

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	A. General Conditions of Eligibility
	Each individual covered under the plan:
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. 92-2

Supersedes

TN No. 919

Approval Date 5-22-92

Effective Date 1-1-92

State: IDAHO

Citation(s)	Condition or Requirement
1905(p) of the Act	<p>b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.</p> <p>c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.</p>
1905(s) of the Act	<p>d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).</p>
1905(p)(3)(A)(ii)	<p>e. For financially eligible specified low income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) or (p)(3)(A)(ii).</p>
42CFR 435.402	<p>3. Is residing in the United States and –</p> <p>(a) Is a citizen;</p> <p>(b) Is a qualified alien, as defined in P.L. 104-193 as amended, whose coverage is mandatory under such Act. [X] Is a qualified alien, as defined P.L. 104-193, whose coverage is optional under such Act.</p> <p>(c) Is either an alien who is not a qualified alien, as defined in P.L. 104-193, as amended, or who is a qualified alien subject to the five-year bar in section 403 of that Act, who entered the United States August 22, 1996 or later. (Coverage of such otherwise eligible aliens is limited to care and services necessary to treat an emergency medical condition of the alien.)</p>

TN. No. 03-001
 Supercedes
 TN No. 97-011

Approval Date MAY - 5 2003 Effective Date JAN - 1 2003

State: IDAHO

Citation(s)	Condition or Requirement								
42 CFR 435.403 1902(b) of the Act	<p>4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.</p> <p><input checked="" type="checkbox"/> State has interstate residency agreement with the following States:</p> <table data-bbox="774 846 1206 987"> <tr> <td>Utah</td> <td>Kentucky</td> </tr> <tr> <td>Ohio</td> <td>Florida</td> </tr> <tr> <td>Pennsylvania</td> <td>Tennessee</td> </tr> <tr> <td>Wisconsin</td> <td>Iowa</td> </tr> </table> <p><input type="checkbox"/> State has open agreement(s)</p> <p><input type="checkbox"/> Not applicable; no residency requirement.</p>	Utah	Kentucky	Ohio	Florida	Pennsylvania	Tennessee	Wisconsin	Iowa
Utah	Kentucky								
Ohio	Florida								
Pennsylvania	Tennessee								
Wisconsin	Iowa								

TN. No. 03-001
Supercedes
TN No. 91-19

Approval Date MAY - 5 2003 Effective Date JAN - 1 2003

State IDAHO

Citation(s)	Condition or Requirement
42 CFR 435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008, 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. / / / Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145, 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

State/Territory: IDAHO

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number) **EXCEPT FOR ALIENS SEEKING MEDICAL ASSISTANCE FOR TREATMENT OF AN EMERGENCY MEDICAL CONDITION UNDER SECTION 1903(V)(2) OF THE SOCIAL SECURITY ACT (SECTION 1137(F))**

TN No. 91-22
Supersedes

Approval Date 1-23-92

Effective Date 10-1-91

TN No. -

HCFA ID: 7985E

State: IDAHO

Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State covers under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. 91-19
Supersedes _____
TN No. _____

Approval Date 1-21-92

Effective Date 11-1-91
10-1-91

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 3c
OMB No.: 0938-

State/Territory: IDAHO

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. 91-22

Supersedes

Approval Date 1-23-92

Effective Date 10-1-91

TN No. -

HCFA ID: 7985E

State: IDAHO

Citation	Condition or Requirement
B. Posteligibility Treatment of Institutionalized Individuals' Incomes	
1. The following items are not considered in the posteligibility process:	
1902(o) of the Act	a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.
Bondi v Sullivan (SSI)	b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act	c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P. L. 100-383	d. Japanese and Aleutian Restitution Payments.
1. (a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.
12005 of P. L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

TN No. 98-003
Supersedes

Approval Date 6/9/98

Effective Date 1/1/98

TN No. 93-003

State IDAHO

<u>Citation(s)</u>	<u>Condition or Requirement</u>
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutional care: Personal Needs Allowance (PNA) of not less than \$30, For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>40</u> Couples \$ <u>80</u> For the following individuals with greater need: Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the authority for approving that a criterion is met.</p> <p>b. AFDC related: Children \$ <u>40</u> Adults \$ <u>40</u> For the following individuals with greater need: Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the authority for approving that a criterion is met.</p> <p>c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A</u>. \$ <u>40</u></p>

TN No: 01-009
Supersedes
TN No. 98-003

Approval Date 10-16-01 Effective Date 7-1-01

State IDAHO

<u>Citation(s)</u>	<u>Condition or Requirement</u>
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For the following individuals with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the authority for approving that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
- a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.
- The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.
- The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _ %, of the official poverty level (still subject to maximum maintenance needs standard.)
- The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).
- Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

TN No: 01-009

Approval Date 10-10-01 Effective Date 7-1-01

Supersedes

TN No. 98-003

State IDAHO

Citation(s)	Condition or Requirement
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In determining any excess shelter allowance, utility expenses are calculated using:

the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or

the actual unreimbursable amount of the community spouses's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B) exceeds the dependent family member's monthly income.

a greater amount calculated as follows:

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1): The family member is claimed, or could be claimed, as a dependent on the federal income tax return of either spouse. The family member must be a minor or dependent child, dependent parent or dependent sibling of either spouse and must live in the community spouse's home.

c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party.

(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)

TN No: 01-009

Approval Date 10-16-01 Effective Date 7-1-01

Supersedes

TN No. 98-003

State: IDAHO

Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none">o AFDC level; oro Medically needy level: <p>(Check one)</p> <ul style="list-style-type: none">X AFDC levels in Supplement 1-- Medically needy level in Supplement 1-- Other: \$ _____ <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <ul style="list-style-type: none">(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A</u>.)
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p>___ No.</p> <p><u>X</u> Yes (the applicable amount is shown on page 5a.)</p>

TN No. 98-003
Supersedes
TN No. 93-003

Approval Date 6/9/98

Effective Date 1/1/98

12/09/98 DEC 14:00 FAX 200 910 2112
Revision: HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
Page 5a
OMB No.:0938-0673

State: IDAHO

Citation	Condition or Requirement
<u>X</u>	Amount for maintenance of home is: <u>\$ 212</u>
_____	Amount for maintenance of home is the actual maintenance costs not to exceed \$ _____
_____	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
_____	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

TN No. 98-003
Supersedes
TN No. 93-003

Approval Date 6/9/98

Effective Date 1/1/98

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	<p>C. <u>Financial Eligibility</u></p> <p>For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p>For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</p>

Revision: HCFA-PM-95-7
10/95

(MB)

ATTACHMENT 2.6-A
Page 6a

State IDAHO

Citation	Condition or Requirement
-	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
-	<u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
-	<u>Supplement 4 to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
-	<u>Supplement 5 to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
-	<u>Supplement 8a to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902 (r) (2) of the Act.
-	<u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902 (r) (2) of the Act.
-	<u>Supplement 14 to ATTACHMENT 2.6-A</u> specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under SS1902(z)(1) of the Act.

TN No: 96-001
Supersedes
TN No. 91-19

Approval Date 5-17-96

Effective Date 1-1-96

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p>— (a) The methods under the State's approved AFDC plan only; or</p> <p><u>X</u> (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e)(6) the Act	<p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. <u>Aged individuals.</u> In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used: ___ The methods of the SSI program only. <u>X</u> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>

Citation	Condition or Requirement
<input type="checkbox"/>	For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> ; and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
<input checked="" type="checkbox"/>	For institutional couples, the methods specified under section 1611(e)(5) of the Act.
<input type="checkbox"/>	For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> .
<input type="checkbox"/>	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements-- ___ SSI methods only. ___ SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> . ___ Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

TN No. 91-19
Supersedes
TN No. 89-2

Approval Date 1-21-92

Effective Date 11-1-91

HCFA ID: 7985E

10-1-91

Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	c. <u>Blind individuals</u> . In determining countable income for blind individuals, the following methods are used:
	<input type="checkbox"/> The methods of the SSI program only.
	<input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	<input type="checkbox"/> For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> , and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	<input checked="" type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(5) of the Act.
	<input type="checkbox"/> For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> .
	<input type="checkbox"/> For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
	<input type="checkbox"/> SSI methods only.
	<input type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	<input type="checkbox"/> Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

TN No. 91-19
Supersedes
TN No. 89-3

Approval Date 1-21-92

Effective Date 11-1-91

HCFA ID: 7985E

10-1-91

State: IDAHO

Citation	Condition or Requirement
42 CFR 435.721, and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	<p>In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p> <p>d. <u>Disabled individuals.</u> In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:</p> <ul style="list-style-type: none"><input type="checkbox"/> The methods of the SSI program.<input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u><input checked="" type="checkbox"/> For institutional couples: the methods specified under section 1611(e)(5) of the Act.<input type="checkbox"/> For optional State supplement recipients under \$435.230: income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A.</u><input type="checkbox"/> For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A;</u> and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>

TN No. 91-19
Supersedes
TN No. 87-4

Approval Date 1-21-92

Effective Date 11-91
HCFA ID: 7985E 10-1-91

State: IDAHO

Citation	Condition or Requirement
—	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
—	SSI methods only.
—	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
—	Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

TN No. 91-19
Supersedes
TN No. 87-4
Approval Date 1-21-92
Effective Date 11-1-91
HCFA ID: 7985E 10-1-91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3)(E) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women, infants, and children.</u> For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act--</p> <p>(1) The following methods are used in determining countable income:</p> <p><u>X</u> The methods of the State's approved AFDC plan.</p> <p><u>X</u> The methods of the approved title IV-E plan.</p> <p>— The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>— The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries.</u> In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used: <input type="checkbox"/> The methods of the SSI program only. <input checked="" type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> <input checked="" type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(5) of the Act.

State: IDAHO

Citation

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. 93-1203
Supersedes
TN No. 92-2

Approval Date 5-4-93

Effective Date 1-1-93

State/Territory: IDAHO

Citation	Condition or Requirement
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1902(u)
of the Act

(h) COBRA Continuation Beneficiaries

In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:

- _____ The disregards of the SSI program;
- _____ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

TN No. 91-22
Supersedes _____

Approval Date 1-23-92

Effective Date 10-1-91

TN No. —

HCFA ID: 7985E

Citation	Condition or Requirement
1902(k) of the Act	<p>2. Medicaid Qualifying Trusts</p> <p>In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p><input type="checkbox"/> The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. <u>Supplement 10 of ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p>
1902(a)(10) of the Act	<p>3. Medically needy income levels (MNILs) are based on family size.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.</p>

TN No. 91-19
Supersedes
TN No. 89-3

Approval Date 1-21-92

Effective Date 10-1-91
H-1-91

HCFA ID: 7985E

State: IDAHO

Citation	Condition or Requirement
42 CFR 435.732, 435.831	4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

- (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either ____ or ____ month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
- (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
 - (a) Health insurance premiums, deductibles and coinsurance charges.
 - (b) Expenses for necessary medical and remedial care not included in the plan.
 - (c) Expenses for necessary medical and remedial care included in the plan.

____ Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 91-19
Supersedes
TN No. 89-3

Approval Date 1-21-92

Effective Date 11-1-91

HCFA ID: 7985E 10-1-91

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 14a
OMB No.

State/Territory: IDAHO

Citation	Condition or Requirement
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1903(f)(2) of
the Act

a. Medically Needy (Continued)

 (3) If countable income exceeds the MNIL
 standard, the agency deducts spenddown
 payments made to the State by the
 individual.

TN No. 91-22
Supersedes
TN No.

Approval Date 1-23-92

Effective Date 10-1-91

HCFA ID: 7985E/

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: IDAHO

ATTACHMENT 2.6-A
Page 15
OMB No.: 0938-

Citation	Condition or Requirement
	b. <u>Categorically Needy - Section 1902 (f) States</u>
42 CFR 435.732	<p>The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:</p> <ol style="list-style-type: none">(1) Any SSI benefit received.(2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.(3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.(4) Other deductions from income described in this plan at <u>Attachment 2.6-A, Supplement 4</u>.(5) Incurred expenses for necessary medical and remedial services recognized under State law.
1902(a)(17) of the Act, P.L. 100-203	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 91-19
Supersedes
TN No. 87-4

Approval Date 1-21-92

Effective Date 11-1-91

HCFA ID: 7985E

10-1-91

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 15a
OMB No.

State/Territory: IDAHO

Citation	Condition or Requirement
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4.b. Categorically Needy - Section 1902(f) States
Continued

1903(f)(2) of
the Act

___ (6) Spenddown payments made to the State by
the individual.

NOTE: FFP will be reduced to the extent a State is
paid a spenddown payment by the individual.

TN No. 91-22
Supersedes -
TN No.

Approval Date 1-23-92

Effective Date 11-1-91
10-1-91

HCFA ID: 7985E/

State: IDAHO

Citation	Condition or Requirement
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5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan; and

(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 91-19
Supersedes
TN No. 87-4

Approval Date 1-21-92

Effective Date 10-1-91
11-1-91

HCFA ID: 7985E

State: IDAHO

Citation	Condition or Requirement
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5. Methods for Determining Resources

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B)
and (C), and
1902(r) of the Act

b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
- Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

TN No. 91-19 Approval Date 1-21-92 Effective Date 10-1-91
Supersedes _____
TN No. _____ HCFA ID: 7985E

State: IDAHO

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the Act	<p data-bbox="791 463 1612 570">In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.</p> <p data-bbox="692 602 1412 676">c. <u>Blind individuals.</u> For blind individuals the agency uses the following methods for treatment of resources:</p> <ul style="list-style-type: none"><li data-bbox="740 708 1340 732">___ The methods of the SSI program.<li data-bbox="740 761 1446 836"><u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u><li data-bbox="740 868 1580 1027">___ Methods that are more restrictive and/or more liberal than those of the SSI program. <u>Supplement 5 to ATTACHMENT 2.6-A</u> describe the more restrictive methods and <u>Supplement 8b to ATTACHMENT 2.6-A</u> specify the more liberal methods.
	<p data-bbox="740 1059 1612 1191">In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>

TN No. 91-19
Supersedes
TN No. 89-3

Approval Date 1-21-92

Effective Date 10-1-91

HCFA ID: 7985E

State: IDAHO

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act	<p>d. <u>Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act.</u> The agency uses the following methods for the treatment of resources:</p> <p><input type="checkbox"/> The methods of the SSI program.</p> <p><input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in <u>Supplement 5 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(l)(3) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.</u></p> <p>The agency uses the following methods in the treatment of resources.</p> <p><input type="checkbox"/> The methods of the SSI program only.</p> <p><input checked="" type="checkbox"/> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p>

TN No. 95-014
Supersedes
TN No. 91-19

Approval Date 2-6-96

Effective Date 12-1-95

HCFA ID: 7985E

State: IDAHO

Citation	Condition or Requirement
	<p>___ Methods that are more liberal than those of SSI. The more liberal methods are specified in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p>___ Not applicable. The agency does not consider resources in determining eligibility.</p>
	<p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(1)(3) and 1902(r)(2) of the Act	<p>f. <u>Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p>___ The methods of the State's approved AFDC plan.</p> <p><u>X</u> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u></p>
1902(1)(3)(C) of the Act	
1902(r)(2) of the Act	<p>___ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p>___ Not applicable. The agency does not consider resources in determining eligibility.</p>

TN No. 95-014
Supersedes
TN No. 91-19

Approval Date 2-6-96

Effective Date 12-1-95

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	<p>g. 1. <u>Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p><input type="checkbox"/> The methods of the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(1)(3)(C) of the Act	
1902(r)(2) of the Act	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 2. <u>Poverty level children under section 1902(a)(10)(A)(i)(VII)</u> The agency uses the following methods for the treatment of resources: <input type="checkbox"/> The methods of the State's approved AFDC plan. <input checked="" type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u> <input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> <input type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.
1902(1)(3)(C) the Act	
1902(r)(2) of the Act	

In determining relative responsibility, the
agency considers only the resources of spouses
living in the same household as available to
spouses and the resources of parents as
available to children living with parents until
the children become 21.

TN No. 95-014
Supersedes
TN No. 92-2 Approval Date 2-6-96 Effective Date 12-1-95

State/Territory: IDAHO

Citation	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5. h. <u>For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:</u> — The methods of the SSI program only. <u>X</u> The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources: — The methods of the SSI program only. — More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

TN No. 91-22
Supersedes

Approval Date 1-23-92

Effective Date 11-1-91
~~10-1-91~~

TN No. 91-19

HCFA ID: 7985E

State: IDAHO

Citation

Condition or Requirement

1902(a)(10)(E)(iii)
of the Act

k. Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act--

The agency uses the same method as in 5.h. of Attachment 2.6-A.

6. Resource Standard - Categorically Needy

a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

 Same as SSI resource standards.

 More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

b. Non-1902(f) States (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

TN No. 93-011

Supersedes

TN No. 91-22

Approval Date

8-20-93

Effective Date

4-1-93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHOELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(A), (B) and (C) of the Act	<p>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (C) of the Act	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (D) of the Act	<p>e. For children covered under the provisions of section 1902(a)(10)(A)(i)(VII) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>

TN No. 92-2
Supersedes
TN No. 9149

Approval Date 5-22-92Effective Date 1-1-92

HCFA ID:

State: IDAHO

Citation(s)	Condition or Requirement
1902(m)(1)(C), and (m)(2)(B) the Act	<p>f. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:</p> <p>___ Same as SSI resource standards.</p> <p>___ Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).</p> <p><u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for these individuals.</p>

TN No. 92-2
 Supersedes
 TN No. 91-19

Approval Date 5-22-92

Effective Date 1-1-92

State: IDAHO

Citation	Condition or Requirement
1902(a)(10)(C)(i) of the Act	<p>7. Resource Standard - Medically Needy</p> <p>a. Resource standards are based on family size.</p> <p>b. A single standard is employed in determining resource eligibility for all groups.</p> <p>c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--</p> <p> ___ Aged ___ Blind ___ Disabled</p> <p>Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.</p>
1905(p)(1)(D) and (p)(2)(B) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries</p> <p>For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI standard.</p>
1905(s) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.</p>

State/Territory: IDAHO

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is: — Twice the SSI resource standard for an individual. — More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

TN No. 91-22
Supersedes

Approval Date 1-23-92

Effective Date 10-1-91

TN No. —

HCFA ID: 7985E

State: IDAHO

Citation

Condition or Requirement

1902(u) of the Act

10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible except as provided in Supplement 8b to Attachment 2.6-A.

- b. Categorically Needy Only

— This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

TN No. 93-011

Supersedes

Approval Date

8-20-93

Effective Date

4-1-93

TN No. 91-19

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A
Page 24
OMB No.: 0938-

State: IDAHO

Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p>

TN No. 91-19
Supersedes
TN No. 87-4

Approval Date 1-21-92

Effective Date 10-1-91
11-1-91

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	<input checked="" type="checkbox"/> (3) For a presumptive eligibility for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) and 1905(a) of the Act	<input checked="" type="checkbox"/> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for-- <input checked="" type="checkbox"/> 12 months <input type="checkbox"/> 6 months <input type="checkbox"/> _____ months (no less than 6 months and no more than 12 months)

Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	<p>12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A.</u></p>
1917(c)	<p>13. Transfer of Assets - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A,</u> except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p>_____ The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;</p> <p><u>X</u> The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of <u>Miller</u> trusts.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to ATTACHMENT 2.6-A.</u></p>

Revision: HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
Page 26a
OMB No.:0938-0673

State: IDAHO

Citation Condition or Requirement

1924 of the Act

13. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

- the maximum standard permitted by law;
 the minimum standard permitted by law; or
 a standard that is an amount between the minimum and the maximum.

99-004
TN No. ~~98-003~~
Supersedes
TN No. NONE
98-003

Approval Date ~~6/9/98~~
7-1-99

Effective Date ~~6/1/98~~
4-1-99

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$ 643	The AFDC payment standard is derived by multiplying the need standard by 32 percent, the rateable reduction percentage in effect as of 7/1/93.	\$205
2	786		251
3	991		317
4	1,196		382
5	1,401		448
6	1,606		513
7	1,811		579
8	2,016		645
9	2,221		710
10	2,426		776
Each additional Person	205		65

2. For pregnant women and infants under Section 1902(a)(10)(A)(I)(IV) of the Act, the income eligibility level is 133 percent of the Federal poverty level for pregnant women and infants (as revised annually in the Federal Register) for the size of the family involved.
3. For children under Section 1902(a)(10)(I)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(I)(VII) of the Act (children who were born after September 30, 1983, and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 98-006 Approval Date 6/18/98
Supersedes TN No. 97-016 Effective Date 10/1/97

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 92-2
Supersedes
TN No. 91-19 Approval Date 5-22-92 Effective Date 1-1-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on _____ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

TN No. 98-006
Supersedes
TN No. 97-016

Approval Date 6/18/98

Effective Date 10-1-97

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 8

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on _____ percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____
<u>6</u>	\$ _____
<u>7</u>	\$ _____
<u>8</u>	\$ _____
<u>9</u>	\$ _____
<u>10</u>	\$ _____

TN No. 91-19
Supersedes _____ Approval Date 1-21-92 Effective Date 11-1-91
TN No. 91-4 HCFA ID: 7985E 10-1-91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

4. Special Income Level for Institutionalized Individuals

The income eligibility level for aged, blind and disabled individuals that are institutionalized for at least 30 consecutive days is:

NF/ICF-MR - \$1,737 effective 1/1/05

TN No. 05-003

Supersedes

TN No. 04-003

Approval Date MAY 13 2005

Effective Date JAN 1 2005
HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups. Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input checked="" type="checkbox"/>	urban only	435.1007 ^{1/2}		435.1007 ^{1/2}
<input checked="" type="checkbox"/>	urban & rural			
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$

For each additional person, add: \$

^{1/2} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 91-19 Approval Date 1-21-92 Effective Date 10-1-91
 Supersedes _____ Effective Date 11-1-91
 TN No. _____ HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 State: IDAHO

INCOME LEVELS (Continued)

D. MEDICALLY NEEDED

(1) Family Size	(2) Net income level protected for maintenance for _____ months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ^{1/}	(4) Net income level for persons living in rural areas for _____ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ^{1/}
<input type="checkbox"/>	urban only			
<input type="checkbox"/>	urban & rural			
5	\$	\$	\$	\$
6	\$	\$	\$	\$
7	\$	\$	\$	\$
8	\$	\$	\$	\$
9	\$	\$	\$	\$
10	\$	\$	\$	\$
For each additional person, add:				
	\$	\$	\$	\$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 91-19
 Supersedes _____ Approval Date 1-21-92 Effective Date 11-1-91
 TN No. _____ HCFA ID: 7985E 10-1-91

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 2 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

Same as SSI resources levels.

Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____

b. Optional Groups

Same as SSI resources levels.

Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____

TN No. 01-19 Approval Date 1-21-92 Effective Date 10-1-91
Supersedes _____
TN No. 87-4 HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

2. Infants

a. Mandatory Group of Infants

Same as resource levels in the State's approved AFDC plan.

Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____

TN No. 91-19
Supersedes 87-4
Approval Date 1-21-92
Effective Date 10-1-91
~~11-1-91~~

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

4. Aged and Disabled Individuals

Same as SSI resource levels.

More restrictive than SSI levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____

Same as medically needy resource levels (applicable only if State has a medically needy program)

TN No. 91-19
Supersedes _____
TN No. _____

Approval Date 1-21-92

Effective Date 1-1-91
10-1-91

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

Except those specified below under the provisions of section 1902(f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____
For each additional person	_____

TN No. 91-19
Supersedes _____ Approval Date 1-21-92 Effective Date 11-91
TN No. _____ HCFA ID: 7985E 10-1-91

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

SUPPLEMENT 3 TO ATTACHMENT 2.6-A
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

TN No. 85-8
Supersedes
TN No. _____

Approval Date 10-2-85

Effective Date 7-1-85

HCFA ID: 4093E/0002P

Revision: HCFA-AT-85-3 (BERC)
FEBRUARY 1985

SUPPLEMENT 5 TO ATTACHMENT 2.6-A
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

METHODOLOGIES FOR TREATMENT OF RESOURCES
THAT DIFFER FROM THOSE OF THE SSI PROGRAM

An exception to using the SSI methodologies for treatment of income and resources exists where a married aged, blind or disabled person, institutionalized or noninstitutionalized, who does not receive SSI or a state supplement chooses to have the amount of his or her income and resources calculated using the community property provisions of Chapter 9, Title 32, Idaho Code.

TN No. 89-6
Supersedes
TN No. 88-3

Approval Date 15 1989

Effective Date APR 1 1989

HCFA ID: 1038P/0015P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: IDAHO

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

The resource methods used for poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act and poverty level children covered under sections 1902(a)(10)(A)(i)(VI) and 1902(a)(10)(A)(i)(VII) of the Act are:

Countable resources must be five thousand dollars (\$5,000) or less for the child to be eligible. Resources are evaluated using AFDC methods except as noted in subsection a. and b.

- a. Vehicles: One (1) vehicle, regardless of value, is excluded. The family unit may determine which vehicle shall be excluded. In a two (2) parent family, a second (2nd) vehicle, regardless of value, may be excluded. The second (2nd) vehicle must be used for medical transportation, or seeking or retaining employment. The equity value of other vehicles is considered a countable resource.
- b. Retirement Funds: Funds in IRAs or employment related retirement accounts are excluded and not considered against the resource limit.

TN No. 95-014
Supersedes
TN No. 91-19 Approval Date 2-6-96 Effective Date 12-1-95
HCFA ID: 7985E

State: IDAHO

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification) (1)	Administered by		Income Level				Income Disregards Employed (5)
	Federal	State	Gross		Net		
			1 person	Couple	1 person	couple	
(2)	(3)	(4)	(4)	(4)	(4)	(5)	
Aged, Blind, Disabled – Living Independently, Including room and board paid to a parent, child or sibling.		X	\$1,737	\$3,474	\$ 661*	\$ 969*	Income disregards of the SSI program. * Includes \$50 special needs allowance for each person.
Aged, Blind, Disabled – Personal Care Supplement in Residential and Assisted Living Facility and Certified Family Home		X	\$1,737	\$3,474	\$ 554	\$1,108	
Aged, Blind, Disabled – Room and Board		X	\$1,737	\$3,474	\$ 756	\$1,492	
Aged, Blind, Disabled – Semi- Independent Group Residential Facility		X	\$1,737	\$3,474	\$ 756	\$1,492	
Aged, Blind, Disabled – Residential and Assisted Living Facility and Certified Family Home							
Level I		X	\$1,737	\$3,474	\$ 898	\$1,796	
Level II		X	\$1,737	\$3,474	\$ 965	\$1,930	
Level III		X	\$1,737	\$3,474	\$1,032	\$2,064	

TN No. 05-003
 Supersedes
 TN No. 04-003

Approval Date MAY 13 2005

Effective Date JAN 1 2005

HCFA ID: 7985E

STATE: IDAHO

The Medicaid income limits shown on Page 1 of this Supplement are based on budget allowances for specific living situations. The sum of the budget allowances for a client's specific living arrangement is the client's Medicaid income limit. The budget allowances are a Basic Allowance and, for some living situations, a Special Needs Allowance. Both Special Needs Allowances are as paid, up to a maximum (see Page 1.b.). The Special Needs Allowances are standard amounts. These are: a \$17 Guide Dog Food Allowance for a blind client with a guide dog trained by a recognized guide dog school; a \$50 Eating in Restaurants Allowance for a client who is physically unable to prepare his own meals, as verified by a doctor, or a client who is temporarily without cooking facilities. (The income limits shown on Page 1 do not include income limits for HCBS and Nursing Facility/ICF-MR clients.)

The chart on Page 1.b. shows the allowances used to establish the Medicaid income limit for the recognized living arrangement. These limits may be increased by the Guide Dog Food or Restaurant Meals Allowances, as appropriate.

TN No. 98-009
 Supersedes
 TN No. 94002

Approval Date 3/19/99

Effective Date 10/1/98

STATE: IDAHO

Income Limits by Living Situation	
Living Situation	Medicaid Income Limit
Independent: Single Individual Couple	\$611 (\$611 Basic Allowance) \$869 (\$869 Basic Allowance)
Personal Care Supplement in Residential and Assisted Living Facility and Certified Family Home	\$554 (Sec. 501 – Basic Allowance)
Room and Board	\$756 (\$67 Basic Allowance plus \$689 Room and Board Allowance)
Semi-Independent Group Residential Facility	\$756 (\$349 Basic Allowance plus \$407 Semi-Independent Group Residential Facility Allowance)
Residential and Assisted Living Facility (RALF) and Certified Family Home (CFH)	Level I \$898 (\$67 Basic Allowance plus \$831 Care Allowance) Level II \$965 (\$67 Basic Allowance plus \$898 Care Allowance) Level III \$1032 (\$67 Basic Allowance plus \$965 Care Allowance)

TN 05-003
Supersedes
TN 04-003

Approval Date MAY 13 2005

Effective Date JAN 01 2005

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 7 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

TN No. 9119 Approval Date 1-21-92 Effective Date 10-1-91
Supersedes _____
TN No. _____ HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 8 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

TN No. 9F19
Supersedes _____ Approval Date 1-21-92 Effective Date 10-1-91
TN No. _____ 11-1-91

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*

 Section 1902(f) State X Non-Section 1902(f) State

An exception to using AFDC income methods exists under Section 1902(r)(2) of the Act for individuals below age 21 for whom public agencies are assuming full or partial financial responsibility and who are in foster homes or private institutions. In addition to the AFDC income disregards, these individuals shall have up to \$70 disregarded from income.

An exception to using SSI income methods exists under Section 1902(r)(2) of the Act for individuals who are applying for coverage as Qualified Medicare Beneficiaries (QMB), and living with a dependent family member. These individuals have an income disregard equal to the difference between the QMB income level and the Federal Poverty Guideline for the relevant family size, whose number includes the individual, the spouse (if any) and the dependent family member(s). A dependent family member is claimed, or could be claimed, as a dependent on the Federal tax return of the QMB or spouse. The family member must be a minor or dependent child, dependent parent or dependent sibling of the QMB or spouse. The dependent family member must live with the QMB.

*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

98-006
TN No. _____
Supersedes _____ Approval Date 6/18/98 Effective Date 10-1-97
TN No. _____

MAR 24 2000

Revision: HCFA-PM-00-1
February 2000

Supplement 8A to Attachment 2.6-A
ADDENDUM

State Plan Under Title XIX of the Social Security Act

State: IDAHO

LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

X For all eligibility groups not subject to the
limitations on payment explained in section 1903(f) of the Act*: All wages
paid by the Census Bureau for temporary employment related to Census 2000
activities are excluded.

* Less restrictive methods may not result in exceeding gross income
limitations under section 1903(f).

TN No. 06-003

Supersedes _____

Approval Date 6-16-00

Effective Date 1-1-00

TN No. _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State Non-Section 1902(f) State

An exception to using the SSI methodology for treatment of resources exists under Section 1902r(2) of the Act where an aged, blind or disabled individual has excess resources. Such excess resources can be excluded if the individual makes reasonable efforts to sell the resources at their current market value. For personal property, the exclusion is limited to 3 months with one 3-month extension in the case of excess personal property. For real property, the exclusion extends for so long as the individual continues to make reasonable efforts to sell. This methodology is procedurally the same as the SSI conditional eligibility payments provisions in SSI POMS SI01130.140 and SI01150.200. This exception includes the exclusion of excess real property which cannot be sold without undue hardship to a joint owner as provided in SSI POMS SI01130.130.

An exception to using the SSI methodology for treatment of the principal balance of an income-producing sales contract exists under Section 1902r(2) of the Act for aged, blind and disabled individuals in a nursing facility or an intermediate care facility for the mentally retarded and for individuals receiving Medicaid under a home and community-based service waiver. The principal balance of an income producing sales contract is an excluded resource for such individuals.

An exception to using the AFDC resource methods exists under Section 1902r(2) of the Act for individuals below age 21 for whom public agencies are assuming full or partial financial responsibility and who are in foster homes or in private institutions. In addition to the AFDC program exclusions, these individuals may have an additional amount up to \$5,000 excluded from resources if the money is held in trust for the individual.

The resource methods used for poverty level pregnant women covered under Section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act are:

Countable resources must be five thousand dollars (\$5,000) or less for the pregnant woman to be eligible. Resources are evaluated using SSI methods except as noted in subsection a. and b.

- a. Vehicles: One (1) vehicle, regardless of value, is excluded. The family unit may determine which vehicle shall be excluded. In a two (2) parent family, a second (2nd) vehicle, regardless of value, may be excluded. The second (2nd) vehicle must be used for medical transportation, or seeking or retaining employment. The equity value of other vehicles is considered a countable resource.
- b. Retirement Funds: Funds in IRAs or employment related retirement accounts are excluded and not considered against the resource limit.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Idaho

METHODOLOGIES FOR TREATMENT OF INCOME AND RESOURCES
THAT DIFFER FROM THOSE OF THE SSI PROGRAM

An exception to using the SSI methodologies for treatment of income and resources exists where a married aged, blind or disabled person, institutionalized or not institutionalized, who does not receive SSI or a state supplement chooses to have the amount of his or her income and resources calculated using the community property provisions of Chapter 9, Title 32, Idaho Code.

Approved April 1, 1989, in SPA 88-3 as Supplement 5 to Attachment 2.6-A.

*More liberal income methods may not result in exceeding gross income limitations under section 1903(f).

TN No. 94-017
Supersedes
TN No.

Approval Date 2-3-95

Effective Date 10-1-94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

TRANSFER OF RESOURCES

1902(f) and 1917
of the Act

A. The State plan provides for a period of ineligibility for nursing facility services and for a level of care in a medical institution equivalent to that of nursing facility services and for services under section 1915(c) of the Act in the case of an institutionalized individual who, or whose spouse at any time during or after the 30-month period immediately before the date the individual becomes an institutionalized individual (if the individual is entitled to medical assistance under the State plan on that date) or, if the individual is not so entitled, the date the individual applies for such assistance while an institutionalized individual disposed of resources for less than fair market value.

B. The period of eligibility shall begin with the month in which such resources were transferred and the number of months in such period shall be equal to the lesser of--

- Thirty (30) months, or
- the total uncompensated value of the resources so transferred, divided by

 X The average cost, to a private patient at the time of application, of nursing facility services in the State.

 The average cost, to a private patient at the time of application, of nursing facility services in the community.

TN No. 91-11
Supersedes
TN No. 85-6

Approval Date 7-5-91

Effective Date 4-1-91

HCFA ID: 4093E/0002P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

- C. An individual shall not be ineligible for medical assistance by reason of disposal of resources for fair market value to the extent that:
- a. the resources transferred were a home and title to the home was transferred to--
 - (1) the spouse of such individual;
 - (2) the child of such individual who is under age 21, or is blind or permanently and totally disabled;
 - (3) a sibling of such individual who has an equity interest in such home and who was residing in such individual's home for a period of at least one year immediately before the date the individual becomes an institutionalized individual; or
 - (4) a son or daughter of such individual, other than a child described in (2), above, who was residing in the individual's home for a period of at least two years immediately before the date the individual becomes an institutionalized individual, and who provided care to such individual which permitted the individual to reside at home rather than in such an institution or facility.
 - b. The resources were transferred to or from (or to another for the benefit of) the individual's spouse, or to the individual's child described in a.(2), above;

TN No. 91-11
Supersedes
TN No. 85-6

Approval Date 7-5-91

Effective Date 4-1-91

HCFA ID: 4093E/0002P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

- c. A satisfactory showing is made to the State that the individual intended to dispose of the resources at fair market value, or for other valuable consideration, or the resources were transferred exclusively for a purpose other than to qualify for medical assistance; or
- d. The State determines that denial of eligibility would work an undue hardship.

TN No. 91-11
Supersedes
TN No. 85-4

Approval Date 7-5-91

Effective Date 4-1-91

HCFA ID: 4093E/0002P

Revision: HCFA-AT-85-3 (BERC)
FEBRUARY 1985

SUPPLEMENT 9 TO ATTACHMENT 2.6-A
Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

- b. Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

TN No. 85-6
Supersedes
TN No. _____

Approval Date 9-20-85

Effective Date 4-1-85

HCFA ID: 4093E/0002P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

No individual is ineligible by reason of item
A.2 if--

- i. A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;
- ii. Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;
- iii. A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or
- iv. The agency determines that denial of eligibility would work an undue hardship.

TN No. 85-6
Supersedes
TN No. _____

Approval Date 9-20-85

Effective Date 4-1-85

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

3. 1902(f) States

Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:

B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

1. If the uncompensated value of the transfer is \$12,000 or less:

The period of ineligibility begins on the date of transfer and ends when incurred medical costs equal the uncompensated value or in twenty-four months, whichever is earlier.

2. If the uncompensated value of the transfer is more than \$12,000:

The period of ineligibility begins as on the date of transfer and ends when incurred medical costs equal the uncompensated value.

TN No. 85-6
Supersedes
TN No. _____

Approval Date 9-20-85

Effective Date 4-1-85

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):

N/A

4. Other procedures:

N/A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

TRANSFER OF ASSETS

1917(c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency withholds payment to institutionalized individuals for the following services:

Payments based on a level of care in a nursing facility;

Payments based on a nursing facility level of care in a medical institution;

Home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

— The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled and elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

— The following other long-term care services for which medical assistance is otherwise under the agency plan:

State: IDAHO

TRANSFER OF ASSETS

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is:
- the first day of the month in which the asset was transferred;
- the first day of the month following the month of transfer.
4. Penalty Period - Institutionalized Individuals--
In determining the penalty for an institutionalized individual, the agency uses:
- the average monthly cost to a private patient of nursing facility services in the agency;
- the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.
5. Penalty Period - Non-institutionalized Individuals--
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;
- imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

State: IDAHO

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care--
- a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:
- does not impose a penalty;
- imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.
- b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:
- does not impose a penalty;
- imposes a series of penalties, each for less than a full month.
7. Transfers made so that penalty periods would overlap--
The agency:
- totals the value of all assets transferred to produce a single penalty period;
- calculates the individual penalty periods and imposes them sequentially.
8. Transfers made so that penalty periods would not overlap--
The agency:
- assigns each transfer its own penalty period;
- uses the method outlined below:

State: IDAHO

TRANSFER OF ASSETS

9. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

- (a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

The penalty period is apportioned equally between the eligible individual and the eligible spouse.

- (b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

10. Treatment of income as an asset--

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

For transfers of individual income payments, the agency will impose partial month penalty periods.

For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.

The agency uses an alternate method to calculate penalty periods, as described below:

State: IDAHO

TRANSFER OF ASSETS

11. Imposition of a penalty would work an undue hardship--
The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determinations:

The individual is notified in writing at least ten days prior to the imposition of an asset transfer penalty. The notice includes the individual's right to request a hearing and the right to request a hardship exemption within 10 days of the date of the notice. The individual's request for consideration of a hardship exemption must be in writing and must be received by the agency prior to the expiration of the 10 day notice period. If a hardship exemption is requested, the agency makes its decision within 30 days of the date of the individual's written request. The agency provides written notice of its decision. The notice includes the individual's right to appeal.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

Undue hardship exists if:

The individual proves he is not able to pay for his nursing facility services or his HCBS services any other way and assigns his rights to recover the asset to the State of Idaho. The individual proves he did not knowingly transfer the asset and assigns his rights to recover the asset to the State of Idaho. The individual is an HCBS client who proves he would be deprived of food, clothing or shelter if all income transferred into a pension trust is protected from being used for costs other than payment toward the cost of care and assigns all rights to recover the asset to the State of Idaho.

TN No. 95-011

Supersedes _____

TN No. _____

Approval Date

10-30-95

Effective Date

7-1-95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

The agency does not apply the trust provisions in any case in which the agency determines that such application could work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

The individual is an HCBS client who proves he would be deprived of food, clothing or shelter if all income transferred into a pension trust is protected from being used for costs other than payment toward the cost of care and assigns all rights to recover the asset to the State of Idaho.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is \$ none. No maximum value assigned. The trust is exempt from trust treatment unless funds are payable for any other purpose. The trust can provide that funds not used for burial can go to the estate or to the Idaho Medicaid program.

TN No. 98-009

Supersedes

Approval Date 3/19/99

Effective Date 10-1-99

TN No. ~~97-11~~
95-011

Revision: HCFA-PM-91-8 (MB)
October 1991

SUPPLEMENT 11 TO ATTACHMENT 2.6-A
Page 1
OMB No.:

State/Territory: IDAHO

Citation

Condition or Requirement

**COST EFFECTIVENESS METHODOLOGY FOR
COBRA CONTINUATION BENEFICIARIES**

1902(u) of the
Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:

- The methodology as described in SMM section 3598.
- Another cost-effective methodology as described below.

TN No. 91-22

Supersedes

Approval Date 1-23-92

Effective Date 1-1-91

TN No. _____

HCFA ID: 7985E

SUPPLEMENT 11 TO ATTACHMENT 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

METHODOLOGIES FOR TREATMENT OF INCOME AND
RESOURCES THAT DIFFER FROM THOSE OF THE SSI PROGRAM

An exception to using the SSI methodologies for treatment of income and resources exists where a married aged, blind or disabled person, institutionalized or not institutionalized, who does not receive SSI or a state supplement chooses to have the amount of his or her income and resources calculated using the community property provisions of Chapter 9, Title 32, Idaho code.

Approved April 1, 1989, in SPA 88-3 as Supplement 5 to Attachment 2.6-A

TN No. 92-1
Supersedes
TN No. 90-17

Approval Date 4-29-92

Effective Date 4-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Idaho

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

The following individuals are entitled to additional personal needs allowances, as applicable:

Persons with earned income. The personal needs allowance is increased by \$200 or the amount of their earned income, whichever is less. These individuals need a greater personal needs allowance to offset their costs incurred in earning income.

Persons with taxes mandatorily withheld from unearned income for income tax purposes before the individual receives the income. These individuals need a greater personal needs allowance to offset their mandatory income taxes.

Persons with a court-ordered guardian. The personal needs allowance is increased by guardianship fees not to exceed 10% of the monthly benefit handled by the guardian, or \$25, whichever is less. Where the guardian and the trustee are the same individual, the total deduction for guardian and trust fees must not exceed \$25. The individuals need a greater personal needs allowance to offset their guardian fees.

Persons with a trust. The personal needs allowance is increased by trust fees, not to exceed \$25 paid to the trustee for administering the individual's trust. These individuals need a greater personal needs allowance to offset their trust fees.

Blind or disabled employed persons with impairment-related work expenses. Impairment-related work expenses are purchased or rented items and services, purchased or rented to perform work. The items must be needed because of the participant's impairment. The actual monthly expense of the impairment-related items is deducted. Expenses must not be averaged. These individuals need a greater personal needs allowance to offset their impairment-related work expenses.

Income garnished for child support. Income garnished for child support if not already deductible from income under §1924(d)(1) of the Social Security Act for children living with the community spouse; under 42 CFR 435.725(c)(3), and 435.832(c)(3) for children living in the individual's home with no community spouse living in the home; and under 42 CFR 435.726(c)(3) and 435.735(c)(3) for children of individuals receiving home and community-based services furnished under a waiver.

TN# 99-006 Approval Date: 12-15-99
Supersedes
TN# 98-003 Effective Date: 8-1-99

Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

TN No. 99006
Supersedes
TN No. 98-003

Approval Date 12-15-99

Effective Date 8-1-99

MAR 24 2000

Revision: HCFA-PM-00-1 Supplement 12 to Attachment 2.6-A
February 2000 ADDENDUM

State Plan Under Title XIX of the Social Security Act

State: IDAHO

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

X The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

Temporary census income is counted as unearned income.

TN No. 00-003
Supersedes Approval Date 6-16-00 Effective Date 1-1-00
TN No.

Citation

Condition or Requirement

Section 1924 Provisions

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with S1924.
- B. In the determination of resource eligibility, the State resource standard is the maximum resource allowance permissible under section 1924 of the social security act. The Standard is:

Maximum: \$95,100

Minimum: \$19,020

The maximum monthly maintenance need allowance is \$2,377.50.

- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Undue hardship exists where the institutionalized spouse, the community spouse, or the representative of either spouse is able to demonstrate to the satisfaction of the State Agency that the county is not obligated to pay the medical care needs of the institutionalized spouse and that the medical care needs of the institutionalized spouse cannot be met other than by the Idaho Medicaid Program.

TN No. 05-003

Supersedes

TN No. 04-003

Approval Date MAY 13 2005

Effective Date JAN 1 2005

HCFA I D:1038/0015P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: IDAHO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

INCOME AND RESOURCE REQUIREMENTS FOR TUBERCULOSIS (TB)
INFECTED INDIVIDUALS

For TB infected individuals under §1902(z)(1) of the Act, the income and resource eligibility levels are as follows:

TN No. 96-001
Supersedes 92-2 Approval Date 5-17-96 Effective Date 1-1-96
TN No. 92-2

SUPPLEMENT 16 TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: IDAHO

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

Pregnant women with no other eligible children.

AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications.

The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

1. When determining countable resources, the cash value of life insurance policies will be disregarded.

TN No. 99-015

Supersedes

TN No. 99-14

Approval Date 12-22-99 Effective Date 1-1-99

SUPPLEMENT 16 TO ATTACHMENT 2.6-A
Page 2

2. When determining countable resources, the total value of one vehicle will be disregarded. The total value of a second vehicle will be disregarded for two-parent families when the vehicle is used for seeking or retaining work or for medical transportation. The equity value of all additional vehicles will be counted.
- ~~3. When determining countable income, an average of income from the application month and the prior three months will be used. If ineligibility results using a four month average, income from the past twelve months will be averaged when it reflects current income. When an average of past income does not reflect current income, monthly income will be projected based on the family's current situation. Allowable income disregards provided for in the AFDC State Plan will continue to be applied.~~
4. All in-kind income will be disregarded.
5. Either 50% of gross self-employment income or allowable self-employment expenses provided for in the AFDC State Plan (whichever is greater) will be used to determine countable self-employment income.
6. All JTPA income belonging to a child will be disregarded.
7. All earned income, belonging to a child will be disregarded.
8. All TANF diversion income will be disregarded.
9. Section 402(a)(41) and various provisions at 45 CFR 233.101 (a)(1) and (c)(i)(iii) as in effect prior to the implementation of the Temporary Assistance to Needy Families Program: AFDC-Unemployed/Underemployed Parent (UP) Requirements to allow the State to eliminate the 100 hour rule requirement for the primary wage earner in a two-parent household.
10. TANF benefit payments are in excess of previous AFDC payments for a one and two person household. Therefore, \$100 of Temporary Assistance for Families in Idaho (TANF) income is disregarded for one and two person families applying for or receiving Temporary Assistance for Families in Idaho.

TN No. 99-015
Supersedes
TN No. 97-016

Approval Date 12-22-00 Effective Date 11-1-99

SUPPLEMENT 16 TO ATTACHMENT 2.6-A
Page 3

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

1. The cash value of life insurance policies was counted as a resource.
2. When determining countable resources, the equity value of one vehicle up to \$1,500 was disregarded.
3. When determining countable income, the income for the application month was considered.
4. All in-kind income was counted.
5. Countable self-employment income was computed by subtracting allowable self-employment expenses.
6. A child's JTPA income was counted for six months each year.
7. A child's earned income was disregarded if the child was enrolled in school full time.
8. All TANF diversion income was counted.

The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

The agency continues to apply the following waivers of provisions of Part A of title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

TN No. 99-015
Supercedes
TN No. —

Approval Date 12-22-00 Effective Date 11-1-99