-1-21)T

421. 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 through the end of the month in which the sixtieth day of her postpartum period falls. (7-1-21)T

422. -- 519. (RESERVED)

**HEALTH COVERAGE FOR CHILDREN
(Sections 520-529)**

520. FINANCIAL ELIGIBILITY.

Children are eligible for Health Care Assistance when the household's total MAGI-Based income minus a standard disregard in the amount of five percent (5%) of Federal Poverty Guidelines (FPG) by family size is less than or equal to the applicable income limit for the age of the child. (7-1-21)T

01. Title XIX Income Limit. For children age zero (0) to six (6), Title XIX income limit is one hundred forty-two percent (142%) of the FPG for the household size. For children age six (6) through age eighteen (18) the income limit is one hundred thirty three percent (133%) of the FPG for the household size. (7-1-21)T

02. Title XXI Income Limit. For children age zero to six (0-6), Title XXI income limit is between one hundred forty-two percent (142%) and one hundred eighty-five percent (185%) of the FPG for the household size. For children ages six (6) through eighteen (18) the income limit is between one hundred thirty-three percent (133%) and one hundred eighty five percent (185%) of the FPG for the household size. (7-1-21)T

03. Disregard Applied. A standard disregard in the amount of five percent (5%) of Federal Poverty Guidelines (FPG) by family size is applied to the calculated income used to establish the child's eligibility when applying the disregard is necessary for the child to be financially eligible. (7-1-21)T

521. HOUSEHOLD SIZE AND FINANCIAL RESPONSIBILITY. Household size and financial responsibility for health coverage for children is determined using the methodology described in Section 300 of these rules. (7-1-21)T

522. (RESERVED)

523. ACCESS TO OR COVERAGE UNDER OTHER HEALTH PLANS. A child is ineligible for coverage under the CHIP plan if they have access to or are enrolled in other health coverage plans as described below: (7-1-21)T

01. Covered by Creditable Health Insurance. The child is covered by creditable health insurance at the time of application. (7-1-21)T

02. Eligible for Title XIX. The child is eligible under Idaho's Title XIX State Plan. (7-1-21)T

03. Idaho State Employee Benefit Plan. The child is eligible to receive health insurance benefits under Idaho's State employee benefit plan. (7-1-21)T

524. CONTINUOUS HEALTH CARE ASSISTANCE ELIGIBILITY FOR CHILDREN UNDER AGE NINETEEN. Children under age nineteen (19), who are found eligible for health coverage in an initial determination or at 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. (7-1-21)T

01. Reasons Continuous Eligibility Ends. Continuous eligibility for children ends for one (1) of the following reasons: (7-1-21)T

a. The child is no longer an Idaho resident; (7-1-21)T

b. The child dies; (7-1-21)T

c. The participant requests closure; or (7-1-21)T

d. The child turns nineteen (19) years of age as defined in Subsection 010.05 of these rules. (7-1-21)T

02. Children Not Eligible for Continuous Eligibility. Children are not eligible for continuous eligibility for one (1) of the following reasons: (7-1-21)T

a. A child is approved for emergency medical services; or (7-1-21)T

b. A child is approved for pregnancy-related services. (7-1-21)T

525. FORMER FOSTER CHILD. An individual who is between the age of eighteen (18) and twenty-six (26), who was in foster care in Idaho and became ineligible for Medicaid as a foster child due to age, may receive Medicaid coverage until his twenty-sixth birthday. There are no financial eligibility criteria. The only non-financial criteria are the receipt of foster care services and age. (7-1-21)T

526. -- 529. (RESERVED)

SPECIAL CIRCUMSTANCES FOR CHILDREN
(Sections 530-549)

530. NEWBORN CHILD DEEMED ELIGIBLE FOR MEDICAID.

A child is deemed eligible for Medicaid for his first year of life when the following exists. (7-1-21)T

01. Mother Filing an Application. The child is born to a mother who files an application for medical assistance. (7-1-21)T

02. Mother Is Eligible for Medicaid. The mother is eligible for Medicaid in the newborn's birth month, including a month of retroactive coverage. This includes a mother who qualifies for coverage only for the delivery because of her alien status. (7-1-21)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 parent's eligibility is determined according to the Section 300 of these rules related to tax filing households. (7-1-21)T

532. RESIDENT OF AN ELIGIBLE INSTITUTION.

A resident of an eligible institution must meet all nonfinancial and financial criteria of Title XIX, Title XXI, or any other applicable program. (7-1-21)T

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 nonfinancial criteria and must meet the financial requirements described for the children's coverage group. (7-1-21)T

534. (RESERVED)

535. TITLE IV-E FOSTER CARE CHILD.

A child may be eligible for Medicaid under the Title IV-E foster care program if they meet the eligibility requirements in IDAPA 16.06.01, "Child and Family Services," Section 425. (7-1-21)T

536. -- 539. (RESERVED)

540. YOUTH EMPOWERMENT SERVICES (YES) PROGRAM CHILDREN.

01. Payments for Children Under Eighteen (18) Years of Age with SED. In accordance with Section 56-254(2), Idaho Code, the Department will make payments for medical assistance for a child under eighteen (18) years of age with serious emotional disturbance (SED), as defined in Section 16-2403, Idaho Code, and verified by an independent assessment: (7-1-21)T

a. Whose family income does not exceed three hundred percent (300%) of the federal poverty guideline (FPG) as determined using MAGI-based eligibility standards; or (7-1-21)T

b. Who meets other Title XIX Medicaid eligibility standards in accordance with the rules of the Department. (7-1-21)T

02. Youth Empowerment Services (YES) Benefits. Applicants whose family income is equal to or less three hundred percent (300%) of the Federal Poverty Guidelines (FPG) for children zero (0) to eighteen (18) years of age and who meet the non-financial eligibility criteria in Sections 200 through 299 of these rules may receive the following benefits: (7-1-21)T

a. Youth Empowerment Services (YES) State Plan option services and supports described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 635 through 638; and (7-1-21)T

b. Additional covered services set forth in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 075 through 799. (7-1-21)T

03. Additional Eligibility Criteria and Program Requirements for YES. Additional eligibility criteria and program requirements applicable to the Youth Empowerment Services (YES) State Plan option are described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 635 through 638. (7-1-21)T

541. -- 544. (RESERVED)

545. PRESUMPTIVE ELIGIBILITY FOR CHILDREN AND ADULTS.

Presumptive eligibility determination for qualifying medical coverage groups can only be provided by a qualified hospital defined in Section 011 or these rules. (7-1-21)T

01. Presumptive Eligibility Decisions. Decisions of presumptive eligibility can be made for individuals, who meet program requirements for MAGI-based Medicaid coverage. (7-1-21)T

02. Presumptive Eligibility Determination. Presumptive eligibility determinations are made by a qualified hospital when an individual receiving medical services is not covered by health care insurance and the financial assessment by hospital staff indicates the individual is eligible for Medicaid Coverage in Idaho. This determination is made by hospital staff through an online presumptive application process: (7-1-21)T

a. Prior to completion of a full Medicaid application; and (7-1-21)T

b. Prior to a determination being made by the Department on the full application. (7-1-21)T

03. Presumptive Eligibility Period. The presumptive eligibility period begins on the date the presumptive application is filed online and ends with the earlier of the following: (7-1-21)T

a. The date the full eligibility determination is completed by the Department; or (7-1-21)T

b. The end of the month after the month the qualified hospital completed the presumptive eligibility determination. (7-1-21)T

546. QUALIFIED HOSPITAL PRESUMPTIVE ELIGIBILITY PROCESSES.

A qualified hospital must have a Memorandum of Understanding (MOU) with the Department and follow all standards and processes agreed to in the MOU. (7-1-21)T

01. Acceptance of Application. The qualified hospital accepts the request for services in the same manner as all applications for assistance are accepted. (7-1-21)T

02. Standards and Processes. The presumptive eligibility determination must be based on standards and processes provided by the Department. (7-1-21)T

03. Assistance to Applicant. The qualified hospital must assist the applicant in completing the Department's application process. (7-1-21)T

04. Qualified Hospital Staff. Only qualified hospital staff who are trained in presumptive eligibility standards can make a presumptive eligibility determination. (7-1-21)T

05. Notice to Applicant. The qualified hospital or the Department will provide notice to the applicant within two business days on the presumptive eligibility determination. (7-1-21)T

06. Notice and Hearing Rights. Presumptive eligibility decisions are not appealable and do not have hearing rights under the Title XIX Medicaid program. (7-1-21)T

07. Number of Presumptive Eligibility Periods Allowed. Only one (1) presumptive eligibility period

is allowed per applicant in any twelve (12) month period. (7-1-21)T

547. -- 599. (RESERVED)

CASE MAINTENANCE REQUIREMENTS
(Sections 600-701)

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. (7-1-21)T

01. Continuing Eligibility. Continuing eligibility is determined using available electronic verification sources without participant contact, unless: (7-1-21)T

a. Information is not available; (7-1-21)T

b. Information sources provide conflicting information; or (7-1-21)T

c. Information is inconsistent with information provided by the participant. (7-1-21)T

02. Inconsistency Impacts Eligibility. When inconsistency exists from electronic verification sources that impact participant eligibility, information must be verified by the participant. The Department provides the participant a document that displays household information currently being used to establish eligibility and asks the participant to verify correctness, and if not correct to provide updated information. (7-1-21)T

601. EXCEPTIONS TO ANNUAL RENEWAL.

A participant who receives Title XIX or Title XXI through time-limited coverage does not require an annual renewal when the following exists. (7-1-21)T

01. Extended Medicaid. A participant who receives extended Medicaid is eligible as provided in Section 420 of these rules. (7-1-21)T

02. Pregnant Woman. A participant who receives Medicaid as a Low Income Pregnant Woman is eligible as provided in Section 500 of these rules. (7-1-21)T

03. 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. (7-1-21)T

602. -- 609. (RESERVED)

610. REPORTING REQUIREMENTS.

Changes in family circumstances must be reported to the Department by the tenth of the month following the month in which the change occurred. Report of changes may be made verbally, in writing, through personal contact, telephone, fax, electronic mail, or mail. (7-1-21)T

611. TYPES OF CHANGES THAT MUST BE REPORTED.

Changes in circumstances the participant must report are the following: (7-1-21)T

01. Name or Address. A name change for any participant must be reported. A change of address or location must be reported. (7-1-21)T

02. Household Composition. Changes in family composition must be reported if a parent or relative caretaker receives Medicaid. (7-1-21)T

03. Marital Status. Marriages or divorces of any family member must be reported if a parent or relative caretaker receives Medicaid. (7-1-21)T

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. (7-1-21)T

05. Health Insurance Coverage. Enrollment or disenrollment of a participant in a health insurance plan must be reported. (7-1-21)T

06. End of Pregnancy. Pregnant participants must report when pregnancy ends. (7-1-21)T

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. (7-1-21)T

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. (7-1-21)T

09. Support Income. Changes in the amount of spousal support received by an adult household member. (7-1-21)T

10. 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. (7-1-21)T

612. -- 619. (RESERVED)

620. NOTICE OF CHANGES IN ELIGIBILITY.

The Department will notify the participant of changes in his Health Care Assistance. The notice must give the effective date, the reason for the action, the rule that supports the action, and appeal rights. (7-1-21)T

621. NOTICE OF CHANGE OF PLAN.

The Department is allowed to switch a participant from the Medicaid Basic Plan to the Medicaid Enhanced plan 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. (7-1-21)T

622. ADVANCE NOTICE RESPONSIBILITY.

The Department must notify the participant at least ten (10) calendar days before the effective date of when a reported change results in Health Care Assistance closure. The effective date must allow for a five (5) day mailing period for any notice. (7-1-21)T

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. (7-1-21)T

01. Death of Participant. The Department has proof of the participant's death. (7-1-21)T

02. Participant Request. The participant requests closure in writing. (7-1-21)T

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. (7-1-21)T

04. Nursing Care. The participant is placed in a nursing facility or Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID). (7-1-21)T

05. Participant Address Unknown. The participant's whereabouts are unknown. (7-1-21)T

06. Medical Assistance in Another State. A participant is approved for medical assistance in another state. (7-1-21)T

07. Eligible One Month. The participant is eligible for aid only during the calendar month of his application for aid. (7-1-21)T

08. Retroactive Medicaid. The participant's Title XIX or Title XXI eligibility is for a prior period.
(7-1-21)T

624. -- 699. (RESERVED)

700. OVERPAYMENTS.

Health Care Assistance overpayments occur when a participant receives benefits during a month he was not eligible.
(7-1-21)T

701. RECOVERY OF OVERPAYMENTS.

All Health Care Assistance overpayments are subject to recovery. Overpayments are recovered by direct payment from the participant.
(7-1-21)T

01. Notice of Overpayment. The participant must be informed of the Health Care Assistance overpayment and appeal rights.
(7-1-21)T

02. Notice of Recovery. The participant must be informed when his Health Care Assistance overpayment is fully recovered.
(7-1-21)T

702. -- 999. (RESERVED)

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