

Medicaid and You



A Guide to Idaho Medicaid Services



IDAHO DEPARTMENT OF
HEALTH & WELFARE



Important Numbers

My Medicaid Number (printed on your Medicaid card)

My Health and Welfare worker's name:

My Doctor's name:

My Doctor's number:

My Pharmacy's name:

My Pharmacy's number:

My Healthy Connections contact's name:

My Healthy Connections contact's number:

Idaho CareLine: Dial 211 or 800-926-2588

What is Medicaid?

Medicaid is a program that uses state and federal money to help people who can't afford medical services. You will need to meet certain income and other requirements to be eligible for Medicaid.

If eligible, your Medicaid card will come in the mail. Show your card to your doctor, dentist, pharmacist, or at the hospital or clinic when you go for Medicaid covered services. Some providers may not accept Idaho Medicaid as payment for services. Be sure you ask if they accept Idaho Medicaid *before* getting medical services.

If you want more information about Medicaid rules and changes, the most current information is in the official text of the Department of Health and Welfare rules published in the *Idaho Administrative Code* and changes are in the *Idaho Administrative Bulletin*. You can find these publications at your local county clerk's office, college libraries, and the Idaho Supreme Court Library, or on the internet at <http://www2.state.id.us/adm/adminrules>.

About this Handbook...

This handbook will help you understand how the Idaho Medicaid program works and how the program can help you and your family. Every state has a Medicaid program. This handbook explains how Medicaid works in Idaho.

Medicaid's health programs can help you take responsibility for your health. To get the best help, please follow the guidelines listed in this booklet, use Medicaid services wisely, and lead a healthy lifestyle. Educating yourself about good health choices can make a positive difference in your life.

Write down the names and numbers of your Health and Welfare worker, your doctor, and your pharmacy on the inside front cover of this handbook, so that you'll have them when you need them!

If you have questions about Medicaid programs, you can get answers by calling the phone numbers listed in this booklet.

These symbols will help you find information in this booklet.



Look for this telephone to find phone numbers you can call for more information about Medicaid.



Look for this light bulb to find ideas and helpful hints about applying for Medicaid and using Medicaid services.

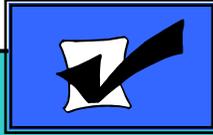


Look for this checkmark for information that is important for you to know.



Look for this symbol to tell you there is a publication you can request to get more information.

Medicaid or Medicare What's the Difference?



People sometimes confuse **Medicaid** and **Medicare**—
they are not the same.

Medicaid

Medicaid is a state program you can qualify for if your income is low and you match one of these descriptions:

- You are pregnant.
- You are a child or a teenager.
- You are 65 or older.
- You are blind.
- You are disabled.
- You need nursing home care.

If you or someone in your family needs health care, you should apply for **Medicaid** even if you aren't sure you qualify. Some income and resources don't count against you. For an example, owning your home may not stop you from getting **Medicaid**.

Medicare

Medicare is a federal program that provides health coverage if you match one of these descriptions:

- You are 65 or older.
- You are any age and have kidney failure or a long-term kidney disease.
- You are permanently disabled and can't work.

Some people qualify for both **Medicaid** and **Medicare**. If you qualify for both you will receive all of the medical services covered by **Medicaid** even if

Medicare doesn't cover the services.

Some people who don't qualify for **Medicaid** will qualify for programs where **Medicaid** may help pay for **Medicare** costs including:

- Monthly **Medicare** premiums.
- Co-insurance.
- Deductibles.



For more information about **Medicare**, call (800) 772-1213 to find your local Social Security Office.

For more information on **Medicaid** call your local Health and Welfare offices. For phone numbers look on pages 35-36.

CHIP

Children's Health Insurance Program

What is CHIP A?

CHIP A is a program that provides Medicaid Health coverage for Idaho's children, at **no cost** to families that qualify. Children have the same benefits as Medicaid. For this program you can apply any time.

What is CHIP B?

CHIP B is **low cost** medical coverage for children who don't qualify for Medicaid or CHIP A. You pay a \$15 monthly premium each child. The benefits are different than CHIP A.

What is the Access Card?

The Department of Health and Welfare pays up to \$100 per child each month or up to a maximum of \$300 per family each month. You can buy an employer sponsored or an individual health insurance plan. You will pay the co-payments and the deductibles for the health plan you choose.

For CHIP B and the Access Card the Department of Health and Welfare will announce periodic open enrollment times when you can apply. You can **only** apply for these programs during open enrollment times.

For information on income guidelines, CHIP B benefits and enrollment times, visit the website at www.idahohealth.org (click CHIP.)



For up-to-date information check the website at www.idahohealth.org and click on CHIP.



For more information ask for publication HW0260 Children's Health Insurance Program by calling the Idaho CareLine at 211 or (800) 926-2588

How Can You Apply for Medicaid?

You can apply for Medicaid by:

- Going in person to the local Health and Welfare office.
- calling your local Health and Welfare office or the Idaho CareLine, or
- downloading an application at:
www2.state.id.us/dhw/welfare/app-1.pdf.



See local Health and Welfare phone numbers listed on pages 32-33. Call the Idaho CareLine by dialing 211 or 800-926-2588.

You can submit your application by faxing or mailing your application to the local office. The addresses are on pages 35-36.



- You may ask for an application in either English or Spanish.
- You may ask for translation services in any language. The service is free.
- You may have a friend or a relative help you apply.
- Parents and guardians may apply for their children.

You and your family may also be eligible for other types of assistance:

- Food stamps.
- Temporary Assistance for Families in Idaho (TAFI) - cash assistance.
- Aid to the Aged, Blind, and Disabled (AABD) - cash assistance.
- Idaho Child Care Program (ICCP) - child care assistance.

You can apply for these programs with the same application you used to apply for Medicaid.

You will get a letter telling you if you are eligible for Medicaid within 45 days from the date you apply.

Your card will come about two weeks after you get your eligibility letter.



Let your caseworker know about any unpaid medical bills from the last 3 months. It's possible that Medicaid will help pay for some of them.



For more information ask for publication HW-0226 'Benefits for Working Families' and 'Idaho Child Care Program helping low-income families pay for child care' by calling the Idaho CareLine at 211 or 800-926-2588

Other Medical Insurance

If you have Medicare, Blue Cross, Blue Shield, or any other medical insurance you must tell your Health and Welfare worker. Your other insurance must pay before Medicaid will pay.



If your primary insurance ends or changes call PCG (Public Consulting Group) at (208) 375-1132 to report the change. PCG has no control over your benefits. For information about benefits call your local Health and Welfare office. For phone numbers see pages 35-36.

If Medicaid pays a bill and you get money from your other insurance, you must give the money to Medicaid. You are responsible for helping Medicaid collect money from another insurance plan or a responsible person such as a non-custodial parent.

HIPP (Health Insurance Premium Program) - If you have Medicaid and have other health insurance available such as your employer has group coverage you can buy; ask your Health and Welfare worker about HIPP. If you or your children qualify, the Department of Health and Welfare will pay the premiums, deductibles, and co-pays for your other insurance.



For more information about HIPP (Health Insurance Premium Program) call the Idaho CareLine by dialing 211 or 800-926-2588 and ask for HW0901B.



What is Healthy Connections?

Healthy Connections is the managed care program for Idaho Medicaid. Most people who are eligible for Medicaid must enroll in the Healthy Connections program.

Healthy Connections:

- Helps you get the health care services you need.
- Links you with one doctor.
- Helps limit the rising cost of the Idaho Medicaid program.

What happens when you join Healthy Connections:

- If you already have a doctor you may continue to go to that doctor.
- If you don't have a doctor you will choose a Healthy Connections doctor.
- If you don't choose one, Healthy Connections will match you and your children with a doctor in your community.
- You may choose to have a different Healthy Connections doctor for each family member.
- Your Healthy Connections doctor will provide all of your primary health care needs and refer you to a specialist when necessary or to the hospital if needed.
- You can change your doctor by calling your local Healthy Connections contact by the 20th of the month. The change will be effective the first of the next month.



You will find the phone numbers for your local Healthy Connections contact at the end of this section, on pages 13.

Call:

- If you need help in choosing a doctor.
- If you have questions about the program.
- If you want to change doctors.
- If you are moving to a new area, you must call before you move otherwise you may not be able to use your card in the new area. Your Healthy Connections contact will help you find a new doctor and change your Healthy Connections doctor so you will not need a referral.



You will get a letter in the mail confirming your enrollment with Healthy Connections. Please read it carefully and if you have questions call your Healthy Connections contact.

When you enroll in Healthy Connections remember:

- You won't get a new card - you will use your Medicaid card.
- Talk with your Healthy Connections doctor before going to another doctor or getting other medical services.
- Your Healthy Connections doctor will need to make a referral for you to go to other health care services.
- You must have a referral before you go to a doctor who isn't your Healthy Connections doctor or you may be responsible for paying the bill.
- You can call your Healthy Connections doctor anytime of the day or night or on holidays if you need medical advice or have an emergency.
- You don't need a referral from your Healthy Connections doctor for
 - Dental care
 - Vision care
 - Emergency room
 - Childhood immunization
 - Chiropractic care
 - Family planning at District Health or other agencies
 - Flu shots
 - Hearing test, screening

- Indian Health Clinic
- Personal care services
- Podiatry (foot care) in podiatrist's office
- School-based services
- Screening mammograms
- Tests for sexually transmitted diseases
- Transportation



Be a good Patient:

- When you make an appointment with any doctor who bills Medicaid tell them you are on Healthy Connections.
- Show your Medicaid card at every appointment.
- Be on time to your appointments.
- Follow your treatment plan.
- Cancel your appointment at least 24 hours in advance when possible. If your doctor has a policy to charge for a missed appointment, the doctor may charge you. Medicaid **doesn't** pay for missed appointments.
- Call in advance for an appointment; you might not get an appointment the same day you call.

Healthy Connections Grievance Procedure

If you have concerns with the Healthy Connections program please follow these steps to resolve your problem:

Step 1: Call your local Healthy Connections Contact to discuss your problem. The next page has a list of phone numbers for your area.

Step 2: If your Healthy Connections Contact is unable to help you to your satisfaction, you have the right to file a grievance. Ask your Healthy Connections Contact to help you with the grievance process or write a letter stating your grievance and send to the address in your area. You will get a written answer back within 30 days.

Step 3: If you are still not satisfied, you have the right to request a hearing. You don't need Healthy Connections Contact to request a hearing for you.

To request a hearing send your issue to:

Idaho Department of Health and Welfare Administrative Procedures Section PO Box 83720 Boise, ID 83720-0036 or Fax (208) 332-7347
--



Call your local Healthy Connections Contact for more information

Boise Region

Ada/Boise/Elmore/Valley counties

1720 Westgate, Suite A

Boise, ID 83704

(208) 334-4676 or (800) 345-2574

Caldwell/Nampa Region

Adams/Canyon/Gem/Owyhee/Payette/Washington counties

3402 Franklin Rd

Caldwell, ID 83606-6932

(208) 455-7163 or (800) 494-4133

Coeur d'Alene Region

Benewah/Bonner/Boundary/Kootenai/Shoshone counties

1120 Ironwood, Suite 102

Coeur d'Alene, ID 83814

(208) 666-6766 or (800) 299-6766

Idaho Falls Region

Bonneville/Butte/Clark/Custer/Fremont/Jefferson/Lemhi/Madison/Teton counties

150 Shoup St., Suite 20

Idaho Falls, ID 83402

(208) 528-5786 or (800) 919-9945

Lewiston/Moscow Region

Clearwater/Idaho/Latah/Lewis/Nez Perce counties

1118 F St.

Lewiston, ID 83501

(208) 799-5088 or (800) 799-5088

Pocatello Region

Bannock/Bear Lake/Bingham/Caribou/Franklin/Oneida/Power counties

1090 Hiline, Suite 260

Pocatello, ID 83205

(208) 239-6260 or (800) 284-7857

Twin Falls/Burley Region

Blaine/Camas/Cassia/Gooding/Jerome/Lincoln/Minidoka/Twin Falls counties

601 Poleline Rd

Twin Falls, ID 83301

(208) 736-4793 or (800) 897-4929

Healthy Connections Spanish Line (statewide)

Boise, Coeur d'Alene, Lewiston, Pocatello, Twin Falls

(800) 862-2147 or (800) 494-4133

Caldwell/Nampa and Idaho Falls Regions

Call the number listed above for their specific area.

When You Should Go to the Emergency Room (ER)

You should call your doctor for advice if you or your child gets sick or injured. However, if you believe the situation is an emergency and you need help right away go to the ER.

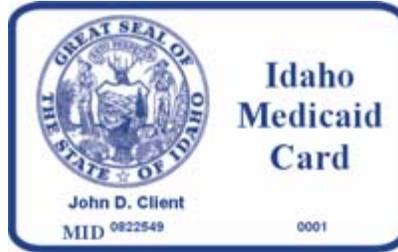


The American College of Emergency Physicians says to use these warning signs of an emergency to decide if you should go to the ER:

- ◆ Difficulty breathing or shortness of breath
- ◆ Chest or upper abdominal pain or pressure
- ◆ Fainting
- ◆ Sudden dizziness
- ◆ Weakness or change in vision
- ◆ Confusion or change in mental status
- ◆ Sudden severe pain
- ◆ Bleeding that won't stop
- ◆ Vomiting or diarrhea that is severe or won't stop
- ◆ Coughing up or vomiting blood
- ◆ Suicidal or homicidal feelings

Your Medicaid Card

Once you're eligible for Medicaid, you'll receive a permanent plastic Medicaid card.

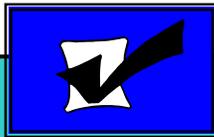


Your card will come in the mail. It is important that you call your local Health and Welfare office if you don't receive your card within 14 days after you get the letter telling you that you are eligible.



If you lose or break your card, call your local Health and Welfare office. You will find the phone number on pages 35-36.

Make Your Medicaid Card Work for You!



Remember ... your **CARD** is permanent.
Don't throw it away—keep it!

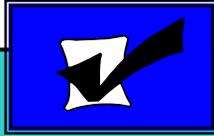
Keep your card in your purse or wallet so that you'll have it with you to show to your doctor, dentist, or pharmacy.

Always show your Medicaid card and ask before you get medical services if the provider will accept your Idaho Medicaid card as payment. Ask even when your provider refers you to a specialist. **Not all providers accept Idaho Medicaid.**



If a doctor or medical service reports you to a collection agency or if you get a bill that you think Medicaid should pay, call the EDS Medicaid Client Line at (888) 239-8463 for help.

Medicaid Fraud, Abuse, and Misuse



Everyone in your family who is eligible for Medicaid will get their own card with their name listed on the card. It is against the law for anyone else to use the card.

If you knowingly break Medicaid rules, you could lose your Medicaid coverage. Medicaid can also prosecute you and you may have to pay for the Medicaid benefits you received but were not entitled to.

If you think someone who is getting assistance from the state is abusing the programs or you think a provider is improperly billing for services they haven't provided, you should report this to Medicaid.



Call (208) 334-2020 or call the toll-free Medicaid fraud and abuse hot line at (866) 635-7515.

Prior Authorizations

Prior authorization means you or your provider must get approval from Medicaid before you get the service or you may have to pay the bill.

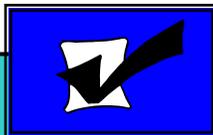
Many times your doctor, healthcare provider, or pharmacist will request prior authorization for you. You may have to request prior authorization for yourself or your family for other services like transportation.

You will need to get prior authorization for the following list of services.

- Transportation for non-emergency medical
- Service Coordination (Case Management)
- Medical Equipment and Supplies
- Home and Community-Based Waiver Services
- Certain inpatient and outpatient hospitalizations or medical procedures
- Certain vision services
- Certain dental services
- Personal care services
- Psychosocial Rehabilitation services for the mentally ill
- Private duty nursing
- Physical therapy —for more than 25 visits a year
- Certain medicines and most brand name drugs when generics are available
- Intensive behavioral intervention
- Developmental disability agency services



There may be other services not listed that need prior authorization. Your Medicaid doctor or healthcare provider usually knows when you need prior authorization. If you have questions about what services need prior authorization, call (888) 239-8463.



If a service requires prior authorization, you must get it from Medicaid **before** getting the service.

What Does Medicaid Cover?

It's always a good idea to ask your doctor or pharmacist if Medicaid covers the specific service or item you need. There are some limits to these services, and some may require you or your doctor to get prior authorization from Medicaid first.

Medicaid covers the following services:

Braces and Artificial Limb

- To replace portions of the body that are weak or missing
- Special shoes or inserts for diabetics

Case Management Services (Service Coordination)

- See Service Coordination

Chiropractic Services

- Limited to 24 manipulations during the calendar year
 - Doesn't pay for x-rays taken by a chiropractor

Counseling Services

- See mental health sections

Dental Services

- Preventative dental care, fillings, and dentures
- Orthodontics, if you get a prior authorization

Developmental Disability Services

To apply for services contract your local Regional Medicaid Services program. You will find the phone numbers and addresses on page 32.

- Developmental therapy, physical therapy, speech therapy, occupational therapy, psychotherapy, and intensive behavioral interventions
 - See restrictions listed under Therapy, page 25.
- Service Coordination (Case Manager)
 - See service coordination section

- Waiver Services - you may be eligible for additional services through a waiver program if you are:
 - 18 years old or older and
 - have a developmental disability serious enough to require placement in an intermediate care facility for individuals with mental retardation often called an ICF-MR.

For more information ask for publication #HW-0770 Home and Community-



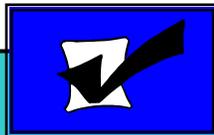
Based Waiver Services for Adults with Developmental Disabilities by calling the Idaho CareLine at 211 or (800) 926-2588.

Doctor and Nurse Office Visits

- Exams or treatment by a doctor, physician assistant, nurse practitioner.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Checks - Well Child Health

- Special screenings, preventive care, and medical services beyond what Medicaid normally covers for children under the age of 21.
- You will receive letters to remind you to schedule well-child checks for your child.



If you have already scheduled an appointment, you don't need to schedule another one. It's important to take your child for a well child check-up even if your child is not sick.



For more information ask for EPSDT Early and Periodic Screening Diagnosis and Treatment for babies, children & youth up to age 21 by calling the Idaho CareLine at 211 or (800) 926-2588.

Family Planning and Related Services

- PAP test performed during family planning.

- Family planning, counseling, prescription, and supplies to prevent pregnancy.
- See section on sterilization
 - **Doesn't** pay for contraceptives if available through your local District Health Department free of charge.
 - **Doesn't** pay for genetic testing or fertility services.

Home Health Services

- Ordered by a doctor who is a certified Medicaid provider.
 - Limited to 100 visits a calendar year including all visits such as skilled nursing, aide visits, occupational therapy, and physical therapy.

Hospice Care

- In home care for the terminally ill with six months or less to live.

Hospital Inpatient Services

- Semi-private room, drugs, lab tests, and other services when you are in the hospital.
 - You must have prior authorization.



You or your doctor needs to get prior authorization for inpatient hospital stays from Medicaid's Quality Improvement Organization (QIO). Call (800) 783-9207.



It is best to call your doctor and not use the emergency room for routine medical care.

Immunizations

- Provided in a doctor's office, a free clinic, or through your local District Health Department.



Call the Idaho CareLine by dialing 211 or (800) 926-2588 for locations nearest you.

Medical Equipment and Supplies

- Prescribed by a doctor. The doctor must:
 - Report your medical problem or diagnosis.
 - State the reason it meets your medical need.
 - Estimate how long you will need the equipment or supplies.
 - Document the amount of medical supplies you will use and give a full description of any equipment you need.

Mental Health Services

- Psychotherapy and other mental health services provided by a doctor, a mental health clinic, or a psychosocial rehabilitation agency approved by Medicaid.
 - Outpatient psychotherapy for adults is limited to 45 hours of individual, family, and group therapy in a calendar year.
 - Diagnostic and evaluation services are limited to 12 hours per calendar year in a clinic.
 - Diagnostic and evaluation services are limited to 6 hours per calendar year in a psychosocial rehabilitation agency.
- Substance abuse detoxification and rehabilitation services provided in a hospital.
 - **Doesn't pay** for *inpatient substance abuse* treatment provided in a residential treatment facility.
 - **Doesn't pay** for *inpatient psychiatric treatment* provided in a residential treatment facility.
- Service Coordination
 - See service coordination section

Nursing Homes

- If your doctor says that you need to be in a nursing home and Medicaid finds that you need nursing home level of care.

Personal Care Services (PCS)

- Services provided in your home

- May help with basic care, grooming, medications, light housekeeping, cooking, grocery shopping and transportation.
 - You are limited to 16 hours a week.
 - If your medical condition requires more than 16 hours a week you may be eligible for one of the Home and Community Based Waivers. For details call your local Regional Medicaid Services office see pages 38-39 or the phone number.
- Service Coordination
 - See service coordination section



For more information ask for HW-0770 Home and Community-Based Waiver Services for Adults with Developmental Disabilities by calling the Idaho CareLine by dialing 211 or (800) 926-2588.

Podiatry

- Care of your feet and ankles, limited to severe conditions from your mid-calf down.
 - **Doesn't** pay for routine treatment of your corns, warts, toenails, etc.

Pregnancy Related Services

- Prenatal, delivery, and postpartum services provided by a doctor or a RN Certified Nurse Midwife.
- If you are eligible under PWC (Pregnant Women and Children's Program) Medicaid will pay **only** for your pregnancy and for services related to your pregnancy 60 days after your pregnancy ends.



For more information ask for publication HW-1013 Help for Pregnant Women, Mothers and Children by call the Idaho CareLine at 211 or (800) 926-2588.

Prescription Drugs

- Medicines prescribed by an authorized provider
 - Some types of medicines and some brand-name drugs require prior authorization. Your pharmacist or provider will know what

medicines need prior authorization and will submit the request for you.

- Medicaid will also cover some non-prescription items if your doctor orders them:
 - Disposable insulin syringes and needles.
 - Nix (shampoo treatment for head lice).
 - Most iron tablets.
 - Prenatal vitamins.

Service Coordination

If you qualify for service coordination you will have a service coordinator help you gain access and coordinate your necessary care and services.

You will only qualify for one kind of service coordination.

- Developmental Disability
 - Adults 18 years or older
 - Prior authorization on a monthly basis by your local Regional Medicaid Services
- EPSDT (Early and Periodic Screening, Diagnosis, and Treatment)
 - Children up to the age of 21
 - Prior authorization on a monthly basis by your local Children's Access Unit
- Mental Health
 - Adults 18 years or older with a mental illness diagnosis
 - Up to 5 hours a month as needed
 - Up to 3 hours of documented emergency crisis
 - Additional crisis hours with prior authorization
- Personal Care Services
 - Adults and children who get personal care services
 - Up to 8 hours a month with prior authorization from your local Regional Medicaid Services

School-Based Services

- The school may test your child and may determine that your child is eligible for services under an Individualized Educational Plan (IEP) or Individualized Family Services Plan (IFSP).
- Your child's school can bill Medicaid for the services on the plan such as:
 - Speech and Hearing Services
 - Developmental Therapy
 - Occupational/Physical Therapy
 - Transportation
 - Nursing Services
 - Psychological Testing
 - Psychosocial Rehabilitation
 - Intensive Behavioral Intervention
 - Durable Medical Equipment

School-based services won't count against the limitations of the other services your child maybe getting.



- If your child needs services make sure he gets the services he needs by participating in the Individualized Education Plan (IEP) or Individualized Family Services Plan meetings.
- Ask your child's school if they bill Medicaid.
- Give your child's Medicaid number and the name of you child's doctor to the school.
- Tell the school if your child is working with other therapists or doctors.
- Take your child to the doctor for his annual *well-child* check-up.

Sterilization

- You must sign legal consent forms at least 30 days in advance. You can have the surgery on the 31st day.
 - **Doesn't** pay for sterilization if the person is under the age of 21 or if the person isn't capable of giving informed consent.

Substance Abuse Detoxification and Rehabilitation

Inpatient services in a hospital and outpatient counseling in a mental health clinic or hospital.

- **Doesn't** pay for inpatient treatment in a residential treatment facility.

Therapy

You must have all therapy services ordered by your doctor or a licensed prescriber.

Therapy

- Developmental Therapy—provided by developmental disability agencies, some mental health clinics, psychosocial rehabilitation agencies and schools.
 - Limited to 30 hours a week for one service or
 - Limited to 30 hours a week for **both** developmental and occupational therapy.
 - No limit for children's services provided in a public school program.
 - When provided in a mental health program the service is subject to the limits of that mental health service.
- Occupational Therapy—provided by developmental disability agencies, hospitals, nursing homes, and schools.
 - Limited to 30 hours a week or
 - Limited to 30 hours a week for **both** developmental and occupational therapy.
 - No limit for children when services are provided in a public school program (School-Based Services).
- Physical Therapy—your doctor must include this as part of your medical treatment plan and explain why you need it.
 - Limited to 25 visits a year. If you need more you must get prior authorization see page 17.
- Speech and Hearing Therapy—provided by developmental disability agencies, hospitals, nursing homes, or public schools for children.
 - Limited to 250 sessions a year

Transportation (non-emergency)

If you have a medical appointment but you don't have a car, can't operate a car, or don't have a friend or family member who can take you, you can

request transportation.

- The Medicaid transportation unit will review your request and decide if Medicaid will pay for your transportation. Medicaid may review your request based upon the least expensive transportation available and the closest available Medicaid provider or service.
- You need to call at least 24 hours before your appointment.



Call (800) 296-0509 or in Boise (208) 334-4990

Traumatic Brain Injury Services

If you receive a brain injury on or after the age of 22, you may qualify for a variety of supportive services in your own home.



For more information ask for HW-0770 Community-Based Waiver Services for Adults with Developmental Disabilities by calling the Idaho CareLine at 211 or (800) 926-2588.

Vision Services

- You can get an eye exam every 366 days.
- Glasses - the doctor who does the exam might *not* be the provider who supplies your glasses. Be sure to ask if your doctor orders glasses from Medicaid's supplier.
 - Children can get frames and lenses when needed.
 - Adults are limited to frames every 4 years and lenses when they meet certain requirements.
- Contacts - you must have prior authorization and only if you are very nearsighted (myopia) or have another medical condition that prevents you from using glasses.
 - **Doesn't** pay for both contacts and glasses
 - **Doesn't** pay for transition or progressive lenses for any age or tints unless medically necessary
 - **Doesn't** pay for lost or broken glasses for adults

Wheelchairs

You must have a doctor's order and an evaluation by an occupational or physical therapist to determine the most appropriate and the least costly wheelchair to meet your medical needs.

Women's Health Check

Some women may qualify for free breast and cervical health screening. If you are:

- Low income.
- No insurance coverage for mammograms or Pap tests.
- Age 50 to 64
- Age 30 to 49 and haven't had a Pap test in 5 years or longer, have never had a Pap test, or have symptoms for cervical cancer.
- Referred by a doctor for symptoms suspicious for breast cancer.



Call the Idaho CareLine by dialing 211 or (800) 926-2588 to connect with a Women's Health Check provider to see if you qualify.

Other Covered Services

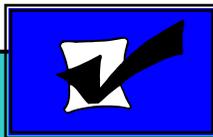
- Cornea transplants
- Supplemental nutritional service when medically necessary and ordered by your doctor
- Mammograms once a year for women over 40
- Diabetes Training
 - limited to 12 individual hours or 24 group hours every 5 years
- Routine physical examinations:
 - For children under 21.
 - For personal care services, personal assistant care, home and community based services, inpatient stay in a hospital or a nursing facility for children and adults.
 - When required by Health and Welfare for specific program.

Medicaid Doesn't Cover

Medicaid only pays for medically necessary services.

Medicaid **doesn't** pay for:

- Service or equipment that is for convenience, cosmetic, elective, experimental, vocational, or recreational purposes.
- Inpatient hospital services provided in a freestanding psychiatric hospital for patients over the age of 21 and under age 65.
- Abortion, except when the mother's life is in jeopardy or in cases of rape or incest.
- Acupuncture and naturopathic services.
- Biofeedback and laetrile treatments.
- Cosmetic surgery to improve your appearance or elective medical and surgical treatment.
- Vitamin injections except for a specific diagnosis.
- New or experimental procedures.
- Treatment for complications from procedures not covered by Medicaid except if they are life threatening.
- Routine physical exams for adults, except when required for a specific Health and Welfare program.



Medicaid doesn't pay for appointments that you miss. The provider can bill you for missed appointments if they have a policy for all patients.



If you're not sure if a service is covered, ask your doctor or call (888) 239-8463.

Your Rights and Responsibilities

When you are eligible for Medicaid, you have certain guaranteed rights. You also have some responsibilities that go with those rights.

Your Rights

You have the right to fair treatment.

You have the right to all Medicaid services without regard to race, color, national origin, disability, sex, or age.

If you believe that anyone in Medicaid has discriminated against because of your race, color, national origin, disability, sex, or age, you may file a complaint by contacting:

Civil Rights Manager, Idaho Department of Health and Welfare
P.O. Box 83720
Boise, Idaho 83720-0036
Phone: (208) 334-5617 (voice); (208) 334-4921 (TDD).

You may also file a complaint by contacting:

U.S. Department of Health and Human Services (HHS)
Director, Office for Civil Rights
Room 506-F, 200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: (202) 619-0403 (voice) or (202) 619-3257 (TDD).
HHS is an equal opportunity provider and employer.

You have the right to timely and adequate notice.

You must receive notices in writing before Medicaid can end your Medicaid eligibility.

You have the right to make decisions about your healthcare.

Your Medicaid providers must discuss your options with you before you start medical treatment.



You should let your family and your doctor know your wishes before you become too ill to make a decision about your medical treatment. Ask about a 'Living Will' and a 'Durable Power of Attorney for Health Care.'

You have the right to a file an appeal

If you disagree with a decision regarding your Medicaid eligibility or if you feel that Medicaid has not served your medical needs properly. To request an appeal fill out the form on the back of your determination letter.



This is very important!

**Medicaid must receive your appeal in writing
30 days from the date the notice was mailed.**

**If Medicaid receives your appeal after the 30 days,
you lose the right to appeal.**

If Medicaid receives your appeal within the 30 days, a hearing officer will automatically schedule you for a hearing. You will get a letter telling you the location and time of your hearing. During the hearing, you may have anyone you want to represent you. You don't need an attorney but you may hire an attorney if you want one.

Your Responsibilities

**You are responsible for providing true and
complete information about your circumstances.**

This including your income, the size of your family, your current address, and other information that helps Medicaid decide whether you should

continue to be eligible for Medicaid services.

**You are responsible for reporting
changes in your circumstances.**

If your income, resources, living arrangements, family size, or other circumstances change, it could affect your eligibility. It is your responsibility to let your caseworker know about these changes. Each program has different reporting requirements. It's best to ask your Health and Welfare worker when you need to report a change.



Regional Medicaid Services

Determines eligibility for Development Disability Waiver Services, Development Disability Service Coordination and Development Disability Agency Services through Adult Development Disability Care Management.

Regional Services doesn't determine edibility for Medicaid, but they will answer Medicaid questions.

Region 1—Coeur d'Alene **(208) 769-1567**
1120 Ironwood Dr
Coeur d'Alene, Idaho

Region 2-Lewiston **(208) 799-4430**
1118 'F' Street
Lewiston, Idaho

Region 3-Caldwell **(208) 455-7150**
3402 Franklin Road
Caldwell, Idaho

Region 4—Boise **(208) 334-0940**
1720 Westgate Drive, Suite A
Boise, Idaho

Region 5-Twin Falls **(208) 736-3020**
601 Pole Line Road
Twin Falls, Idaho

Region 6-Pocatello **(208) 239-6260**
1090 Hiline Road
Pocatello, Idaho

Region 7-Idaho Falls **(208) 528-5750**
150 Shoup Ave.
Idaho Falls, Idaho



Regional Adult Mental Health Authorities

Determines eligibility and completes assessment/service plans for psychosocial rehabilitation services.

Region 1 - Coeur d'Alene (208) 769-1515
1120 Ironwood Dr
Coeur d'Alene, Idaho

Region 2 - Lewiston (208) 799-4360
1118 'F' Street
Lewiston, Idaho

Region 3 - Caldwell (208) 455-7000
3402 Franklin Road
Caldwell, Idaho

Region 4 - Boise (208) 334-6800
1720 Westgate Drive, Suite C
Boise, Idaho

Region 5 - Twin Falls (208) 734-4000
601 Pole Line Road #6
Twin Falls, Idaho

Region 6 - Pocatello (208) 239-6260
1090 Hiline Rd.
Pocatello, Idaho

Region 7 - Idaho Falls (208) 528-5900
150 Shoup Ave.
Idaho Falls, Idaho



Regional Children's Mental Health Authorities

Determines eligibility for psychosocial rehabilitation services and answers questions about this service.

Region 1 - Coeur d'Alene (208) 769-1406
1120 Ironwood Dr
Coeur d'Alene, Idaho

Region 2 - Lewiston (208) 799-4440
1118 'F' Street
Lewiston, Idaho

Region 3 - Caldwell (208) 459-0092
3402 Franklin Road
Caldwell, Idaho

Region 4 - Boise (208) 334-0800
1720 Westgate Drive, Suite B
Boise, Idaho

Region 5 - Twin Falls (208) 736-2177
823 Harrison St
Twin Falls, Idaho

Region 6 - Pocatello (208) 234-7900
421 Memorial Dr
Pocatello, Idaho

Region 7 - Idaho Falls (208) 528-5700
150 Shoup Ave.
Idaho Falls, Idaho



Local Health and Welfare offices

Local offices determine eligibility for Medicaid and other programs.

Region 1

Coeur d'Alene

1120 Ironwood Dr. Suite 201, 83840 (208) 769-1456

Bonnars Ferry

Rt 4, 6522 Tamarack, 83805 (208) 267-3187

Kellogg

35 Wildcat Way, 83837 (208) 784-1351

Plummer-Benewah Medical Center

1115 B St, 83851 (208) 686-3201

Sandpoint

1717 West Ontario, 83864 (208) 265-4529

St. Maries

222 S 7th, 83861 (208) 245-2541

Region 2

Lewiston

1118 'F' St, 83501 (208) 799-4320

Grangeville

216 South C, 83530 (208) 983-0620

Moscow

1350 Troy Highway, 83530 (208) 882-2433

Orofino

416 Johnson Ave, 83544 (208) 476-5771

Region 3

Caldwell

3402 Franklin Rd, 83605 (208) 455-7200

Emmett

1024 Fernlee, 83617 (208) 365-3515

Nampa

823 Park Center Blvd, 83651 (208) 465-8444

Payette

515 N 16th, 83661 (208) 642-6400

Region 4

Boise
1720 Westgate Dr, Suite A, 83704 (208) 334-6700
McCall
299 S 3rd St, 83638 (877) 819-8327
Mountain Home
2420 American Legion Blvd, 83704 (208) 587-9061

Region 5

Twin Falls
601 Poleline Rd , 83301 (800) 826-1207
Burley
2241 Overland Ave, 83318 (208) 678-1121
Jerome
126 N Adams, 83338 (208) 324-8144

Region 6

Pocatello
1090 Hiline Rd, 83201 (208) 235-2900
American Falls
502 Tyhee St, 83211 (208) 226-5186
Blackfoot
701 East Alice, 83221 (208) 785-5826
Preston
223 North State, 83263 (208) 852-0634
Soda Springs
184 South Main, 83276 (208) 547-4317

Region 7

Idaho Falls
150 Shoup Ave, 83402 (208) 528-5800
Rexburg
333 Walker, 83440 (800) 752-1412
Salmon
1301 Main, 83440 (208) 756-3336