HEALTHY STEPS ELIGIBILITY FACTORS

Service Chapter 510-07

North Dakota Department of Human Services
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Bismarck, ND 58505-0250

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(Revised 10/1/13 ML #3382)

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(N.D.A.C. Section 75-02-02.2-01)

For the purpose of this chapter:

Adjusted Gross Income

The amount at the bottom line of the front page of IRS Form 1040.

Advance payments of the Premium Tax Credit (APTC)

Individuals who are not eligible for Medicaid or Healthy Steps under the Affordable Care Act may be eligible for tax credits for the health care insurance premiums they pay out of pocket.

Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act of 2010, as amended by the Health Care and Education Reconciliation Act of 2010, as amended by the Three Percent Withholding Repeal and Job Creation Act. Also known as Healthcare Reform.

County agency

The county social service board.

Creditable health insurance coverage

Health benefit plan that includes coverage for hospital or medical or major medical. The following are not considered creditable health insurance coverage:

1. Coverage only for accident or disability income insurance, or any combination thereof;
2. Coverage issued as a supplement to automobile liability insurance;
3. Liability insurance, including general liability insurance and automobile liability insurance;
4. Workforce safety and insurance or similar insurance;
5. Automobile medical payment insurance;
6. Credit-only insurance (i.e. Credit Life or Credit Disability Insurance on loans);
7. Coverage for onsite medical clinics (i.e. College Campus on-site clinics);
8. Coverage for dental or vision, or any combination thereof;
9. Coverage for long-term care, nursing home care, home health care, community-based care, or any combination thereof;
10. Coverage only for specified disease or illness (i.e. cancer, heart, etc.);
11. Hospital indemnity or other fixed indemnity insurance;
12. Coverage through Indian Health Services;
13. Other similar insurance coverage, specified in federal regulations, under which benefits for medical care are secondary or incidental to other insurance; and
14. Coverage under the "Caring for Children" program.

Department

The North Dakota Department of Human Services.

Disabled

Has the same meaning as the term has when used by the Social Security Administration in determining disability for Titles II and XVI.

Federally Facilitated Marketplace (FFM)

The web portal through which Americans may choose a qualified health plan, and be assessed for possible eligibility for Medicaid, Healthy Steps or Advance Premium Tax Credits (APTC).

Full calendar month

The period, which begins at midnight on the last day of the previous month and ends at midnight on the last day of the month under consideration.

Institutionalized individual

An individual who is an inpatient in a nursing facility, an ICF/ID, the State Hospital, the Prairie at St. John's center, the Stadter Psychiatric Center, an out-of-state institution for mental disease (IMD), a Psychiatric Residential Treatment Facility (PRTF), the Anne Carlsen facility, or who receives swing bed care in a hospital.

Insurance Carrier

The Insurance company who underwrites the insurance coverage for the North Dakota Healthy Steps Program. Currently, the Insurance Carrier is Noridian Mutual (BC/BS of ND).

Living independently

In reference to a single individual under the age of twenty-one, or if blind or disabled under age eighteen, a status which arises in any of the following circumstances:

1. The individual has served a tour of active duty with the armed services of the United States and lives separately and apart from the parent.
2. The individual has married, even though that marriage may have ended through divorce or separation. A marriage ended by legal annulment is treated as if the marriage never occurred.

3. The individual has lived separately and apart from both parents for at least three consecutive full calendar months after the date the individual left the parental home, continues to live separately and apart from both parents, and has received no support or assistance from either parent while living separately and apart. Periods in which a child is included in the parent's Medicaid unit are deemed to be periods in which the parents are providing support. Providing health insurance coverage or paying court ordered child support payments for a child is not considered to be providing support or assistance. For purposes of this paragraph, periods when the individual is attending an educational or training facility, receiving care in a specialized facility, or is an institutionalized person are deemed to be periods when the individual was living with a parent, unless the individual had already established that the individual was living independently.
4. The individual has left foster care and established a living arrangement separate and apart from either parent and received no support or assistance from either parent. Providing health insurance coverage or paying court ordered child support payments for a child is not considered to be providing support or assistance.
5. The individual lives separately and apart from both parents due to incest, continues to live separately and apart from both parents, and receives no support or assistance from either parent while living separately and apart. Providing health insurance coverage for a child is not considered to be providing support or assistance.

Long term care, (LTC)

Refers to services received in a nursing facility, the State Hospital, the Anne Carlson facility, the Prairie at St. John's center, the Stadter Psychiatric Center, a Psychiatric Residential Treatment Facility (PRTF), an intermediate care facility for the intellectually disabled (ICF/ID), or a swing bed when the individual in the facility is screened or certified as requiring the services provided in the facility.

MAGI-Based Methodology

The method of determining eligibility for Medicaid and Healthy Steps that generally follows Modified Adjusted Gross Income rules. It is not a line on a tax return, rather a combination of household and income rules.

MAGI Household

A household that is required to be budgeted using MAGI methodologies. This includes the Adult Expansion Group, Parents, Caretaker Relatives and their Spouses, Children, and Pregnant Women.

Medicaid

A program implemented pursuant to North Dakota Century Code chapter 50-24.1 and title XIX of the Act.

Modified Adjusted Gross Income (MAGI)

Income calculated using the same financial methodologies used to determine modified adjusted gross income as defined in Section 36B(d)(2)(B) of the Internal Revenue Code, with exceptions. Adjusted Gross Income from Form 1040 plus tax-exempted interest, tax-exempt Social Security Benefits, and any foreign earned income excluded from taxes.

No Wrong Door

The federal mandate that allows individuals to apply for Healthcare Coverage through any means, may be through the Federal Facilitated Marketplace, the State eligibility portal, by telephone, through the OASYS application, by FAX, or in-person.

Non-filer

An individual who neither files an income tax return nor is claimed as a dependent by another tax filer unless:

- they are claimed as a tax dependent by someone other than a spouse, or natural, adoptive or stepparent;
- they are a child under age 19 living with both parents but the parents do not file a joint return, or
- a child under age 19 who expects to be claimed by a non-custodial parent.

Public institution

An institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

Supplemental Nutrition Assistance Program (SNAP)

Previously known as the Food Stamp Program, SNAP is a uniform nationwide program intended to promote the general welfare and safeguard the health and well being of the nation's population by raising the levels of nutrition among low-income households.

Specialized facility

A residential facility, including a basic care facility, a licensed family foster care home for children or adults, a licensed group foster care home for children or adults, a transitional living facility, a facility established to provide quarters to clients of a sheltered workshop, and any other facility determined by the Department to be a provider of remedial services, but does not mean an acute care facility or a nursing facility. Examples of a specialized facility include the School for the Blind, School for the Deaf, and Svee Home.

Spouse

A person of the opposite sex who is a husband or a wife. One man and one woman can become husband and wife through marriage (a

legal union). North Dakota Healthy Steps does not consider members of a civil union or same-sex marriage as spouses.

1. A Common law marriage from another state is valid in North Dakota only if it can be verified that the marriage is recognized by the other state.
2. A non-traditional marriage from another country is valid in North Dakota only if it can be verified that the union is declared valid by the other country.
3. In polygamy situations, the first marriage is the valid marriage in North Dakota. Any additional spouses are considered non-relatives.

Student

A student is an individual who regularly attends and makes satisfactory progress in elementary or secondary school, General Equivalency Diploma (GED) classes, a home-school program recognized or supervised by the student's state or local school district, college, university, or vocational training, including summer vacation periods if the individual intends to return to school in the fall. A full-time student is a person who attends school on a schedule equal to a full curriculum.

Tax dependent

An individual for whom another individual claims a deduction for a personal exemption under section 151 of the Internal Revenue Code for a taxable year.

Temporary Assistance For Needy Families (TANF)

A program administered under North Dakota Century Code Chapter 50-09 and Title IV-A of the Social Security Act. Reference to TANF includes TANF Kinship Care Assistance, Diversion Assistance, and Transition Assistance.

Title II

Title II of the Social Security Act (Social Security benefits).

Title XVI

Title XVI of the Social Security Act (Supplemental Security Income (SSI)).

Title XXI

Title XXI of the Social Security Act (State Children's Health Insurance Program). General Statement, Purpose, and Objectives
510-07-07

General Statement 510-07-07-05

(Revised 9/1/11 ML #3279)

View Archives

Healthy Steps is the name given for the North Dakota Children's Health Insurance Program (CHIP), which is a program implemented pursuant to North Dakota Century Code Chapter 50-29 and 42 U.S.C. 1397 eq etseg to furnish health assistance to low-income children funded through Title XXI of the Social Security Act.

Healthy Steps utilizes a private indemnity insurance product to provide health care coverage to children through age 18, who are not eligible for Medicaid benefits.

The benefit package consists of the benchmark coverage currently available to all North Dakota State employees with an exception for coverage of birthing costs. This package is enhanced by the addition of a basic preventive dental and vision package plus several additional medical preventive services not currently available in the PERS package of benefits.

Purpose and Objective 510-07-07-10

(Revised 9/1/11 ML #3279)

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It is known that in addition to imposing financial difficulties, illness and health problems have their effects on personality functioning and interpersonal relationships. Illness can be used as an escape from unpleasant responsibilities and can distort family relationships. Unmet health needs can, therefore, be detrimental to the overall growth and adjustment of individuals and families.

The immediate purpose of the Children's Health Insurance Program is to provide an effective base upon which to provide comprehensive and uniform medical services that will enable persons previously limited by their circumstances to receive needed medical care. It is within this broad concept that the Children's Health Insurance Program in North Dakota participates with the medical community, to the greatest extent possible, in attempting to strengthen existing medical services in the state.

General Provisions 510-07-10

General Statement 510-07-10-05

(Revised 1/1/13 ML #3355)

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Following are instructions relating to applications for Healthy Steps. Additional information concerning administrative procedures, application processing, case maintenance, and appeals are contained in Service Chapter 448-01 through 448-01-60.

Nondiscrimination in Federally Assisted Program 510-07-10-10

(Revised 10/1/13 ML #3382)

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Public Law 88-352, Section 601 (Title VI) of the Civil Rights Act of 1964 states:

> No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. (Section 504 of the Rehabilitation Act of 1973, as amended, prohibits discrimination solely on the basis of handicap for those otherwise qualified.)

The Department of Human Services makes available all services and assistance without regard to race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the North Dakota Human Rights Act of 1983. Persons who contract with or receive funds to provide services for the North Dakota Department of Human Services are obligated to abide by the provisions of these laws. The Department of Human Services makes its programs accessible to persons with disabilities. Persons needing accommodation or who have questions or complaints regarding the provisions of services according to these Acts may contact the Civil Rights Officer, North Dakota Department of Human Services, Judicial Wing, State Capitol, 600 E. Boulevard Avenue Dept. 325, Bismarck, ND 58505 or the US Department of Health and Human Services, Office for Civil Rights, Region VIII, 999 18th Street, Suite 417,

Denver, Colorado 80202 or call 1-800-368-1019 (voice) or 1-800-537-7697 (TTY) or 303-844-2025 (FAX).

The Children's Health Insurance Program will be administered in accordance with all provisions of Title VI of the Civil Rights Act in accordance with Section 504 of the Rehabilitation Act of 1973, as amended, and the applicable regulations promulgated thereunder. Refer to Service Chapter 300-01, Non-discrimination to Clients, for additional guidelines.

Confidentiality 510-07-10-15

(Revised 1/1/13 ML #3355)

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All applications, information and records concerning any applicant or recipient of Healthy Steps and Medicaid shall be confidential and shall not be disclosed or used for any purpose not directly connected with the administration of the Healthy Steps and Medicaid Programs. Application, information and records may not be released to elected officials or to any other person not directly connected with the administration of the Healthy Steps and Medicaid Programs. Refer to Chapter 448-01-25 for additional guidelines.

1. Federal law and regulations:

   Federal law and regulations require that the State Plan have protections in place to ensure that the use or disclosure of information concerning applicants and recipients be limited to purposes directly connected with the administration of the plan. Those purposes include establishing eligibility, determining the amount of medical assistance, providing services, and conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan. (42 U.S.C. § 1396a(a)(7); 42 C.F.R. § 431.300-306).

   NOTE: Information from certain sources may not be released, even with a signed release form. For details see 448-01-25-10-05 "Confidential Information that Must Not be Released".

2. Sharing basic information regarding eligibility with HCBS Case Managers:

a. Case Managers going out for an initial assessment can be informed whether an individual is eligible for Healthy Steps.
b. A county or other waivered service provider is a prospective provider so can find out if an individual is eligible in order to determine if they can provide Medicaid waivered services, or if they need to pursue other programs such as SPED.
c. An assessment for services under HCBS does not allow for providing of eligibility income and asset information or disclosing eligibility for spousal impoverishment benefits. A release signed by the recipient, or a verbal release, if documented, is needed if specific information from the eligibility file must be obtained.
d. Specific information that may be released is a yes/no if the individual is eligible on a specific date, any client share amount and the recipient's billing address; which are specific data that can be released to any provider of Medicaid Services. This is like any other potential provider calling the Verify system.

3. Sharing asset, income, household composition, etc. information with social work staff:

   Information cannot be released unless the applicant or recipient has authorized the release of information (form or verbally).

4. Sharing information with Social Workers for investigations of abuse, neglect, or protective services:

   a. Information requested by social workers does not have to do with the administration of Healthy Steps, but is with regard to an abuse investigation.
   b. The family may not be receptive, but that is not a valid reason for us to release the information. A signed release

is necessary to share specific information about the child or family.

'Protective Service Alerts' from the North Dakota Department of Human Services, Children and Family Services (CFS) Division and other States are often sent to all county staff. These alerts request information regarding the family's whereabouts. These alerts do not fall under 'administration of the Medicaid or Healthy Steps programs' so specific information cannot be released. However, it is allowable to disclose the county and state in which the individual is residing and the county social service office that may be contacted for child protective service information, to the requestor as well as to their own county child protective service unit.

Any additional information, including 'How eligibility staff knows this information' or 'The family has applied or is receiving services' may not be disclosed.

5. Sharing information with Child Support and other specific assistance programs:

    a. Can share information with Child Support as federal regulations specifically require.
    b. Can share information between Healthy Steps and Medicaid per federal requirements to coordinate benefits between the two programs.
    c. Can share information between Healthy Steps and SSA for Title II and Title XVI benefits as federal regulations specifically require.
    d. Can share information between TANF, SNAP, and the Aid to the Blind Remedial program per federal regulations to coordinate benefits between the programs.

6. Sharing information with Foster Care social workers when an application is received and the child is on Healthy Steps:

    a. The county has care, custody, and control, so are acting on behalf of the child. Also, the child is going from one Health Care coverage case to another for the purpose of establishing eligibility.
    b. Copies of identifying information such as a birth certificate may be made for the foster care file so that both files contain the proper documentation.
    c. Only pertinent information needed to determine the child's eligibility should be provided. A social worker needs the parent's income information to determine if the child is IV-E eligible. If that has been established, the social worker should NOT be requesting the information, nor should the eligibility worker be releasing it without a signed release of information.

7. Sharing Information with Law Enforcement:

    Healthy Steps cannot provide information about a specific applicant or recipient to law enforcement unless it has to do with administration of Healthy Steps.

8. Release of information statement on applications:

    These statements allow county and state staff to obtain information from other sources, but do not give permission to release information to others.

Improper Payments and Suspected Fraud 510-07-10-20

(Revised 10/1/13 ML #3382)

View Archives

Improper payments can result from agency errors, recipient errors, and insurance carrier errors. All reasonable and practical steps must be taken on all errors to prevent further overpayments, waste, or abuse.

1. Agency caused errors do not result in an overpayment that the recipient is responsible to repay, however, the error must be corrected to prevent further overpayments from occurring.
2. Suspected insurance carrier related errors must be reported to the Surveillance Utilization Review (SURS) Unit in the Medical Services Division using SFN 20, "SURS Referral Form" with a copy to the Medicaid eligibility unit. SFN 20 may be sent to SURS as described in 6 below. An example of an insurance carrier error is, a recipient reports that the Healthy Steps insurance carrier is not covering a service that should be covered, and there is no apparent reason for the denial.
3. Suspected medical provider related errors can be reported to the insurance carrier by the recipient or the agency.
4. Recipient errors may occur as a result of:

    a. Assistance granted pending a fair hearing decision subsequently made in favor of the county agency;
    b. Failure to report income;
    c. Failure to report other criteria that affect eligibility, such as household member composition, etc;
    d. Recipient misunderstanding; and
    e. Healthy Steps ID card sharing.

5. Any overpayment resulting from a recipient error is subject to recovery. The amount of a recipient error is the amount of Healthy Steps premium payments paid in error on behalf of the

Healthy Steps recipient regardless of the reason the error occurred.

Overpayments are recouped as identified in 510-07-60-10 (Recoupments).

6. All recipient errors in which there is an overpayment or suspected fraud (regardless of overpayment) must be referred to the Surveillance Utilization Review (SURS) Unit in the Medical Services Division using SFN 20, "SURS Referral Form" with a copy to the Medicaid eligibility unit. SFN 20 may be sent to SURS by:

    a. Mail: SURS, 600 East Boulevard Avenue, Department 325, Bismarck, ND 58505;
    b. Fax: 701-328-1544; or
    c. Email: medicaidfraud@nd.gov.

    Copies may be sent to the Medicaid Eligibility Unit as follows:

    a. Mail: Medicaid Eligibility Unit, 600 East Boulevard Avenue, Department 325, Bismarck, ND 58505;
    b. Fax: 701-328-5406; or
    a. Email: -Info-DHS Medicaid Policy.

Certificate of Creditable Coverage 510-07-10-25

(Revised 8/1/05 ML #2982)

View Archives

The Health Insurance Portability and Accountability Act of 1996 included provisions designed to improve the availability and portability of health coverage. This act limits exclusions for preexisting medical conditions by allowing credit for prior health coverage. Exclusions for preexisting conditions can be up to 12 months (18 months for late enrollees) but are reduced by days an individual has creditable coverage for that condition under another health plan. Since coverage under Healthy Steps is considered creditable coverage, the Insurance Carrier sends the Certificate of Creditable coverage when Healthy Steps coverage ends.

Medical Care Providers 510-07-10-30

(Revised 8/1/05 ML #2982)

View Archives

The philosophy of the current Insurance Carrier is that each child has a 'Medical Home'. A 'Medical Home' is defined as the provider where the child receives their medical care. Therefore, while not mandatory, if known, for each applicant or recipient, the Medical Care Provider should be captured and sent to the Insurance Carrier.

The Healthy Steps Medical Care Provider should not be confused with the term of Primary Care Provider used by Medicaid.

Application and Decision 510-07-15

Application and Review 510-07-15-05

(Revised 1/1/13 ML #3355)

View Archives

(N.D.A.C. Section 75-02-02.2-02)

1. Application.

    a. All individuals wishing to make application on behalf of a child for Healthy Steps must have the opportunity to do so, without delay.
    b. An application is a written request for assistance on:

        i. SFN 405, "Application for Economic Assistance Programs";
        ii. SFN 502, "Application for HealthCare Coverage for Children, Families, and Pregnant Women";
        iii. The Department's system generated "Statement of Facts";
        iv. The Department's system generated "Application for Health Care Coverage";
        v. The Department's online "Application for Economic Assistance Programs"; or
        vi. If within one calendar month of when an applicant's Healthy Steps case was closed, one of the prescribed review forms (see subsection 2(b)).

    c. A prescribed application form must be signed by the applicant, an authorized representative or, if the applicant is incompetent or incapacitated, someone acting responsibly for the applicant.
    d. The date of application is the date an application, signed by an appropriate person, is received at the Medical Services Division, a county agency, a disproportionate

share hospital, or a federally qualified health center. The date received must be documented. Applications must be registered in the eligibility system as soon as possible upon receipt, but no later than the fifth day following receipt. Applications will be considered received on the day submitted. If an outline application is submitted after business hours, on a weekend or holiday, the application will be considered received on the next business day.

e. An application is required to initially apply for Healthy Steps, to re-apply after a Healthy Steps application was denied, or to re-apply after a Healthy Steps case has closed.
f. A recipient may choose to have a face-to-face or telephone interview when applying for Healthy Steps; however, none is required in order to apply for assistance.
g. Information concerning eligibility requirements, available services, and the rights and responsibilities of applicants and recipients must be furnished to all who request it.

2. Review.

a. A recipient, or anyone acting on a recipient's behalf, has the same responsibility to furnish information during a review of eligibility for coverage as an applicant has during the initial application.
b. A review must be completed at least annually using:

i. SFN 502, "Application for HealthCare Coverage for Children, Families, and Pregnant Women";
ii. SFN 407, "Review for Health Care Coverage";
iii. SFN 378, "Change Report Form";
iv. The Department's system generated Application/Review for Health Care Coverage; or
v. One of the previously identified applications completed to apply for another program.

Ex-parte Reviews: In unique circumstances, when the county agency has all information needed to complete a review, and circumstances prevent a recipient or their

representative from timely returning the review form, continued eligibility may be established without a completed form. In circumstances in which information needed to complete a review is available through Medicaid, SNAP or TANF, that information should be used without again requiring that information from the family. If all needed information is available, review can be completed without requiring a review form. Care must be used to ensure all needed information is on hand. A online narrative must document the completion of the Ex Parte review.

c. All reviews for Healthy Steps will be tested for Medicaid eligibility. If a child is eligible for full Medicaid benefits, the child's eligibility for Healthy Steps will be ended and the child approved for Medicaid.
d. A recipient may choose to have a face-to-face or telephone interview for their review; however, none is required in order to complete a review.
e. Reviews must be completed and processed no later than the last working day of the month in which they are due.

Applicant's Choice of Program 510-07-15-10

(Revised 4/1/12 ML #3320)

View Archives

(N.D.A.C. Section 75-02-02.2-10(5))

A child, who could establish eligibility under both Medicaid with a client share (recipient liability) and Healthy Steps, may have eligibility determined under the Program the child, or the appropriate individual on behalf of the child, selects.

Eligibility Periods and Reporting 510-07-15-15

(Revised 4/1/12 ML #3320)

View Archives

(N.D.A.C. Section 75-02-02.2-02 and 75-02-02.2-07)

1. Eligibility for Healthy Steps begins on the first day of the month following the month in which the eligibility determination is made (e.g. the application is received and eligibility is determined in July, the first month of Healthy Steps eligibility is August). Eligibility for newborn children who are added to an existing Healthy Steps case can begin no earlier than the child's date of birth.
2. The coverage period ends at the earliest of the last day of:

    a. The twelfth month after enrollment of the case, or in the case of an annual review, the last day of the twelfth month after the previous Review was completed; or
    b. The month in which the child turns age 19; or
    c. The month prior to the first full month of other health insurance coverage; or
    d. The month in which the child leaves the Healthy Steps unit; or
    e. The month in which the child loses State Residence; or
    f. The month in which contact with the child, or person responsible for the child, is lost; or
    g. The month in which the child's reasonable opportunity period ends and verification of citizenship or identity has not been provided.

3. A recipient or household member must immediately report:

    a. A child leaving the household;
    b. Access to or receipt of other creditable health insurance coverage for the child at no cost;

c. A child leaving the State of North Dakota; or
d. A child being born into the household.

4. A notice reminding the household to report any of the items in subsection 3 will be mailed to the household in the fourth and eighth months of the twelve-month eligibility period. A response to the notice is not required if there has been no change.
5. Information reported via an applicant's or recipient's known email address is considered a signed report for Healthy Steps.

Duty to Establish Eligibility 510-07-15-20

(Revised 10/1/13 ML #3382)

View Archives

(N.D.A.C. Section 75-02-02.2-03)

It is the responsibility of the applicant or recipient to provide information sufficient to establish the eligibility of each child for whom assistance is requested, including, but not limited to, the furnishing of a social security number, and establishing age, identity, residence, citizenship, and financial eligibility.

Requesting information from an individual or household that is already available to the worker through other sources is prohibited.

No age, residence, citizenship, or other requirement that is prohibited by title XXI of the Social Security Act will be imposed as a condition of eligibility.

Brochures 510-07-15-25

(Revised 4/1/06 ML #3022)

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All applicants for Healthy Steps must be provided the "Application for Assistance guidebook" or, in place of the guide book:

1. A brochure entitled "Healthy Steps-Children's Health Insurance Plan" (405kb pdf) which outlines the Healthy Plan coverage individuals receive under the Healthy Steps Program (07-75-05);
2. A brochure entitled "Medicaid" (376kb pdf) (07-75-10) outlining the services available under the Medicaid Program;
3. A brochure entitled "Your Civil Rights" (152kb pdf) (07-75-15);
4. All households with pregnant, breast-feeding or postpartum women, or children under age five, should be made aware of the availability of the WIC (Women, Infants, and Children) Program, and must be provided a "WIC " outreach brochure (07-75-20); and
5. A notice entitled "Notice of Privacy Practices" (DN 900 which is available in E-Forms)(18kb pdf).

Decision and Notice 510-07-15-30

(Revised 10/1/13 ML #3382)

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(N.D.A.C. Section 75-02-02.2-04)

Applicants and recipients may choose the method by which they are notified of their eligibility status. They may choose paper, electronic, or through their portal account.

1. A decision as to eligibility will be made promptly on applications, within forty-five days, except in unusual circumstances. When these time periods are exceeded, the case must contain documentation to substantiate the delay.
2. Following a determination of eligibility or ineligibility, an applicant or recipient must be notified. The notice shall include the effective date of the action taken, the reason for the action taken, and the appeal rights, if any, of the applicant or recipient.
3. Once a decision to deny eligibility is made on an application, a new application is needed to re-apply for assistance.
4. An adequate notice must be sent in all ongoing cases in which a proposed action adversely affects Healthy Steps eligibility (Issuance of a notice does not guarantee payment of Healthy Steps premiums). A ten-day advance notice is not required.

   An adequate notice is a notice that is mailed no later than the effective date of action. System generated notices are dated and mailed on the next working day after they are approved in the eligibility system. Consideration must be given to weekends and holidays (i.e. a notice approved on a Friday is dated and mailed the following Monday, however, if Monday is a holiday, the notice is dated and mailed on Tuesday. This may mean approving the notice 1 to 5 days prior to the effective date of action).

5. Assistance will terminate as of the last day of the month, unless the recipient is deceased.

6. Errors made by public officials and delays caused by the actions of public officials do not create eligibility or additional benefits for an applicant or recipient who is adversely affected.

Electronic Narratives 510-07-15-32

(Revised 1/1/13 ML #3355)

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All Healthy Steps cases must include electronic narratives (in Lotus Notes) to support eligibility, ineligibility, and other actions related to the case. The narrative must be detailed to permit a reviewer to determine the reasonableness and accuracy of the determination. Complete and accurate narratives include documenting the action taken; what the action was based on; sources of the information used; or if no action was taken, the reason for no action.

Narratives are also required to document contacts with the applicant, recipient, or other individuals regarding the case, regardless of whether the contact had an impact on the case.

Termination of Coverage by Enrollee 510-07-15-35

(Revised 8/1/05 ML #2982)

View Archives

(N.D.A.C. Section 75-02-02.2-08)

A recipient, or appropriate individual on behalf of the recipient, may terminate coverage under the plan by providing a written notice requesting such action.

An oral request for termination of coverage given by an applicant or recipient, or appropriate individual on behalf of the applicant or recipient, is effective if recorded in the case file and reflected on the termination notice.

Appeals 510-07-15-40

(Revised 1/1/13 ML #3355)

View Archives

(N.D.A.C. Section 75-02-02.2-04)

Applicants or recipients of Healthy Steps who are dissatisfied with a decision made by the North Dakota Department of Human Services or the county agency, or who have not had their application acted on with reasonable promptness, may appeal to the North Dakota Department of Human Services. Refer to Service Chapter 448-01-30 for more information with regard to Hearings and Appeals.

A request to appeal must be in writing and not later than 30 days from the date the notice of action is mailed. When an applicant or recipient requests a hearing without completing the SFN 162, Request for Hearing, the county must complete and SFN 162 based on the information available. When the county completes the SFN 162, the form is not signed by the county.

When a recipient requests an appeal prior to the effective date of an adverse decision, the recipient's Healthy Steps eligibility may not be terminated until a decision is rendered after the appeal hearing unless it is determined that the sole issue is one of Federal or state law or policy. The recipient must be informed in writing that eligibility will be terminated pending the final appeal decision.

The appeals supervisor normally decides whether an issue being appealed is one of federal or state law or policy and is not appealable. However, if Healthy Steps eligibility ends because a child is found to be eligible for full Medicaid benefits during an annual review, the Eligibility Worker must determine that the issue is not appealable, and Healthy Steps eligibility will not continue.

When assistance has continued pending an appeal decision and the decision to terminate benefits is upheld, the recipient's eligibility must be terminated effective the end of the month of receipt of the notice of decision. Pursue collection of any Healthy Steps premiums paid during the period assistance was continued pending the appeal decision.

Eligibility Under Healthy Steps 510-07-20

General Information 510-07-20-05

(Revised 10/1/13 ML #3382)

View Archives

Eligibility for the Children's Health Insurance Program (CHIP) is based on Title XXI of the Social Security Act. CHIP, known as Healthy Steps in North Dakota, became effective as a separate program in this State on October 1, 1999.

Individuals Covered 510-07-20-10

(Revised 10/1/13 ML #3382)

View Archives

(N.D.A.C. Section 510-02-02.2-10)

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014.

1. Children through age 18, who meet the requirements of this program, are eligible for Healthy Steps. Coverage for eligible children who are 18 years of age continues through the last day of the month in which child turns age 19.
2. A child is not eligible for Healthy Steps if:

    a. The child would be eligible for full Medicaid benefits (no client share (recipient liability)) in the month for which Healthy Steps eligibility is being determined;
    b. The child has other current creditable health insurance coverage;
    c. Coverage is available through the child's parents' or legal guardians' employer at no additional cost; or
    d. The child had creditable health insurance coverage within the past six months, unless the coverage was terminated:

        i. Due to involuntary loss of employment; or
        ii. Through no fault of any member of the Healthy Steps unit; or
        iii. By a household member who is actively engaged in farming in a county which was declared a federal disaster area within the last 12 months. This information is available in the Vision tables; or
        iv. By a parent or caretaker quitting a job with health insurance coverage to take a job without health insurance coverage; or

v. By a parent or caretaker quitting a job with health insurance coverage to start a new job with a waiting period for health care coverage; or
vi. By a parent because the monthly premium the family is responsible to pay for the health insurance exceeds, and is expected to exceed, 15% of the family's gross monthly income. The family's gross monthly income means the countable self-employment income (not including the Adjusted Gross Income Deduction), plus the gross earned and unearned incomes of all individuals in the Healthy Steps unit.

The 6 month penalty period of Health insurance is 6 months prior to the month for which eligibility is being determined.

Example: August application and eligibility is being determined for the benefit month of September. The six-month termination period is March 1 through August and is month specific. If insurance were dropped in March, there may be eligibility starting at the earliest for the benefit month of September.

3. Children who are eligible to receive services through Indian Health services or through Section 638 Tribal contracts can be eligible for Healthy Steps.
4. If the Department estimates that available funds are insufficient to allow plan coverage for additional applicants, the Department may take any action it deems appropriate to limit enrollment in the Healthy Steps Program, including denying applications and establishing waiting lists.

For Applications and Reviews Received on or after October 1, 2013 for benefits starting January 1, 2014:

1. Children through age 18, who meet the requirements of this program, are eligible for Healthy Steps. Coverage for eligible children who are 18 years of age continues through the last day of the month in which child turns age 19.
2. A child is not eligible for Healthy Steps if:

    a. The child would be eligible for full Medicaid benefits (no client share (recipient liability)) in the month for which Healthy Steps eligibility is being determined;
    b. The child has other current creditable health insurance coverage;
    c. Coverage is available through the child's parents' or legal guardians' employer at no additional cost; or
    d. The child had creditable health insurance coverage within the past 90 days, unless the coverage was terminated:

        i. Due to involuntary loss of employment; or
        ii. Through no fault of any member of the Healthy Steps unit; or
        iii. By a household member who is actively engaged in farming in a county which was declared a federal disaster area within the last 12 months. This information is available in the Vision tables; or
        iv. By a parent or caretaker quitting a job with health insurance coverage to take a job without health insurance coverage; or
        v. By a parent or caretaker quitting a job with health insurance coverage to start a new job with a waiting period for health care coverage; or
        vi. If the child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a qualified health plan (QHP) because the employer sponsored insurance (ESI) in which the family was enrolled is determined unaffordable; or

vii. If the premium paid by the family for coverage of the child under the group health plan exceeded 5% of household income; or
viii. If the cost of family coverage that includes the child exceeds 9.5% of the household income; or
ix. By the employer who stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan; or
x. When the child has special health care needs; or
xi. Due to the death or divorce of a parent.

The 90-day penalty period of Health insurance is 90 days prior to the month for which eligibility is being determined.

Example: August application and eligibility is being determined for the benefit month of September. The 90-day penalty period is June through August and is month specific. If insurance were dropped in June, there may be eligibility starting at the earliest for the benefit month of September.

3. Children who are eligible to receive services through Indian Health services or through Section 638 Tribal contracts can be eligible for Healthy Steps.
4. If the Department estimates that available funds are insufficient to allow plan coverage for additional applicants, the Department may take any action it deems appropriate to limit enrollment in the Healthy Steps Program, including denying applications and establishing waiting lists.

5. Children who were eligible for full Medicaid benefits as of December 31, 2013, who, at their next review lost Medicaid eligibility for the sole reason of loss of income disregards until their next review. These children are known as 'Targeted Low Income children' and must be covered under Healthy Steps until their next redetermination unless they:

    a. Lose state residence; or

    b. Have insurance coverage through a public employee's health plan.

Basic Factors of Eligibility 510-07-25

Healthy Steps Unit 510-07-25-05

(Revised 10/1/13ML #3382)

View Archives

(N.D.A.C. Section 75-02-02.2-6.1)

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014.

1. A Healthy Steps unit may be one individual, a married couple, or a family with children under twenty-one years of age, or if disabled under age eighteen, whose income is considered in determining eligibility for any member of that unit, without regard to whether the members of the unit all physically reside in the same location.
2. A parent or other caretaker of children under twenty-one years of age may select the children who will be included in the Healthy Steps unit. Anyone who is included in the unit for any month is subject to all Healthy Steps requirements, which may affect the unit. The financial responsibility of relatives must be considered with respect to all members of the assistance unit.

   When a child is included in the Healthy Steps unit eligibility is pursued for the child unless:

   a. The child is or would be eligible under the Medicaid Program;
   b. The child is an ineligible alien;
   c. The child is ineligible due to having creditable health insurance coverage or having creditable health insurance coverage available;

d. The family terminated their health insurance coverage within the last 6 months, without 'good cause'. For good cause reasons, see "Individuals Covered," 510-07-20-10.

The 6 month penalty period of Health insurance is 6 months prior to the month for which eligibility is being determined.

Example: August application and eligibility is being determined for the benefit month of September. The six-month termination period is March 1 through August and is month specific. If insurance were dropped in March, there may be eligibility starting at the earliest for the benefit month of September.

When a caretaker chooses not to include a child in the Healthy Steps unit, the child is not included in the unit for any other purpose (e.g. in the budget).

3. When an adult is providing care to an unrelated child of a divorced, separated, or deceased spouse, the household may include the child if the child is expected to continue to reside in the household.

For Applications and Reviews Received on or after October 1, 2013 for benefits starting January 1, 2014:

1. Each individual will have his/her own Healthy Steps household determined as follows—in the following order:

    a. Does this child expect to file taxes?

        i. If "No", continue to step b below. In most cases, a child will not be filing taxes, so the answer to this will be "No" in the majority of Healthy Steps cases. However, there may be occasion where a child is required to file taxes.
        ii. If "Yes" – Does the child expect to be claimed as a tax dependent by someone else?

A. If "Yes" – Continue to step b below.

B. If "No" – The individual's Healthy Steps household consists of the taxpayer child tax filer, the child's spouse living with the taxpayer child, and all persons whom the taxpayer child expects to claim as a tax dependent.

    b. Does the child expect to be claimed as a tax dependent?

        i. If "No" – Continue to step c below.
        ii. If "Yes" – Does the child meet any of the following exceptions?

            - The child expects to be claimed as a tax dependent of someone other than a spouse, or natural, adopted or step parent.
            - The child is under age 19 and is living with both parents but the parents do not file a joint tax return.

- The child is under age 19 expects to be claimed by a non-custodial parent.

  A. If "Yes" – continue to step c.

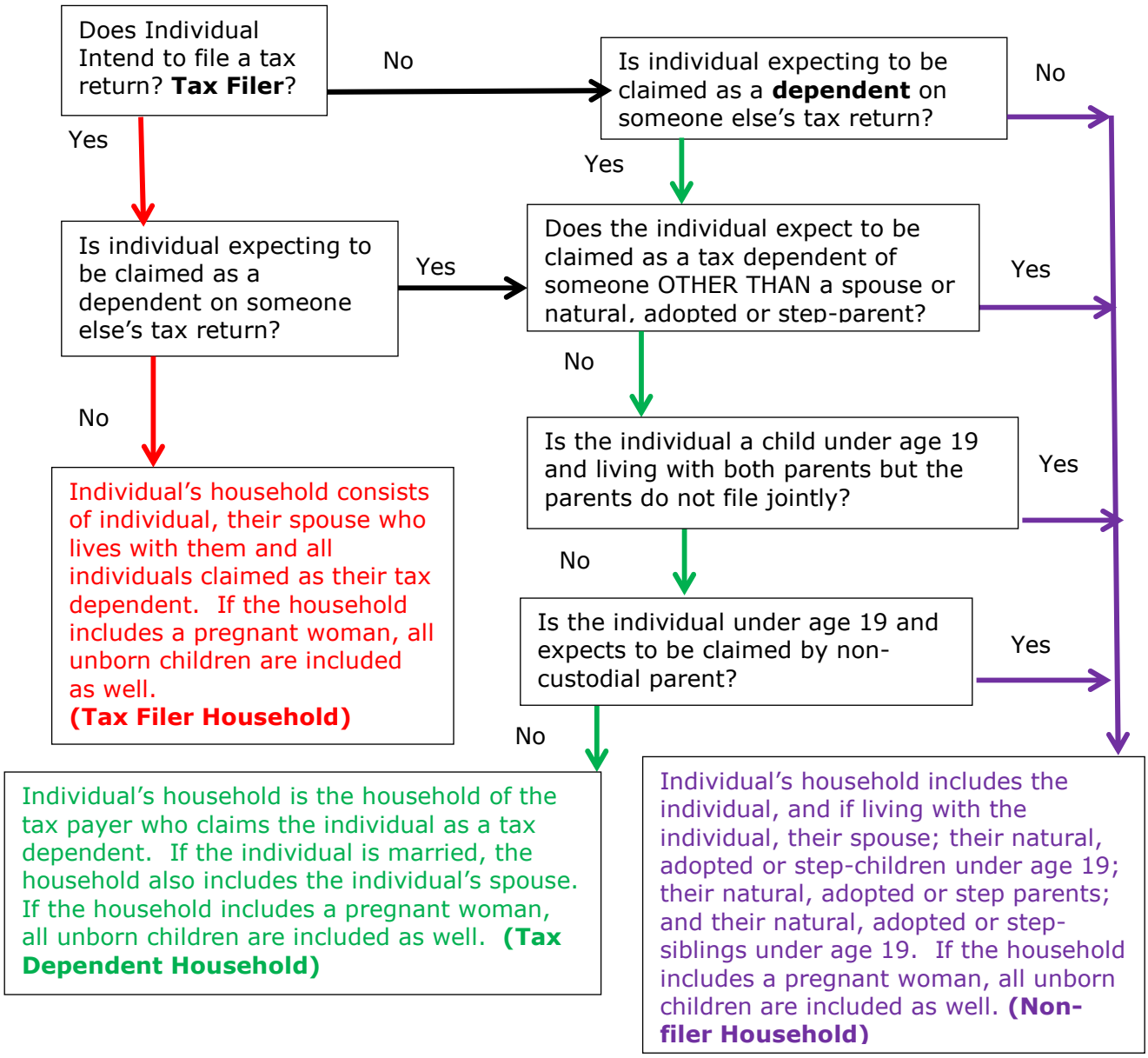
  B. If "No" – the household is the household that claims the child as a tax dependent. If the child is married, the household also includes the child's spouse

c. For children who neither expect to file a tax return nor expect to be claimed as a tax dependent, or who meet one of the exceptions under 1(b)(ii), the household consists of the child, and if living with the child—

- The child's spouse
- The child's natural, adopted or step children under age 19; and
- The child's natural, adopted or step parents, and natural, adopted or step siblings under age 19.

The following flow chart illustrates this:

Household Determination for MAGI Individuals



2. When a child is included in the Healthy Steps unit eligibility is pursued for the child unless:

    a. The child is or would be eligible under the Medicaid Program;
    b. The child is an ineligible alien;
    c. The child is ineligible due to having creditable health insurance coverage or having creditable health insurance coverage available;
    d. The family terminated their health insurance coverage within the last 90 days, without 'good cause'. For good cause reasons, see "Individuals Covered," 510-07-20-10.

        The 90-day penalty period of Health insurance is 90 days to the month for which eligibility is being determined.

        Example: August application and eligibility is being determined for the benefit month of September. The 90 days termination penalty period is June through August and is month specific. If insurance were dropped in June, there may be eligibility starting at the earliest for the benefit month of September.

3. Parents no longer have the option to opt-out a child starting with the benefit month of January, 2014.

Relative Responsibility 510-07-25-10

(Revised 10/1/13 ML #3382)

View Archives

(N.D.A.C. Section 75-02-02.2-12)

For Applications and Reviews Received on or after October 1, 2013 for benefits starting January 1, 2014:

Eligibility will be based on the MAGI methodologies. Each person is budgeted according to their tax filing status.

1. In **taxpayer** households, the taxpayer is financially responsible for themselves, their spouse, if living with them, and anyone they claim as a dependent. This is the same as their Healthy Steps household unit determination.
2. If the **taxpayer may also be claimed as a dependent**, the dependent rules are applied---

   If the individual meets any of the following conditions, he/she is treated as a non-filer:

   - Is the individual claimed as a dependent of someone other than a spouse, or natural, adopted or step parent?
   - Is the individual living with both parents but the parents are not filing a joint return?
   - Is the child to be claimed as a dependent by a non-custodial parent?

   If these conditions are not met, the individual's financial responsibility is the same as the household that claims the individual as a dependent, plus the individual's spouse that lives with them. This is the same as their Healthy Steps household unit determination. The above policy also applies to individuals claimed as tax dependents.

3. If the individual is not a tax filer, nor expected to be claimed as a dependent, or meets one of the 3 bullets above, the individual is subject to the non-filer rules. Non-filers' financial responsibility is for themselves, and, if living with them, their spouse, their natural, adopted or step-children under age 19, and the individual's natural adopted or step-parents or natural adopted or step-siblings under 19.

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014.

1. No support may be required of relatives other than from spouses and from natural or adoptive parents for children under age 21, or if blind or disabled, under age 18.

2. Under North Dakota law, a stepparent has no legally enforceable obligation to support stepchildren. Therefore, the stepparent's own personal income cannot be considered available in determining Healthy Steps eligibility for the stepchildren. The natural parent, however, is legally responsible for supporting the children. The income of the natural parent cannot be first applied to the children if by doing so other members of the family are deprived of basic necessities.

3 If a child resides with a caretaker other than the parent, and the parent's whereabouts are known, an attempt must be made to obtain the parent's financial information. If the parent's income is made available, follow the budgeting procedures outlined in section 07-50-20, Budgeting Procedures for Financially Responsible Absent Parents. If unable to obtain the information, document the efforts made, and determine the child's eligibility without the parental information.

Children in an Institution for Mental Diseases (IMD) 510-07-25-15

(Revised 4/1/12 ML #3320)

View Archives

(N.D.A.C. Section 75-02-02.2-10(6))

At the time an eligibility determination is made (application or review), a child who is residing in an IMD is not eligible for Healthy Steps. However, a child who enters an IMD while receiving plan coverage remains eligible for Healthy Steps. This includes children residing in the State Hospital, the Prairie at St. John's center, the Stadter Psychiatric Center, or any other IMD.

Age and Identity 510-07-25-20

(Revised 1/1/13 ML #3355)

View Archives

(N.D.A.C. Section 75-02-02.2-10)

1. Children, ages birth through 18 years of age, may be eligible. Coverage for children who are 18 years of age will continue through the last day of the month in which the child turns 19 years of age.

2. In instances where only the year and not the exact date of birth can be established, use July 1 to designate the date of birth; or if the year and month can be established, use the year and first day of the month for purposes of Healthy Steps eligibility.

3. Identity must be established and documented as provided in this section.

    a. The following children are exempt from the identity verification requirements:

        i. SSI recipients who claim that they are US Citizens and that claim is not questionable (can prove using the SDX or TPQY SSI match);
        ii. Medicare beneficiaries who claim that they are US Citizens and that claim is not questionable (can prove using the TPQY SSA match);
        iii. Children receiving SSA disability insurance benefits based on their own disability;
        iv. Children receiving Foster Care maintenance payments;
        v. Children receiving Subsidized Guardianship payments.

b. A child, born to a woman who had applied for and been determined Medicaid eligible at the time of the child's birth, may be eligible without verifying identity. This provision also applies in instances where labor and delivery services were furnished prior to the date of the Medicaid application and covered based on retroactive eligibility.

   This provision applies to all children whose Mother was eligible for Medicaid at the time of their birth, including those under the emergency services only provisions.

   Children who are born to a woman who is here on a temporary basis and who is not eligible for Medicaid or emergency medical services must comply with the verification requirements if Healthy Steps is requested.

c. Reasonable Opportunity Period. Applicants who claim they are U.S. citizens or qualified aliens are entitled to a reasonable opportunity period to provide verification of citizenship, qualified alien status, and identity. Healthy Steps is not permitted to deny, delay, reduce or terminate eligibility while documentation is being gathered during the reasonable opportunity period. A reasonable opportunity period applies when all other information necessary to determine eligibility is available. If an individual is eligible for Healthy Steps and has met all other criteria except for citizenship or identity verification, that individual's eligibility may not be pended for verification of either citizenship or identity, but must be approved. If the individual does not provide satisfactory documentation of citizenship and identity by the end of the reasonable opportunity period, the individual's eligibility must be terminated with advance (10-day) notice and without regard to the 12 month eligibility period.

A 'reasonable opportunity period' is defined as 90 days from the date the application is submitted and for the remaining days of the month in which the 90th day falls. An extension of an additional 60 days from the 90th day may be granted if the individual has verifiable documented evidence they have been making a good faith effort to obtain the verifications, but still have not received them.

An example of a good faith effort would be a letter from another state's vital statistics office that the documentation was requested timely (no later than 10 days after the latter of the application date or the earliest date the verification was requested by the county or state agency), but there will be a delay in providing the documentation.

> **Example:** Mr. Brown applies for Health Care Coverage for his family on May 11, 2010. He has verification of everyone's citizenship; however he has nothing to prove his daughter, Irene's identity. Irene does not meet any of the exemptions from the verification requirements that are listed in the manual. Mr. Brown's children are determined to be eligible for Healthy Steps for the future month of June. Mr. Brown claims they are members of a federally-recognized Indian tribe in California. The worker has assisted him in requesting identifying tribal documents for Irene from his tribe in California. The worker sets an alert to follow up on Irene's identity verification in early August. The worker does not receive a response by August 20, so sends an advance notice to close. On August 23, Mr. Brown brings in a recent letter from the tribal enrollment office in California, acknowledging receipt of his request for Irene's tribal enrollment verification, and stating that it will take another 6 weeks for them to process it. In this case, an

additional 2 month period may be granted. The worker would set an alert for a secondary follow up for October 2010. If not received by October 20, 2010, advance notice to close Irene's Healthy Steps coverage must be sent. Note that if we allow the extension it should only be with written verification from the other state.

A reasonable opportunity period can only be allowed once for an individual. If granted a reasonable opportunity period but the requested verifications are not received and eligibility is terminated, a second reasonable opportunity period is not allowed at a later application.

d. Primary and preferred verification of identity. Verification documents must be presented in their official and original form as received from the issuing agencies. Photocopies or notarized copies are not acceptable. Once an original document is presented, a photocopy must be made and maintained in the casefile.

Primary Verifications of Identity
(Level One)

These Documents Verify both Citizenship and Identity:	Explanatory Information:
US Passport or US Passport Card issued since 2007	• Issued by the Department of State. • Does not have to be currently valid, as long as it was issued without limitation; (any passport issued with a limitation cannot be used to verify citizenship, but CAN be used to verify identity). • The passport card is for frequent travelers by land or sea between the US and Canada, Mexico, the Caribbean and Bermuda.
Certificate of Naturalization (DHS/INS Forms N-550 or N-570)	• Department of Homeland Security or Immigration and Naturalization Service (INS) issues for naturalization.
Certificate of US Citizenship (DHS/INS Forms N-560 or N-561)	• Department of Homeland Security or INS issues certificates of citizenship to individuals who derive citizenship through a parent.

Tribal Enrollment Card Certificate of Degree of Indian Blood Or other documents issued by a federally recognized Indian tribe that evidences membership or enrollment with such tribe	• A Document issued by a federally recognized Indian tribe evidencing membership or enrollment or affiliation with, such tribe. See following table for acceptable verifications from ND tribes.
Social Security's TPQY Online Query Response (TPOR)	• Acceptable codes are: o "Verified with positive citizenship" or o "Verified with positive citizenship; Deceased."

Documents Issued by Recognized ND Tribes

Tribe:	Documents:
Sisseton-Wahpeton (Wahpeton—SE corner of ND)	• Certificate of Degree of Indian Blood: • Name, DOB, enrollment #, and degree of Indian blood; • Issued to any enrolled member who requests it; • Issued by tribal enrollment office; • Tribal ID cards: • Name, DOB, enrollment #, degree of Indian blood, SSN, photo and individual's signature;

	• Issued to enrolled members age 16 and older who request it; • Issued by tribal enrollment office;
Spirit Lake (Devils Lake)	• Certificate of Degree of Indian Blood: • Name, DOB, enrollment #, and degree of Indian blood (may have more information); • Issued to any enrolled member who requests it; • Issued by tribal enrollment office; • Tribal Photo ID: • Photo ID including name, DOB, tribal enrollment #, and degree of Indian blood (may have more information); • Issued by tribal motor vehicle office; • Issued to enrolled members;
Standing Rock Sioux Tribe (Fort Yates)	• Certificate of Degree of Indian Blood: • Name, DOB, enrollment #, and degree of Indian blood, (may have more information); • Issued to any enrolled member who requests it; • Issued by tribal enrollment office; • Tribal ID cards: • Name, DOB, enrollment #, and degree of Indian blood, last 4 digits of SSN (may have more information); • Issued to enrolled members age 14 and older who request it; • Issued by tribal enrollment office;

Three Affiliated Tribes (T. A. T.) (New Town)	• Certificate of Degree of Indian Blood: • Name, DOB, enrollment #, and degree of Indian blood, mailing address, physical address, photo); • Issued to any enrolled member who requests it; • Issued by tribal enrollment office; • Tribal ID cards: • Name, DOB, enrollment #, and degree of Indian blood, mailing address, physical address, photo (plastic card with hologram on back) (will enter SSN (non-verified) at individual's request); • Issued to any enrolled member who requests it; • Issued by tribal enrollment office (Cost = $10; free to seniors); • Expire every 4 years;
Turtle Mountain Chippewa (Belcourt, Trenton)	• Certificate of Degree of Indian Blood: • Name, DOB, enrollment #, and degree of Indian blood, (may have more information); • Issued to any enrolled member who requests it; • Issued by tribal enrollment office; • Tribal Enrollment cards: • Name, DOB, enrollment #, and degree of Indian blood (may have more information); • Issued to enrolled members age 18 and older who request it; • Issued by tribal enrollment office.

d. Secondary verifications of identity may be accepted if primary verifications are not provided. Verification documents must be presented in their official and original form as received from the issuing agencies. Photocopies or notarized copies are not acceptable. Once an original document is presented, a photocopy must be made and maintained in the case file.

Secondary Verifications of Identity
(Level 2)

Acceptable Verifications:	Explanatory Information:
Driver's license issued by a state or territory (DO NOT accept Canadian driver's license)	• Must include a photograph of the applicant or recipient; or • Have other personal identifying information for the individual such as name, age, sex, race, height, weight, or eye color.
Identification card issued by a US Federal, State or local government with the same information as a driver's license.	• DO NOT accept a voter's registration card.
School ID card	• Must include a photograph of the applicant or recipient.

U. S. military ID card or draft record	
Military dependent's identification card	

e. Third level verification of identity. These documents should only be used when documentation from levels one and two are unavailable.

Third Level Verifications of Identity
(Level 3)

Acceptable Verifications:	Explanatory Information:
3 or more documents that together reasonably corroborate the identity of an individual, provided such documents have not been used to establish the individual's citizenship AND the individual has submitted at least second or third level citizenship verification	• Only to be used if no other evidence of identity is available. • Must contain the individual's name plus additional identifying information (employer ID cards, high school and college diplomas from accredited institutions, marriage certificates, death certificates, divorce decrees and property deeds/titles.).

f. Exceptions identified in this section are allowed when a child does not have or cannot get any of the identity documents from the first three levels.

Identity Verifications for Children
(Level 4)

Acceptable Verifications:	Explanatory Information:
School record	• Must show child's date and place of birth and parents' name.
Clinic, doctor, or hospital record	• Must show child's date and place of birth and parent's name.
Daycare or nursery school record showing date and place of birth	• Eligibility worker must call and verify with the school that issued the record.

An affidavit, signed under penalty of perjury, by the parent, guardian, or caretaker relative which states the date and place of birth of the child	• Only one affidavit may be used to establish either citizenship or identity. If an affidavit is used to establish citizenship, then identity must be established using a different document from the identity list. • The affidavit is not required to be notarized. • May be used for a child aged 16 to 18 only when school identity cards and driver's licenses are not available to the individual in that area until that age. • SFN 691, "Affidavit of Identity for Children," has been created for convenience.

g. Identity verifications for disabled children in institutional care facilities. Exceptions identified in this section are allowed when a disabled child in an institutional care facility does not have or cannot get any of the identity documents from the first three levels.

Identity Verifications for disabled children in
Institutional Care Facilities
(Level 4)

Acceptable Verification:	Explanatory Information:
An affidavit signed under penalty of perjury by a residential care facility director or administrator	• Is not required to be notarized. • Should be used only as a last resort. • SFN 690, "Affidavit of Identity for Disabled Individual in Facility," has been created for convenience.

Citizenship and Alienage 510-07-25-25

(Revised 1/1/13 ML #3355)

View Archives

(N.D.A.C. Section 75-02-02.2-09)

1. As a condition of eligibility, applicants or recipients must be a United States citizen or an alien lawfully admitted for permanent residence. Verification of citizenship, naturalization, or lawful alien status must be documented. This section addresses:

    a. Exceptions to verification of citizenship;
    b. Children born to a woman on Medicaid;
    c. Verification requirements;
    d. Acceptable documentation for US citizens and naturalized citizens; and
    e. Individuals born in Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and Nationals from American Samoa.

    For aliens, apply the appropriate policy identified in sections 510-07-25-35 through 510-07-25-45.

2. Exceptions to verification of citizenship. The following children are exempt from the citizenship verification requirements:

    a. SSI recipients who claim that they are US Citizens and that claim is not questionable (can prove using SDX or TPQY SSI match);
    b. Medicare beneficiaries who claim that they are US Citizens and that claim is not questionable (can prove using TPQY SSA match);

c. Children receiving SSA disability insurance benefits based on their own disability;
d. Children receiving Foster Care maintenance payments; and
e. Children receiving Subsidized Guardianship payments.

3. A child, born to a woman who had applied for and been determined Medicaid eligible at the time of the child's birth, may be eligible without verifying citizenship. This provision also applies in instances where labor and delivery services were furnished prior to the date of the Medicaid application and covered based on retroactive eligibility.

   This provision applies to all children whose Mother was eligible for Medicaid at the time of their birth, including those under the emergency services only provisions.

   Children who are born to a woman who is here on a temporary basis and who is not eligible for Medicaid or emergency medical services must comply with the verification requirements if Healthy Steps is requested.

4. Verification Requirements: Applicants must provide satisfactory documentary evidence of citizenship or naturalization.

   a. The only acceptable verifications from individuals must be either originals or copies certified by the issuing agency. Photocopies or notarized copies may not be accepted; however, a photocopy of the original document must be maintained in the casefile.
   b. Verifications may be accepted from another state agency that may have already verified citizenship, but a photocopy must be obtained for the casefile.
   c. Once a child's citizenship is documented and recorded, subsequent changes in eligibility do not require repeating

the documentation unless questionable, or there is no verification in the casefile.

Example: John Doe applies for Health Care coverage and supplies his citizenship verifications and his case closes. If his casefile is purged after the three year retention period and he reapplies, he will need to again provide his verifications so that his casefile is complete.

d. If an individual has made a good faith effort to obtain verifications, but cannot obtain them within the processing timeframes , or because the documents are not available, assistance must be provided to the individual in securing evidence of citizenship. Matches with other agencies may be used to assist the individual.
e. Reasonable Opportunity Period. Applicants who claim they are U.S. citizens or qualified aliens are entitled to a reasonable opportunity period to provide verification of citizenship, qualified alien status, and identity. Healthy Steps is not permitted to deny, delay, reduce or terminate eligibility while documentation is being gathered during the reasonable opportunity period. A reasonable opportunity period applies when all other information necessary to determine eligibility is available. If an individual is eligible for Healthy Steps and has met all other criteria except for citizenship or identity verification, that individual's eligibility may not be pended for verification of either citizenship or identity, but must be approved. If the individual does not provide satisfactory documentation of citizenship and identity by the end of the reasonable opportunity period, the individual's eligibility must be terminated with advance (10-day) notice and without regard to the 12 month eligibility period.

A 'reasonable opportunity period' is defined as 90 days from the date the application is submitted and for the remaining days of the month in which the 90th day falls. An extension of an additional 60 days from the 90th day

may be granted if the individual has verified documented evidence they have been making a good faith effort to obtain the verifications, but still have not received them. An example of a good faith effort would be a letter from another state's vital statistics office that the documentation was requested timely (no later than 10 days after the latter of the application date or the earliest date the verification was requested by the county or state agency), but there will be a delay in providing the documentation.

> **Example:** Mr. Brown applies for Healthy Steps for his family on May 11, 2010. He claims his son Scott was born in California. Scott does not meet any of the exemptions from the verification requirements that are listed in the manual. The children are determined to be eligible for Healthy Steps and the application approved for the future month of June. The worker has assisted him in requesting Scott's birth verification from California. The worker sets an alert to follow up in early August. The worker does not receive a response by August 20, so sends an advance notice to close. On August 23, Mr. Brown brings in a recent letter from the State of California, acknowledging receipt of his request for Scott's birth certificate, and stating that it will take another 6 weeks for them to process it. In this case, an additional 2 month period may be granted. The worker would set an alert for a secondary follow up for October, 2010. If not received by October 20, 2010, notice to end Scott's Healthy Steps coverage must be sent.

A reasonable opportunity period can only be allowed once for an individual. If granted a reasonable opportunity period but the requested verifications are not received and eligibility is terminated, a second reasonable opportunity period is not allowed at a later application.

5. Acceptable documentation for US citizens and naturalized citizens.

    a. The following documents may be accepted as proof of both citizenship and identity because either the US, a state, or Tribal government has established the citizenship and identity of the individual. These documents are considered to be the primary (Level 1) and preferred verification documents.

Primary Verifications
(Level 1)

These Documents Verify both Citizenship and Identity:	Explanatory Information:
US Passport or US Passport Card issued since 2007	• Issued by the Department of State. • Does not have to be currently valid, as long as it was issued without limitation; (any passport issued with a limitation cannot be used to verify citizenship, but CAN be used to verify identity). • The passport card is for frequent travelers by land or sea between the US and Canada, Mexico, the Caribbean and Bermuda.

Certificate of Naturalization (DHS/INS Forms N-550 or N-570)	• Department of Homeland Security or Immigration and Naturalization Service (INS) issues for naturalization.
Certificate of US Citizenship (DHS/INS Forms N-560 or N-561)	• Department of Homeland Security or INS issues certificates of citizenship to individuals who derive citizenship through a parent.
Tribal Enrollment Card Certificate of Degree of Indian Blood; or Other documents issued by a federally recognized Indian tribe that evidences membership or enrollment with such tribe	• A document issued by a federally recognized Indian tribe evidencing membership or enrollment or affiliation with, such tribe. See following table for acceptable verifications from ND tribes.
Social Security's TPQY Online Query Response (TPOR)	• Acceptable codes are: ○ "Verified with positive citizenship" or ○ "Verified with positive citizenship; Deceased."

Documents Issued by Recognized ND Tribes

Tribe:	Documents:
Sisseton-Wahpeton (Wahpeton—SE corner of ND)	• Certificate of Degree of Indian Blood: • Name, DOB, enrollment #, and degree of Indian blood; • Issued to any enrolled member who requests it; • Issued by tribal enrollment office; • Tribal ID cards: • Name, DOB, enrollment #, degree of Indian blood, SSN, photo and individual's signature; • Issued to enrolled members age 16 and older who request it; • Issued by tribal enrollment office;
Spirit Lake (Devils Lake)	• Certificate of Degree of Indian Blood: • Name, DOB, enrollment #, and degree of Indian blood (may have more information); • Issued to any enrolled member who requests it; • Issued by tribal enrollment office; • Tribal Photo ID: • Photo ID including name, DOB, tribal enrollment #, and degree of Indian blood (may have more information); • Issued by tribal motor vehicle office; • Issued to enrolled members;

Standing Rock Sioux Tribe (Fort Yates)	• Certificate of Degree of Indian Blood: • Name, DOB, enrollment #, and degree of Indian blood, (may have more information); • Issued to any enrolled member who requests it; • Issued by tribal enrollment office; • Tribal ID cards: • Name, DOB, enrollment #, and degree of Indian blood, last 4 digits of SSN (may have more information); • Issued to enrolled members age 14 and older who request it; • Issued by tribal enrollment office;
Three Affiliated Tribes (T. A. T.) (New Town)	• Certificate of Degree of Indian Blood: • Name, DOB, enrollment #, and degree of Indian blood, mailing address, physical address, photo); • Issued to any enrolled member who requests it; • Issued by tribal enrollment office; • Tribal ID cards: • Name, DOB, enrollment #, and degree of Indian blood, mailing address, physical address, photo (plastic card with hologram on back) (will enter SSN (non-verified) at individual's request); • Issued to any enrolled member who requests it; • Issued by tribal enrollment office (Cost = $10; free to seniors); • Expire every 4 years;

Turtle Mountain Chippewa (Belcourt, Trenton)	• Certificate of Degree of Indian Blood: • Name, DOB, enrollment #, and degree of Indian blood, (may have more information); • Issued to any enrolled member who requests it; • Issued by tribal enrollment office; • Tribal Enrollment cards: • Name, DOB, enrollment #, and degree of Indian blood (may have more information); • Issued to enrolled members age 18 and older who request it; • Issued by tribal enrollment office.

b. If a child does not have one of the primary verifications, the child must supply one document from one of the Citizenship lists (Levels 2, 3, or 4) and one document from the Identity lists (Levels 2, 3, or 4).

The verifications are listed in levels and the levels indicate the degree of reliability of the verifications. Level 1 has the highest reliability and is the preferred verification. Level 4 has the lowest reliability and those verifications should be used only when documents from levels 1-3 are not available. The verifications in level 1 must be requested prior to requesting those in level 2, those in level 2 must be requested prior to requesting those in level 3, and so on.

Verification documents must be presented in their official and original form as received from the issuing agencies. Photocopies or notarized copies are not acceptable. Once

an original document is presented, a photocopy must be made and maintained in the casefile.

Secondary Verification of Citizenship
(Level 2)

Acceptable Verifications:	Explanatory Information:
Certificate of Birth in the United States	• Must have the embossed seal of the issuing agency. • North Dakota only issues certified copies. If it does not have the raised seal, it is not a certified copy - i.e. the old black and white prints. • The original must have been recorded before the person was 5 years of age. (For issuance date, use the "Date received by Local Registrar".) If recorded at or after 5 years of age, it is a 4th level verification. • Must show birth in one of the 50 states, or the District of Columbia. • Persons born to foreign diplomats are not citizens of the United States. • An electronic match with the ND vital statistics agency showing the individual's place of birth will suffice.

Report of Birth Abroad of a Citizen of the United States (FS-240) aka Consular Report of a Birth Abroad of a Citizen of the United States	• Prepared by the Department of State Consular office. • Can only be prepared at an American Consular office overseas while the child is under age 18. • Children born outside the US to US military personnel usually have one of these.
Certificate of Birth Abroad (FS-545 or Form DS-1350) aka Certificate of Report of Birth or Certification of Birth Abroad	• For those who were born outside the US and acquired US Citizenship at birth and is based on FS-240. • FS-545 issued prior to November 1, 1990. • DS-1350 issued on and after November 1, 1990. • Is issued only within the US.
United States Citizen Identification Card (I-197 or I-179)	• Issued by the Immigration and Naturalization Service from 1960-1973 as I-179; Issued to naturalized US Citizens living near the Canadian or Mexican border who needed it for frequent border crossings. • Issued as I-197 from 1973-1983. • No longer currently used, but still valid.

American Indian Card (I-872) with the classification code "KIC" and a statement on the back	• Issued by the Department of Homeland Security to identify US citizen members of the Texas Band of Kickapoos living near the US / Mexican border.
Evidence of Civil Service Employment	• Must show employment by the US Government prior to June 1, 1976.
Official Military record of service	• Including a DD-214. • Must show a US place of birth.
A data verification with the Systematic Alien Verification for Entitlements (SAVE) Program for naturalized citizens	• Determines if someone is a naturalized citizen. • May need to provide the individual's alien registration number.

Adopted or biological children born outside the US may establish their automatic citizenship if verification is provided	• Showing at least one parent is a US citizen by either birth or naturalization. • Child is under age 18. • Child is residing in the US in the legal and physical custody of the US citizen parent. • Child was admitted to the US for lawful permanent residence. • If adopted, the child must be a lawful permanent resident as an IR-3 (child adopted outside the US) or as IR-4 (child coming to the US to be adopted); with the final adoption having subsequently occurred.

Third Level Verification of Citizenship
(Level 3)

Acceptable Verifications:	Explanatory Information:
Extract of hospital record on hospital letterhead established at the time of birth and created at least 5 years prior to the Medicaid application	• It must indicate a US place of birth. • A souvenir 'birth certificate' issued by the hospital cannot be accepted. • For children under 16 the document must have been created near the time of birth or 5 years prior to the Medicaid application.
Life or health or other insurance record	• Showing a US place of birth for the individual. • Created at least 5 years before the initial application date.

Official religious record (recorded with the religious organization) recorded in the US within 3 months of birth	• Must show a US place of birth. • Must show the individual's date of birth or age at the time the record was made. • In questionable cases, such as where the child's religious record was recorded near a US international border and the child may have been born outside the US, the worker must verify the religious record with the religious organization and verify that the mother was in the US at the time of birth.
Early school record showing a US place of birth	• Must show the name, date of birth, and US place of birth of the child. • Must show the date of school admission. • Must show the name(s) and place(s) of birth of the applicant's parents.

Fourth Level Verification of Citizenship
(Level 4)

Acceptable Verifications:	Explanatory Information:
Federal or state census record showing US citizenship or a US place of birth - (generally for persons born 1900-1950)	• Must also show the applicant's age. • Census records from 1900 through 1950 contain citizenship information. • To obtain this information the applicant or recipient should complete a Form BC-600, "Application for Search of Census Records for Proof of Age", adding in the remarks portion, "US Citizenship data requested for Medicaid eligibility." This form can be obtained online at: http://www.census.gov/genealogy/www/bc-600.pdf. • A fee will be charged.
Seneca Indian tribal census record	• Must be created at least 5 years prior to initial Medicaid application; and • Must show a US place of birth.
Bureau of Indian Affairs tribal census records of the Navajo Indians	• Must be created at least 5 years prior to initial Medicaid application; and • Must show a US place of birth.

US State Vital Statistics official notification of birth registration	• Must be created at least 5 years prior to initial Medicaid application; and • Must show a US place of birth.
Delayed US public birth record that is amended more than 5 years after the person's birth	• Must be created at least 5 years prior to initial Medicaid application; and • Must show a US place of birth.
Statement signed by the physician or midwife who was in attendance at the time of birth	• Must be created at least 5 years prior to initial Medicaid application; and • Must show a US place of birth.
Institutional admission papers from a nursing home, skilled care facility or other institution	• Must be created at least 5 years prior to initial Medicaid application; and • Must show a US place of birth.

Medical (clinic, doctor or hospital) record (An immunization record is NOT considered a medical record for establishing citizenship)	• Must be created at least 5 years prior to initial Medicaid application (or near the time of birth, if a child under age 16 only); and • Must show a US place of birth.
Written affidavit, made under penalty of perjury, by at least two individuals -- one of which is not a relative -- showing they have personal knowledge of the event(s) establishing the applicant's claim of citizenship (date and place). These individuals	• It must also state a reasonable basis of personal knowledge that an applicant or recipient who cannot produce documentary evidence of citizenship is a citizen. SFN 707, "Affidavit of Citizenship," has been created for convenience. • A second affidavit from the applicant/recipient or other knowledgeable individual explaining why the information cannot be obtained must also be supplied. SFN 706, "Affidavit of Explanation why Citizenship Cannot be Supplied," has been created for convenience. • Use only in rare circumstances.

must provide proof of their own citizenship and identity	

6. Children born in Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and Nationals from American Samoa. For purposes of qualifying as a United States citizen, children born in Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands and Nationals from American Samoa may qualify by providing:
    - A certificate of birth in Puerto Rico with an issue date of on or after January 13, 1941. For applicants whose eligibility is determined for the first time on or after November 1, 2010, the birth certificate must have an issue date of on or after July 1, 2010 to be considered valid.;
    - A certificate of birth in the US Virgin Islands, Northern Mariana Islands, American Samoa or Swain's Islands; or
    - Evidence of birth in Guam or the US Virgin Islands.

7. Persons born to foreign diplomats while residing in one of the preceding jurisdictions of the US are not citizens of the United States. The child's citizenship or alien status follows that of the parent.

American Indians Born in Canada 510-07-25-30

(Revised 8/1/10 ML #3228)

View Archives

(N.D.A.C. Section 75-02-02.2-09)

1. American Indians born in Canada who may freely enter and reside in the United States and are considered to be lawfully admitted for permanent residence if at least one-half American Indian blood. This does not include a spouse or child of such an Indian nor a noncitizen whose membership in an Indian tribe or family is created by adoption, unless such person is of at least 50 percent or more Indian blood. These American Indians are qualified aliens and are considered to be lawful permanent residents.

   Article III of the 'Jay Treaty' declared the right of "Indians" ("Native Americans") to trade and travel between the United States and Canada, which was then a territory of Great Britain. As a result of the "Jay Treaty", Native Indians born in Canada are entitled to enter the Unites States for the purpose of employment, study, retirement, investing, and/or immigration.

2. Verification of percentage of American Indian blood may be obtained from INS Form I-551 with the code 513, S1-3, or S-13, or an unexpired temporary I-551 stamp (with the code 513, S1-3, or S-13) in a Canadian passport or on Form I-94. If the individual does not have an INS document, satisfactory evidence of birth in Canada and a document indicating the percentage of American Indian blood must be provided. Documents, indicating the percentage of American Indian blood include a birth certificate issued by the Canadian reservation, or a Blood Quantum letter, card, or other record issued by the tribe (each

tribe provides some type of evidence). The Blood Quantum Letter may use the following verbiage: at least 50% Aboriginal blood, at least 50% Indigenous blood, at least 50% North American Indian blood, or at least 50% American Indian blood. Do not accept a Certificate of Indian Status card ("Band" card) issued by the Canadian Department of Indian Affairs, information from any internet sites, or any other document not directly issued by the individual's tribe.

Note: The Blood Quantum Letter can be used to show that an individual possesses at least 50% blood of the American Indian Race, but cannot be used to show that an individual does not possess at least 50% blood of the American Indian Race. If the letter does not show an individual possesses at least 50% blood of the American Indian Race, additional verification may be warranted.

Non-Qualified Aliens 510-07-25-35

(Revised 7/1/09 ML #3185)

View Archives

(N.D.A.C. Section 75-02-02.2-09)

1. Ineligible Aliens. Some aliens may be lawfully admitted for a temporary or specified period of time and are not eligible for Healthy Steps. They have the following types of documentation: Form I-94, Arrival-Departure Record; Form I-185, Canadian Border Crossing Card; Form I-186, Mexican Border Crossing Card; Form SW-434, Mexican Border Visitor's Permit; Form I-95A, Crewman's Landing Permit. These aliens are not eligible for Healthy Steps because of the temporary nature of their admission status. The following categories of individuals are ineligible aliens:

    a. Foreign government representatives on official business and their families and servants;
    b. Visitors for business or pleasure, including exchange visitors;
    c. Aliens in travel status while traveling directly through the U.S.;
    d. Crewman on shore leave;
    e. Treaty traders and investors and their families;
    f. Foreign students;
    g. International organization representation and personnel and their families and servants;
    h. Temporary workers including agricultural contract workers; and
    i. Members of foreign press, radio, film, or other information media and their families.

2. Illegal Aliens. Aliens who are not lawfully admitted for permanent residence in the United States are not eligible for Healthy Steps coverage.

3. Individuals from the Federated States of Micronesia, the Marshall Islands, or Palau, are permanent non-immigrants, and are not eligible for Healthy Steps coverage.

Qualified Aliens 510-07-25-38

(Revised 3/1/12 ML #3311)

View Archives

Qualified aliens are aliens that have been legally admitted and may be eligible for Healthy Steps if they meet all other Healthy Steps eligibility criteria. Some qualified aliens may be eligible under the Refugee Medical Assistance Program 510-05-95-20 if they do not meet all other Health Steps eligibility criteria. The following categories of individuals are qualified aliens: (Forms indicated below are USCIS or INS forms and the sections refer to the Immigration and Nationality Act (INA):

1. Aliens who are lawfully admitted for permanent residence (LPR) may be eligible as described in sections 510-07-25-40 and 510-07-25-45.

2. Honorably discharged veterans, aliens on active duty in the United States' armed forces, and the spouse or unmarried dependent child(ren) of such individuals:

    a. Verification of honorable US military discharge (such as a DD214);
    b. Verification of relationship of family members.

3. Refugees:

    a. Form I-94 (Arrival Departure Record) showing "207" or "REFUG" or codes RE1, RE2, RE3, RE4; or RE5;
    b. Form I-688B (Temporary Resident Card) annotated 274a.12(a)(3);
    c. Form I-766 (Employment Authorization Document) with code A3;
    d. Form I-571 (Refugee Travel Document);

e. Form I-551 or I-151 (Permanent Resident Card) with codes R8-6; RE6, RE7, RE8, RE9.

4. Asylees who have been granted asylum (not applicants for asylum):

   a. Form I-94 showing "208" or "asylee" and/or codes of AS1, AS2, or AS3);
   b. Form I-688B annotated 274.a12(a)(5);
   c. Form I-766 annotated A5;
   d. Grant letter from Asylum office of USCIS.
   e. Order from immigration judge granting asylum:
   f. Form I-571;
   g. Form I-551 or I-151 with codes AS6, AS7, AS8, AS9, GA-6 to GA-8.

5. Cuban and Haitian Entrants:

   a. Form I-94 showing "Cuban/Haitian Entrant" or "parole" under Section 212(d)(5) or codes CU6, or CU7 or "OOE" or "outstanding orders of exclusion";
   b. Form I-151 or I-551 with National of Cuba or Haiti and codes CH6, CNP, CU0, CU-6, CU-7, CU-8, CU-9, CUP, HA-6 to HA-9; HB-6 to HB-9; HD-6 to HD-9; HE-6 to HE-9, or NC-6 to NC-9.

6. Victims of a severe form of trafficking and their families (aliens granted nonimmigrant status under 101(a)(15)(T) of the Immigration and Nationality Act who have a pending application that sets forth a prima facie case for eligibility for that nonimmigrant status):

   a. I-94 showing codes T-1 or T-2;

b. I-94 or passport showing non-immigrant status under 101(a)(15)(T);
c. I-688B or I-766 showing 247a.12(a)(16), A16, 274a.12(c)(25) or C25;
d. Other INS document showing nonimmigrant status under 101(a)(15)(T);
e. Any verification from the INS or other authoritative documents showing non-immigrant status under 101(a)(15)(T).

7. Aliens whose deportation was withheld under Section 243(h) of the Immigration and Naturalization Act (INA):

   a. I-94 or foreign passport showing "243(h)" or "241(b)(3)";
   b. I-688B or I-766 with code of "274a.12(a)(10) or A10;
   c. I-571.

8. Aliens admitted as an Amerasian immigrant:

   a. I-94 showing National of Vietnam and AM1, AM2, or AM3;
   b. I-151 or I-551 showing National of Vietnam and AM-1, AM-2, AM-3, AM-6, AM-7; or AM-8.

9. American Indians born in Canada as described in Section 07-25-30.

10. Aliens paroled into the United States under Section 212(d)(5) of the Immigration and Nationality Act for a period of at least 1 year:

    a. I-94 showing "212(d)(5)" or "parolee" or "PIP";

b. Form I-688B or I-766 with code such as 274a.12(a)(4), or A4, or 274a.12(c)(11);
c. Cuban-Haitian entrants with parole status are considered Cuban-Haitian entrants.

11. Certain battered aliens; battered alien children; and the parents of such children with an I-551 form showing B2-1, B2-3, B2-6, or B2-8.

12. Iraqi and Afghan Special Immigrants and their families:

    a. I-94 with a stamp of "IV" and category SQ1, SQ2, SQ3, SI1, SI2 or SI3 and date of entry;
    b. Afghan or Iraqi passport with a stamp of "IV" and category SQ1, SQ2, SQ3, SI1, SI2 or SI3 and DHS stamp or notation on passport showing date of entry;
    c. I-551 showing national of Afghanistan or Iraq with "IV" code of SQ6, SQ7, SQ9, SI6, SI7, SI9.

13. Aliens granted conditional entry under section 203(a)(7) of the Immigration and Nationality Act in effect prior to April 1, 1980:

    a. I-94 or other document showing "conditional entrant", "refugee conditional entry", "seventh preference"; "section 203(a)(7)"; "P7" ;
    b. I-688B annotated "274a.12(a)(3);
    c. I-766 annotated "A3"; or
    d. Any verification from the INS or other authoritative document.

Aliens Lawfully Admitted for Permanent Residence Before August 22, 1996 510-07-25-40

(Revised 8/1/10 ML #3228)

View Archives

(N.D.A.C. Section 75-02-02.2-09)

Aliens who lawfully entered the United States for permanent residence before August 22, 1996, and who meet all other Healthy Steps criteria may be eligible for Healthy Steps. These individuals have Forms I-551 or I-151 (Resident Alien Cards) or a Foreign Passport stamped LPR or I-551.

Aliens Lawfully Admitted for Permanent Residence on or After August 22, 1996

510-07-25-45

(Revised 4/1/12 ML #3320)

View Archives

(N.D.A.C. Section 75-02-02.2-09)

1. Aliens admitted for Lawful Permanent Residence (LPR) on or after August 22, 1996 are banned from Healthy Steps, for five years from the date they entered the United States. After the five-year ban, aliens who are lawful permanent residents who can be credited with forty qualifying quarters of social security coverage may be eligible for Healthy Steps.

   Verifications of this status are:

   a. Form I-551 or I-151 (Resident Alien Card) (these are also known as 'green cards' but are not green);
   b. Foreign passport stamped LPR or I-551.

Note: If a qualified alien's status has changed to LPR, the codes at 510-07-25-38 apply. If the code on the Permanent Resident Card is not listed at 510-07-25-38, the individual is subject to the 5–yr ban and forty qualifying quarter requirements.

2. Qualifying quarters of social security coverage determined by Social Security can be obtained using the Third Party Query (TPQY) information system. Earnings of some federal civilian employees hired before 1984, earnings of employees of some state and local governments, and certain agricultural and domestic earnings are not calculated by Social Security. These

earnings count in establishing qualifying quarters of social security coverage and must be determined using the same process used by Social Security. If an alien claims to have work history that may qualify, but that the TPQY does not support, gather the information regarding the amount of earnings by quarter and contact the Healthy Steps Eligibility unit for further assistance.

a. When determining the number of qualifying quarters an individual has, count:

   i. All qualifying quarters the alien has due to work;
   ii. All qualifying quarters worked by the alien's spouse during their marriage, if the alien remains married to such spouse or the spouse is deceased; and
   iii. All qualifying quarters worked by a natural, adoptive, or stepparent of such alien while the alien was under age 18. Qualifying quarters of an adoptive parent count from the quarter of the adoption. Qualifying quarters of a stepparent count from the quarter of marriage to the alien's parent.

b. Do not count qualifying quarters for any quarter in which TANF, SNAP benefits, Medicaid, Healthy Steps, or SSI benefits were received (including benefits received in another state), or from any parent whose parental rights have been terminated.

3. Adopted or biological children born outside the US may establish their automatic citizenship if verification is provided as described in the Secondary Verification of Citizenship table at 510-07-25-25.

Social Security Numbers 510-07-25-50

(Revised 8/1/13 ML #3372)

View Archives

(N.D.A.C. Section 75-02-02.2-10)

1. A valid social security number (SSN), or verification of application for SSN, must be furnished as a condition of eligibility, for each individual for whom Healthy Steps benefits are sought except a newborn child, beginning on the date of birth and for the remaining days of the Healthy Steps case eligibility period.

   At the end of the current Healthy Steps eligibility period, a social security number or verification of application for SSN, must be provided to continue Healthy Steps coverage.

   Members of the Healthy Steps unit who are not seeking benefits may voluntarily provide their SSN; however, they are not required to do so.

2. Persons who do not have a number may be assisted by the Department or county agency in obtaining one.
3. A receipt from the Social Security Administration is adequate verification of application for SSN.
4. The Healthy Steps household must be informed, at the time of application, that the agency will use the SSN in the administration of the Healthy Steps Program. The SSN will be used to verify income information from the Social Security Administration, Internal Revenue Service, Job Service, Unemployment Compensation, SNAP, TANF Program, Medicaid Program, Child Care Assistance Program, Child Support Enforcement and other states.

The informing requirement is met by the appropriate language found on the Application for Assistance.

5. Recipients who provide verification of application for SSN at application must provide a SSN by the next review.
6. Social Security numbers are electronically verified through the NUMIDENT system for all recipients. When a number is reported as not valid, the recipient must provide their valid SSN in order to continue eligible for Healthy Steps.

NUMIDENT - This interface is used to verify an individual's social security number, age and sex. Administrative Manual Section 448-01-50-15-60, "NUMIDENT" provides additional information regarding the NUMIDENT interface, and defines the alerts that are created when the NUMIDENT match is determined 'Invalid'.

When the return NUMIDENT file is processed, the following indicators display in the NUMIDENT field on Client Profile in both TECS and Vision with the results of the match:

- Blank – means the information has not been sent to Social Security Administration
- I – Invalid match for social security number
- S – Sent to Social Security Administration for verification
- V – Valid match for social security number

If the indicator is 'I' (invalid) the SSN, name, date of birth or sex of the individual was an invalid match with the SSA information.

When the worker receives one of the following alerts, a valid or active SSN has not been provided.

- SSN Invalid

- SSA has different SSN for client, a valid SSN has not been provided.
- More than 1 SSN at SSA

When the worker receives one of the following alerts, information entered into the system may be incorrect or the individual's NUMIDENT record at SSA has incorrect information.

- SSN Invalid – sex does not match
- SSN Invalid – DOB does not match
- Sex & DOB do not match SSA
- Name does not match SSN

The eligibility system may be incorrect or the individual's NUMIDENT record at SSA has incorrect information. The worker should check the information entered into the system for accuracy. If the worker is unable to determine if the information in the system is accurate, the worker must contact the household (via phone or notice) to determine the correct date of birth or sex and then correct the information in the system. If the worker contacts the household by phone, the contact must be thoroughly documented in the narrative. The worker must document the request and give the household 10 days to provide the number.

- If the household refuses to provide the SSN, or fails to respond to the request, that individual's coverage must be ended or denied.
- If the household requests additional time, another 10 days may be allowed.
- Household members who are not requesting coverage are not required to provide a SSN.

If the individual can only show a request date and not a number, they have until the next review to provide a SSN, or

eligibility will end for that individual. Newborns may be eligible until the month of their first birthday with a request date, after that, a SSN must be provided.

State Residence 510-07-25-55

(Revised 10/1/13 ML #3382)

View Archives

(N.D.A.C. Section 75-02-02.2-09)

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014.

A child must be a resident of North Dakota to be covered under Healthy Steps. A resident of the state is an individual who is living in the state voluntarily and not for a temporary purpose. Temporary absences from the state with subsequent returns to the state, or intent to return when the purpose of the absence has been accomplished, do not interrupt continuity of residence. Residence is retained until abandoned or established in another state.

For individuals entering the state, the earliest date of residency is the date of entry. Residence may not be established for individuals who claim residence in another state.

A child may have an open Medicaid or CHIP case in the other state for a period of time after the child moves; however, most states will not cover out-of-state care. If the other state will pay for the care in North Dakota, wait to open the case until the other state stops the coverage. Likewise, when an individual leaves the state, eligibility is ended as soon as, and in accordance with, proper notice. This information must be documented in the casefile.

1. Individuals under age twenty-one:

    a. For any individual under age twenty-one who is living independently from his parents or who is married and capable of indicating intent, the state of residence is the state where the individual is living with the intention to remain there permanently or for an indefinite period.
    b. For any other non-institutionalized individual under age twenty-one, the state of residence is the state in which the child is living with the child's parent or another caretaker relative on other than a temporary basis. A child is normally considered to be living in the state temporarily if:

        i. The child comes to North Dakota to receive an education, special training, or services in the Anne Carlson School, maternity homes, vocational training centers, etc. if the intent is to return to the child's home state upon completion of the education or service;
        ii. The child is placed by an out-of-state court into the home of relatives or foster parents in North Dakota on other than a permanent basis or on other than an indefinite period; or
        iii. The child entered the state to participate in Job Corps or other specialized services if the intent is to return to the child’s home state upon completion of the activity or service.

    c. For any institutionalized individual under age twenty-one who is neither married nor living independently, residence is that of the parents or legal guardian at the time of placement or the state of residence of the parent or legal guardian at the time of Medicaid application if the child is institutionalized in the same state. Only if the parental rights have been terminated, and a guardian or custodian appointed, may the residence of the guardian or custodian be used. If the individual has been abandoned by his

parents and does not have a guardian, the individual is a resident of the state in which the individual lives.

2. Individuals age twenty-one and over:

    a. For any individual not residing in an institution, the state of residence is the state where the individual is living with the intention to remain there permanently or for an indefinite period or is entering the state with a job commitment or seeking employment.

    The state of residence, for Healthy Steps purposes, of migrants and seasonal farm workers is the state in which they are living due to employment or seeking employment.

    b. For any institutionalized individual, the state of residence is the state where the individual is living with the intention to remain there permanently or for an indefinite period.

3. Individuals placed in out-of-state institutions by a state agency retain residence in that state regardless of the individual's indicated intent or ability to indicate intent. State residence ends, however, when the competent individual leaves the facility in which the individual was placed by the state. Providing information about another state's Healthy Steps program or about the availability of health care services and facilities in another state, or assisting an individual in locating an institution in another state, does not constitute a state placement.

    State agencies include human service centers, the Division of Juvenile Services, special education, county social service offices, the Department of Human Services, and the Health Department. Tribal entities and hospital social workers or other staff are not state agencies

4. For any individual receiving a state supplemental payment, the state of residence is the state making the payment.

5. For any individual on whose behalf payments for regular foster care are made, the state of residence is the state making the payment.
6. When two or more states cannot agree which state is the individual's state of residence, the state of residence is the state in which the individual is physically present.

For Applications and Reviews Received on or after October 1, 2013 for benefits starting January 1, 2014:

A child must be a resident of North Dakota to be covered under Healthy Steps. A resident of the state is an individual who is living in the state voluntarily and not for a temporary purpose. Temporary absences from the state with subsequent returns to the state, or intent to return when the purpose of the absence has been accomplished, do not interrupt continuity of residence. Residence is retained until abandoned or established in another state.

For individuals entering the state, the earliest date of residency is the date of entry. Residence may not be established for individuals who claim residence in another state.

A child may have an open Medicaid or CHIP case in the other state for a period of time after the child moves; however, most states will not cover out-of-state care. If the other state will pay for the care in North Dakota, wait to open the case until the other state stops the coverage. Likewise, when an individual leaves the state, eligibility is ended as soon as, and in accordance with, proper notice. This information must be documented in the casefile.

1. Individuals under age twenty-one:

    a. For any individual under age twenty-one who is living independently from his parents or who is married and capable of indicating intent, the state of residence is the

state where the individual is living with the intention to remain there.

b. For any other non-institutionalized individual under age twenty-one, the state of residence is the state in which the child is living with the child's parent or another caretaker relative on other than a temporary basis. A child is normally considered to be living in the state temporarily if:

   i. The child comes to North Dakota to receive an education, special training, or services in the Anne Carlson School, maternity homes, vocational training centers, etc. if the intent is to return to the child's home state upon completion of the education or service;
   ii. The child is placed by an out-of-state court into the home of relatives or foster parents in North Dakota on other than a permanent basis or on other than an indefinite period; or
   iii. The child entered the state to participate in Job Corps or other specialized services if the intent is to return to the child’s home state upon completion of the activity or service.

For any institutionalized individual under age twenty-one who is neither married nor living independently, residence is that of the parents or legal guardian at the time of placement or the state of residence of the parent or legal guardian at the time of Medicaid application if the child is institutionalized in the same state. Only if the parental rights have been terminated, and a guardian or custodian appointed, may the residence of the guardian or custodian be used. If the individual has been abandoned by his parents and does not have a guardian, the individual is a resident of the state in which the individual lives.

2. Individuals age twenty-one and over:

   a. For any individual not residing in an institution, the state of residence is the state where the individual is living with

the intention to remain there or is entering the state with a job commitment or seeking employment.

The state of residence, for Healthy Steps purposes, of migrants and seasonal farm workers is the state in which they are living due to employment or seeking employment.

b. For any institutionalized individual, the state of residence is the state where the individual is living with the intention to remain there permanently or for an indefinite period.

3. Individuals placed in out-of-state institutions by a state agency retain residence in that state regardless of the individual's indicated intent or ability to indicate intent. State residence ends, however, when the competent individual leaves the facility in which the individual was placed by the state. Providing information about another state's Healthy Steps program or about the availability of health care services and facilities in another state, or assisting an individual in locating an institution in another state, does not constitute a state placement.

   State agencies include human service centers, the Division of Juvenile Services, special education, county social service offices, the Department of Human Services, and the Health Department. Tribal entities and hospital social workers or other staff are not state agencies

4. For any individual receiving a state supplemental payment, the state of residence is the state making the payment.

5. For any individual on whose behalf payments for regular foster care are made, the state of residence is the state making the payment.

6. When two or more states cannot agree which state is the individual's state of residence, the state of residence is the state in which the individual is physically present.

Application for Other Benefits 510-07-25-60

(Revised 1/1/13 ML #3355)

View Archives

(N.D.A.C. Section 75-02-02.2-12)

1. As a condition of eligibility, applicants, recipients, and financially responsible relatives must take all necessary steps to obtain any annuities, pensions, retirement, and disability benefits, to which they are entitled, unless they can show good cause for not doing so. Annuities, pensions, retirement, and disability benefits include, but are not limited to, veterans' compensation and pensions; old age, survivors, and disability insurance benefits; railroad retirement benefits; and unemployment compensation.

2. Good cause under this section exists if:

    a. The recipient is a pregnant woman or a newborn who is within the 60 days of free Medicaid;
    b. The recipient is eligible for Transitional or Extended Medicaid Benefits;
    c. Receipt of the annuity, pension, retirement, or disability benefit would result in a loss of health insurance coverage;

    d. Receipt of the benefits would require accessing a pension or other Internal Revenue Service (IRS) qualified retirement plan and the individual has not met full retirement age based on Social Security's full retirement age criterion; or
    e. An employed or self-employed individual who has not met their full retirement age chooses not to apply for Social Security early retirement or widows benefits.

Good cause must be documented in the case file.

Public Institutions and IMDs 510-07-25-65

(Revised 8/1/13 ML #3372)

View Archives

(N.D.A.C. Section 75-02-02.2-10)

1. An "inmate" of a public institution is not eligible for Healthy Steps unless the eligible individual is a child under the age of 19 who is determined to be continuously eligible. Such child remains eligible for Healthy Steps; however, no medical services will be covered during the stay in the public institution.

    a. A public institution is an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control, but does not include a medical institution.

        Examples include (but are not limited to): North Dakota Youth Correctional Center, Women's Correctional Center in New England, North Dakota State Penitentiary, Bismarck Transition Center, and city, county, or tribal jails.

    The Bismarck Transition Center (BTC) is a community-based correctional program designed to help eligible, non-violent offenders transition back into the community, and is a public institution. Individuals entering this facility as "inmates" who are sent to the facility for assessment purposes are committed under the penal system and will be arrested if they leave. Because such individuals are "inmates," they are not eligible for Medicaid or Healthy Steps. (Individuals entering this facility on a voluntary basis while on probation are not "inmates.")

If a worker is notified that a Healthy Steps child has entered a public institution, the worker must email the Healthy Steps Administrator, at the state office as soon as possible, so the Healthy Steps vendor may be notified. The Healthy Steps child's name, Social Security Number, date of birth, date admitted to the public institution, and date of release, if known, must be included.

While some institutions are owned or controlled by governmental entities, they do not meet the definition of public institutions because they are medical institutions.

Examples include (but are not limited to): School for the blind, School for the Deaf, State Hospital, State Developmental Center at Grafton, Veterans Administration Hospitals, and the North Dakota Veteran's Home.

b. An "inmate" of a public institution is a person who has been involuntarily sentenced, placed, committed, admitted, or otherwise required to live in the institution, and who has not been unconditionally released from the institution.

"Unconditionally released" means released, discharged, or otherwise allowed or required to leave the institution under circumstances where a return to the institution cannot be required by the operator of the institution.

Residence in a penal institution is terminated by parole, discharge, release on bond, or whenever the individual is allowed to return and reside in their home. A transfer from a penal facility to the state hospital or another medical institution, for evaluation or treatment does not terminate inmate status.

Example: A release from a penal institution to a hospital for the birth of the inmate's child will not terminate inmate status if the inmate is required to return to the penal institution following discharge from the hospital.

c. An individual who is voluntarily residing in a public institution or who has not yet been placed in the facility is not an "inmate." An individual is not considered an "inmate" (so can remain or become eligible for Medicaid or Healthy Steps) if:

   i. The individual is attending school at the North Dakota School for the Blind in Grand Forks, or the North Dakota School for the Deaf in Devils Lake;
   ii. The individual is in a public institution for a temporary period pending other arrangements appropriate to the individual's needs (i.e., Juvenile Detention Center, Fargo);
   iii. The individual has not yet been placed in a public institution. For instance, an individual who is arrested and transported directly to a medical facility is not an inmate until actually placed in the jail. The individual may remain Medicaid or Healthy Steps eligible until actually placed in jail; or
   iv. The individual enters the Bismarck Transitional Center (BTC) on a voluntary basis while on probation.

2. A child who is under age nineteen and is a "patient" in an IMD is not eligible for Healthy Steps unless the child enters the State Hospital after Healthy Steps eligibility has been established. The child's eligibility cannot continue if the child remains in the State Hospital when eligibility is redetermined.

a. An IMD is a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases. A facility with 16 beds or less is not an IMD. Whether an institution is an IMD is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of mental diseases. An institution for the intellectually disabled (ICF-ID) is not an IMD.

   IMDs include the North Dakota State Hospital, facilities determined to be a Psychiatric Residential Treatment Facility (PRTF) by the Medical Services Division, the Prairie at St. John's center, and the Stadter Psychiatric Center. For any other facility, contact the Medical Services Division for a determination of whether the facility is an IMD.

b. An individual on conditional release or convalescent leave from an IMD is not considered to be a "patient" in that institution. However, such an individual who is under age 21 and has been receiving inpatient psychiatric services is considered to be a "patient" in the institution until unconditionally released or, if earlier, the last day of the month in which the individual reaches age 22.
c. An individual on conditional release is an individual who is away from the institution, for trial placement in another setting or for other approved leave, but who is not discharged. An individual on "definite leave" from the state hospital is an individual on conditional release.

3. The period of ineligibility under this section begins the day after the day of entry and ends the day before the day of discharge of the individual from a public institution or IMD. A Ten-Day Advance Notice is not needed when terminating benefits due to entry into the public institution or IMD. See Paragraph (4) of 510-07-15-30, "Decision and Notice," for further information.

Child Support Enforcement 510-07-30

(Revised 8/1/05 ML #2982)

View Archives

Referrals to Child Support are not made for children eligible for Healthy Steps coverage.

Assets 510-07-35

General Information 510-07-35-05

(Revised 8/1/05 ML#2982)

View Archives

(N.D.A.C. 75-02-02.2-11)

Assets are not considered in determining eligibility for Healthy Steps.

Income 510-07-40

Income Consideration 510-07-40-05

(Revised 10/1/13 ML #3382)

View Archives

(N.D.A.C. 75-02-02.2-12)

Income is defined as any cash payment, which is considered available to a Healthy Steps unit for current use. Income must be reasonably evaluated.

1. All income that is actually available must be considered. Income is actually available when it is at the disposal of an applicant, recipient, or responsible relative; when the applicant, recipient, or responsible relative has a legal interest in a liquidated sum and has the legal ability to make the sum available for support, maintenance, or medical care; or when the applicant, recipient, or responsible relative has the lawful power to make the income available or to cause the income to be made available.

Income that is withheld because of garnishment or to pay a debt or other legal obligation is still considered available.

Title II and SSI overpayments being deducted from Title II benefits are normally considered to be available because the applicant or recipient can pursue a waiver of the overpayment. Only if the waiver has been denied after a good faith effort, can the Title II or SSI overpayment deductions be considered unavailable.

Occasionally other delinquent debts owed to the federal government may be collected from an individual's federal payment benefit (i.e. Title II, Civil Service, and Railroad Retirement). These other reductions of federal benefits are not allowed to reduce the countable benefit amount. The award amount of the federal benefit is counted as available except to the extent an undue hardship is approved for the individual.

Requests for undue hardship exceptions must be submitted to the Medicaid Eligibility Unit where a determination will be made whether an undue hardship exists. An undue hardship may be determined to exist for all or a portion of the debt owed, or all or a portion of the reduction from the monthly income.

An undue hardship will be determined to exist only if the individual shows all of the following conditions are met:

a. The debt is a debt owed to the Federal government;
b. The deduction from the individual's federal payment benefit was non-voluntary;
c. The amount of the deduction exceeds the Medicaid income level(s) to which the individual and the individual's spouse is subject;
d. The individual has exhausted all lawful avenues to get the reduction waived, forgiven, or deferred; and

e. The individual or their spouse do not own assets that can be used to pay for the debt.

An individual may have rights, authority, or powers that he or she does not wish to exercise. An example includes an individual who allows a relative to use excluded or exempted assets free or at a reduced rental. In such cases, a fair rental amount will be counted as available income whether or not the applicant or recipient actually receives the income.

2. The financial responsibility of any individual for any other member of the Healthy Steps Unit will be limited to the responsibility of spouse for spouse and parents for children under age twenty-one, or if blind or disabled, under age eighteen. Such responsibility is imposed as a condition of eligibility for Healthy Steps. Except as otherwise provided in this section, the income of the spouse and parents is considered available even if that income is not actually contributed. Natural and adoptive parents, but not stepparents, are treated as parents.
3. All parental income is considered actually available to a child unless:

    a. The child is living independently; or
    b. The child is living with a parent who is separated from the child's other parent, with or without court order, if the parents did not separate for the purpose of securing Healthy Steps benefits.

4. Income may be received weekly, biweekly, monthly, intermittently, or annually. However income is received, a monthly income amount must be computed.
5. Many benefit programs deposit an individual's monthly benefit onto a debit card. Examples of these benefit programs are TANF benefits, Unemployment Insurance Benefits (UIB), Child Support benefits, Workforce Safety and Insurance (WSI), Social Security Administration Benefits (SSA), and Supplemental Security benefits. Individuals may also receive as gifts or bonuses such things as gift cards, debit cards, prepaid credit cards or 'in-store

credits'. Examples include bonus or commission payments, compensation for work performed, or Tribal Gaming Per Capita Distributions from gaming revenues etc. Any balance remaining on these debit cards are considered a liquid asset beginning the month following the month it was deposited on the card and counted as income. **These could be earned or unearned income by applying appropriate policy.**

Payments that are normally disregarded as income, such as SNAP or TANF benefits, disregarded Tribal payments (other than per capita payments from gaming revenues), and occasional small gifts, continue to be disregarded as income regardless of the form of payment (510-05-85-25 Post Eligibility Treatment of Income, 510-05-85-30 Disregarded Income – Medicaid, 510-07-40-30 Disregarded Income – Healthy Steps). All other such payments are counted as income.

6. MAGI methodologies must be applied for all Healthy Steps applications and reviews received on or after January 1, 2014.

Medical Payments 510-07-40-10

(Revised 8/1/05 ML #2982)

View Archives

Payments from any source, which are or may be received to cover a medical expense or increased medical need, are not income, and are not counted when determining eligibility for Healthy Steps. These payments include health or long-term care insurance payments, Veteran's Administration aid and attendance, Veteran's Administration reimbursements for unusual medical expenses, and Veteran's Administration homebound benefits intended for medical expenses.

Determining Ownership of Income 510-07-40-15

(Revised 8/1/05 ML #2982)

View Archives

(N.D.A.C. Section 75-02-02.2-12)

1. In determining ownership of income from a document (e.g. a tax return for a self-employment business, or a rental agreement for rental property . . .), income must be considered available to each individual as provided in the document, or, in the absence of a specific provision in the document:

    a. If payment of income is made solely to one individual, the income shall be considered available only to that individual; and
    b. If payment of income is made to more than one individual, the income shall be considered available to each individual in proportion to the individuals' interest.

2. In the case of income available to a couple in which there is no document establishing ownership, one-half of the income shall be considered to be available to each spouse.

3. Except in the case of income from a trust, the rules for determining ownership of income are superseded to the extent that the applicant or recipient can establish that ownership interests are otherwise than as provided in those rules.

MAGI Income Methodologies 510-07-40-19

(Revised 10/1/2013 ML3382)

View Archives

Effective for the benefit month of January, 2014, the following MAGI Income Methodologies will be used in determining income eligibility for the Healthy Steps Program. For benefit months prior to January 2014, please see the appropriate section under "Income" at 510-07-40.

1. Income is based on household composition and tax filer rules.
2. Monthly income is used prospectively. for new applications, annualized income for ongoing cases.
3. Current, point in time income is used -- prospecting reasonable expected changes.
4. A tax dependent child's income does not count in a taxpayer parent's or caretaker's household if the child is not required to file a tax return. The child's needs are included in the taxpayer's household.

    a. If the taxpayer parent or taxpayer caretaker is in the child's Medicaid household, the child's income does not county in the child's household, either.
    b. If the taxpayer parent or taxpayer caretaker is not in the child's Medicaid household, the child's income DOES count in the child's household.
    c. Filing requirements change every year and this information may be found in the instructions for Form 1040 at http://www.irs.gov.
    d. If the child is not required to file a tax return, however, files a return in order to get a refund of taxes withheld, that child's income is not counted.
    e. If the child IS required to file a tax return, the child's income is counted in all the households in which the child is included.

5. If using an individual's federal tax return:

   MAGI Income is:

   MAGI = Adjusted Gross Income (AGI) **plus**:

   a. Any foreign earned income excluded from taxes
   b. Tax-exempt interest
   c. Tax-exempt Social Security income

   Minus:

   a. Scholarships, awards, or fellowship grants used for education purposes and not for living expenses are excluded from income.
   b. Certain distributions, payments and student financial assistance for American Indians/Alaska Natives are excluded from income.

   This MUST be updated using current data.

6. If **not** using an individual's federal tax return:

   MAGI Income is:

   a. Gross taxable wages (must deduct pre-tax deductions) plus
   b. Gross Interest income plus
   c. Gross Dividend income plus
   d. Taxable refunds of state or local income taxes plus
   e. Gross Alimony received plus
   f. Net Business income or loss from self-employment plus
   g. Capital Gains or losses plus
   h. Taxable amounts of IRA distributions plus
   i. Taxable Amount of Pensions and annuities plus
   j. Net rents, royalties, partnerships, S corporation or trust income plus
   k. Net farm income or loss plus

l. Gross unemployment compensation plus
m. Gross Social Security income plus
n. Gross foreign earned income plus
o. Other income

Minus:

a. Educator expenses
b. Business expenses of reservist, performing artists and fee-basis government officials
c. Health savings account deduction
d. Moving expenses
e. Deductible portion of self-employment tax
f. Contributions to Self-employed SEP, SIMPLE and qualified plans
g. Self-employed health insurance deduction
h. Penalty on early withdrawal of savings
i. Alimony paid
j. Contributions to IRA
k. Student loan interest deduction
l. Tuition and fee
m. Domestic production activities deduction
n. Scholarships, awards, or fellowship grants used for education purposes and not for living expenses are excluded from income.
o. Certain distributions, payments and student financial assistance for American Indians/Alaska Natives are excluded from income.

7. The following income types are not reported on Form 1040 and are not countable income under MAGI methodologies:

a. Child support income
b. Veteran's benefits (aid and attendance, homebound benefits and reimbursements for unusual medical expenses
c. SSI income

8. Instead of itemized disregards and deductions, a standard disregard equal to 5% of the Federal Poverty Level is allowed under MAGI Methodology.

Unearned Income 510-07-40-20

(Revised 10/1/13 ML #3382)

View Archives

IM 5142

(N.D.A.C. Section 75-02-02.2-12 and 13)

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014. For treatment of income for benefits or applications or reviews on or after January 1, 2014, please see "MAGI Income Methodologies" at 510-07-40-19.

Unearned income is income that is not earned. Unearned income, which is received in a fixed amount each month, shall be applied in the month in which it is normally received. For example, Social Security benefits received in January will be applied against January need.

1. Recurring unearned lump sum payments received after application for Healthy Steps or Medicaid are prorated over the number of months the payment is intended to cover. When a payment is received and prorated in an ongoing case, or after a period of Healthy Steps or Medicaid eligibility, and the case closes and then reopens during the prorated period, or within the following proration period, the lump sum payment must continue to be used. This prevents cases from being closed temporarily to avoid using the lump sum income. All other recurring unearned lump sum payments received before application for Healthy Steps or Medicaid are not prorated.
2. All nonrecurring unearned lump sum payments, except medical payments of health or long-term care insurance payments, Veteran's Administration aid and attendance, Veteran's Administration reimbursements for unusual medical expenses, and Veteran's Administration homebound benefits intended for

medical expenses, are considered as income in the month received. Nonrecurring unearned lump sum payments are counted if the income can be anticipated prospectively for the month in which Healthy Steps eligibility is being determined.

Lump sum retroactive adjustment payments from the SSA due to changes in the individual's earning record are considered nonrecurring lump sums.

3. Types of unearned income include but are not limited to:

    a. Income from pension and benefit programs, such as Social Security, Railroad Retirement, veteran's pension or compensation, veteran's vocational rehabilitation subsistence payments, unemployment compensation, employee or individual pension plans and annuities, union compensation during strikes, Workforce Safety & Insurance, public or private disability payments, etc.

        These benefits are to be considered in the full amount awarded within the Healthy Steps unit. However, when a mandatory deduction for taxes is withheld, the benefit is reduced by those deductions (see 07-40-05(1) for policy on how to treat Social Security overpayments);

    b. Voluntary cash contributions from others;
    c. The net amount of court ordered or voluntary support payments and alimony. The net amount of the payment is the amount after fees are deducted from child support payments received by the State Disbursement Unit;
    d. Income from a life estate;
    e. Income from rental of rooms, apartments, or other property except that income from room rentals is considered "earned" if the recipient is actively engaged in the venture by such means as making the bed, changing linens, cleaning the room, etc. The first $25 of income from each roomer is exempt to defray any associated expenses;

f. Student income received from the Veterans Administration through the GI Bill or Reserve Education assistance Program (REAP), except that verified out of pocket school expenses (tuition, books and fees) may be deducted. Such expenses may not be deducted from benefits specifically earmarked for housing or personal needs or from Veteran's vocational rehabilitation subsistence payments;
g. Money received by the Healthy Steps unit as a result of a benefit or fundraiser. (Money that is received by a third party and disbursed to a third party for the benefit of the Healthy Steps Unit is considered an in-kind contribution);
h. Mineral lease income (If a lump sum, count as income in the month received. If recurring, prorate over the period it is to cover);
i. Royalty income less mandatory production taxes withheld prior to distribution (income taxes withheld are not allowed to reduce the royalty payment);
j. Conservation Reserve Program (CRP) payments if the applicant or recipient is not actively engaged in farming.

   Actual maintenance expenses, up to $5 per acre per year, which are not reimbursed (e.g. by ASCS), may be deducted from the gross CRP payments. Actual maintenance expenses are those expenses necessary to maintain the property according to the CRP contract, such as seed, spray, etc. but do not include property taxes or insurance. When the CRP contract requires more extensive maintenance or preparation, the $5 per acre can be exceeded by actual verified expenses up to the NDSU Extension rate established for the area. When the applicant or recipient receives 100% of the payment, the allowable expenses that are not reimbursed are allowed. When the applicant or recipient only receives a percentage of the payment, that same percentage of the allowable expenses is allowed. For example, if 90% of the payment is received by the applicant, then only 90% of the allowable expenses can be allowed as a deduction;

k. Cooperative payments;

l. Interest payments received as a result of converting an asset (i.e. contractual right to receive money payments);
m. Stipends received to attend an educational facility or training (other than those stipends specifically excluded for victims of domestic violence in 05-40-30);
n. Payment of proceeds or profits to enrolled tribal members from tribal gaming/gambling establishments including Three Affiliated Tribes Elderly Payments (the payments are to be annualized and prorated over 12 months);
o. Sisseton-Wahpeton Oyate Lake Traverse Reservation Food Distribution Program casino cash payments to the elderly is a recurring lump sum payment to be prorated over the period it is intended to cover; and
p. Spirit Lake Nation payments for grades are considered non-recurring lump sums.

Earned Income 510-07-40-25

(Revised 10/1/13 ML #3382)

View Archives

IM 5142

(N.D.A.C. 75-02-02.2-12 and 13)

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014. For treatment of income for benefits or applications or reviews on or after January 1, 2014, please see "MAGI Income Methodologies" at 510-07-40-19.

Earned income is income which is currently received as wages, salaries, commissions, or profits from activities in which an individual or family is engaged through either employment or self-employment. There must be an appreciable amount of personal involvement and effort, on the part of the individual or family, for income to be considered "earned." Earned income will be applied in the month in which it is normally received.

1. If earnings from more than one month are received in a lump sum payment, the payment must be divided by the number of months in which the income was earned, and the resulting monthly amounts are attributed to each of the months with respect to which the earnings were received.

   Similarly, earnings paid under a contract must be prorated over the period the contract covers.

   Example: A teacher receives paychecks in August through May, however the contract covers 12 months and the contracted salary is $30,000. The annual salary is prorated over 12 months for $2500 per month. The paystubs show that from the August through May monthly checks, $350 per month

is withheld. To annualize the withholdings, take the 10 months of withholdings (10X $350 = $3500) and divide by 12 ($3500 / 12 = $291.67) to establish the monthly allowable withholdings.

Occasionally, migrants may receive an advance lump sum payment to reimburse or cover travel expenses. Such reimbursement is normally received prior to their arrival and is not considered earned income. An advance for wages, however, is counted as earned income and is prorated over the months it is intended to cover.

Example: Don is a migrant worker who received a reimbursement from his grower for traveling to North Dakota to work. This reimbursement is disregarded from income as a reimbursement. Don's grower also gave him a wage advance of $900 in May for the months of June, July, and August. The wage advance would be prorated over the months of June, July, and August as earned income.

Bonuses, profit sharing, and other similar payments are not considered lump sum earnings or wages received other than monthly, but an extra payment of earned income based on a productive period, and are considered income in the month received.

2. Types of earned income include:

    a. Wages, salaries, commissions, bonuses, severance pay, or profit received as a result of holding a job or being self-employed;
    b. Earnings from on-the-job training as provided by Title II Young and Adult Programs;
    c. Wages received as the result of participation in the Mainstream and Experience Works (formerly Green Thumb) Programs, both funded by the U.S. Department of Labor, or the Senior Community Service Employment Program (SCSEP);

d. Earnings of recipients employed by school as teachers' aides, etc., under Title I of the Elementary and Secondary Education Act;
e. Wages received from sheltered workshop employment;
f. Sick leave pay or loss of time private insurance paid for the loss of employment due to illness (but does not include public or private disability payments);
g. Compensation for jury duty;
h. Wages from the Economic Opportunity Act programs under Title I and Title II;
i. Tips. Recipient's statement as to average amount of tips received each month is adequate if consistent with place and kind of employment and number of hours worked;
j. Income in-kind in lieu of wages;
k. Wages received for on-the-job training placement under the Workforce Investment Act (WIA);
l. The "living allowance" portion of earnings from AmeriCorps; and
m. The Family Subsistence Supplemental Allowance (FSSA) paid to members of the Armed Services.

3. When an applicant or recipient and other members of the Healthy Steps unit, in combination, own a nominal interest in a business entity, and are not able to influence the nature or extent of employment by that business entity, the individual is not considered to be self-employed, but an employee of the business entity. The individual's earned income as an employee, plus any unearned income gained from ownership of the interest in the business entity, is considered.

4. Calculating "self-employment" income:

    a. Calculate self-employment income based on the previous one year of self-employment taken from the federal income tax return. If the previous year's tax return has not been filed, the prior year's tax return will be used.

Example: A family applies in March 2007 for Healthy Steps. They are self-employed and have not filed their 2006 tax return. The 2005 tax return would then be used.

If the household fails Healthy Steps based on income, calculate the self-employment income based on the average of the previous three years of self-employment from that business. If the previous year's tax return has not been filed or the business has been in existence for fewer than three years, use the income tax returns from the previous three years that have been filed.

Example 1: A family applies in March 2007 for Healthy Steps. they are self-employed and have not filed their 2006 tax return. The 2005 and 2004 tax returns would then be used.

Example 2: A self-employed family applies for Healthy Steps in 2007. Their business has only been in operation since 2005. The 2006 and 2005 tax returns are used to calculate the average yearly income.

b. For a business that has been operating for the full tax year, monthly self-employment income is one-twelfth of the amount from:

   i. The business income or loss from page one of the individual's form 1040; or
   ii. The partnership or corporation income or loss from page two of Schedule E of the individual's form 1040; or
   iii. The farm income or loss from page one of the individual's form 1040; and

iv. Capital or other gains or losses, related to the self-employment business, from page one of the individual's form 1040; and

v. The self-employment schedules C (non-farming self-employment), F (farming self-employment), 1120 (corporation), and 1065 (partnership) must be examined to determine if there is any income from cooperative dividends or CRP (if not actively engaged in farming). If so, CRP income of non-farmers and the cooperative dividends for both farmers and non-farmers must be subtracted from the self-employment income and treated as unearned income. If from a partnership or corporation, the determination of the individual's share of the cooperative dividends or CRP income is taken from the individual partner's Schedule K-1. The supporting schedules must also be examined to determine whether the income includes disaster agricultural payments or other disaster payments made to the self-employment entity as they must be deducted from the gross income on the tax schedules as this is disregarded income.

One twelfth of the allowable deductions using the "Adjusted Gross Income" subtotal line from page one of the individual's form 1040 are subtracted from the net result (business income or loss and capital gain or loss) to arrive at countable monthly income from self-employment. If household has more than one self-employment business, only one "Adjusted Gross Income" deduction is allowed. Self-employment losses offset other household income.

c. For a business that has been operating for less than a full tax year, but is reflected on the form 1040, divide the self-employment income by the number of months of the

tax year that the business has been operating. The self-employment income used is the amount from:

i. The business income or loss from page one of the individual's form 1040; or
ii. The partnership or corporation income or loss from page two of Schedule E of the individual's form 1040; or
iii. The farm income or loss from page one of the individual's form 1040; and
iv. Capital or other gains or losses, related to the self-employment business, from page one of the individual's form 1040.
v. The self-employment schedules C (non-farming self-employment), F (farming self-employment), 1120 (corporation), and 1065 (partnership) must be examined to determine if there is any income from cooperative dividends or CRP (if not actively engaged in farming). If so, CRP income of non-farmers and the cooperative dividends for both farmers and non-farmers must be subtracted from the self-employment income and treated as unearned income. If from a partnership or corporation, the determination of the individual's share of the cooperative dividends or CRP income is taken from the individual partner's Schedule K-1. The supporting schedules must also be examined to determine whether the income includes disaster agricultural payments or other disaster payments made to the self-employment entity as they must be deducted from the gross income on the tax schedules as this is disregarded income.

The "Adjusted Gross Income" deductions from page one of the individual's form 1040 divided by the number of months the business operated during the year are subtracted from the net result to arrive at countable

monthly income from self-employment. If household has more than one self-employment business, only one "Adjusted Gross Income" deduction is allowed. Self-employment losses offset other household income.

d. If the most recently available federal income tax return does not accurately predict income because the business has been recently established, has been terminated, has been subjected to a severe change such as an uninsured loss, or a decrease or increase in the size of the operation, income statement, business records and ledgers reflecting income and expenses, or any other reliable information may be used to compute self-employment income.

QSP rates change each July, and per policy at 510-07-40-05(1), all income which is available to a unit must be considered. The annual increase in the rate paid is a known increase, so must be taken into consideration when determining income. The daily rate the QSP is paid should be used. It is important also to note that income tax returns filed by QSPs who are providing services to a family member may only include the income they are paid by the Department, and not the Medicaid client share (recipient liability) amount that is applied toward the QSP bill (because they did not collect the client share from their family member). The client share due the QSP is income they are paid in addition to that from the Department. The available income to the QSP must include the higher rate and any client share amounts due them.

To address both issues, the daily rate the QSP is paid should be used to determine the gross income amount of self-employment income. The expenses from Schedule C and the Gross Income Deduction from Form 1040 should still be deducted to arrive at net self-employment income for the year. If the family does not pass the Healthy

Steps income test using this amount, the average from the past three years of self-employment can still be used to determine whether the children are eligible. Following is an example:

Example: The Brown family is applying for Healthy Steps coverage for their children. Mr. Brown receives HCBS services. Mrs. Brown is the QSP and she is entitled to receive the current rate of $36.51 per day. Prior to July she was paid only $26.84 per day. Instead of using last year's tax return, the current rate should be used beginning in July. $36.51 x 365 divided by 12 provides a monthly estimate of earnings, to which the expenses from Schedule C and the Gross Income Deduction from Form 1040 should be subtracted to arrive at net self-employment income. This amount can be used until there is a rate change, at which time a new calculation is needed.

New rate increase information can be obtained from the QSP, or from the HCBS case manager, as rates will vary by case, depending on the type and amount of services received.

e. Once self-employment income is calculated, it is divided by the number of individuals listed on the self-employment schedules.

Communal Colonies 510-07-40-27

(Revised 4/1/06 ML #3022)

View Archives

Individuals who live communally (i.e. Hutterites, Mennonites, Amish, etc.) may or may not have a collective ownership of property and income. In determining eligibility, it will first be necessary to determine whether collective ownership of income exists. If it does not, Healthy Steps policy applies to individuals and families, as it does for any other individual or family.

If the commune has collective ownership, also determine whether the commune is self-employed. Most communal colonies are self-employed in agricultural or manufacturing and are incorporated, or set up as a large partnership. Occasionally, some colonies are not self-employed, but may be working under contract for wages.

1. Most colonies have collective ownership of income, which is often generated from their self-employment venture. When colonies have a collective ownership in income, a share attributable to each individual or family must be determined. Countable income is established as follows:

    a. If the colony is self-employed, from the colony's corporate or partnership tax return.

        i. Divide the net income or loss by the number of members in the colony to establish each individual's share of income. Multiply this amount by the number of individuals in the Healthy Steps unit to determine the unit's share. If the tax return represents an entire year of the business operation, one twelfth of the unit's share is the monthly income

(if in business less than a year divide by the number of months instead of twelve); and

> **Example:** There are 124 members in a colony that is engaged in farming. A family of six in the colony applies for Health Care Coverage. The corporate tax return indicates $60,114 in net earnings. $60,114 is divided by 124 members to arrive at each individual's share of $484.79. Multiply $484.79 by six to arrive at the unit's share of $2908.74 in countable annual income. Divide by 12 to determine the Healthy Steps unit's monthly income of $242.40.

ii. Identify the income as belonging only to the adults in the Healthy Steps unit, or older children who are actively engaged in the operation and are not students, and allow the appropriate earned income deductions for those individuals who are actively engaged in the operation.

iii. Calculate self-employment income based on the previous year of self-employment, and if the household fails Healthy Steps based on income, calculate the self-employment income based on the average of the previous three years of self-employment from that business. If the colony's business has been in operation for less than three consecutive years, use the actual number of years the colony's business has been in operation to calculate the average yearly income.

b. If the colony is not self-employed, but is working under contract for wages:

i. Divide the total contract income by the number of members in the colony to establish each individual's share of income. Multiply this amount by the

number in the Healthy Steps unit to determine the unit's share; and

ii. Identify the income as belonging only to the adults in the Healthy Steps unit, or older children who are actively engaged in the operation and are not students, and allow the appropriate earned income deductions for those individuals who are actively engaged in the operation. If no individuals in the Healthy Steps unit are actually engaged in the business, the income is considered unearned income; and

c. For members who have other earned or unearned income, the income counts as income of the individual who receives it and the Healthy Steps policies apply to the income. Income is counted for the individual, even if the income has been given to the colony.

Disregarded Income 510-07-40-30

(Revised 10/1/13 ML #3382)

View Archives

IM 5160

(N.D.A.C. Sections 75-02-02.2-12)

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014. For treatment of income for benefits or applications or reviews on or after January 1, 2014, please see "MAGI Income Methodologies" at 510-07-40-19.

The following types of income must be disregarded in determining Healthy Steps eligibility:

1. Money payments made by the Department, another state, or tribal entities in connection with foster care, subsidized guardianship, or the subsidized adoption program (This does not include Casey Family, or other private foster care payments);
2. Temporary Assistance for Needy Families (TANF) benefit and support services payments;
3. Benefits received through the Low Income Home Energy Assistance Program;
4. Refugee cash assistance or grant payments;
5. County general assistance that may be issued on an intermittent basis to cover emergency type situations;
6. Payments from the Child and Adult Food Program for meals and snacks to licensed families who provide day care in their home;
7. Payments from the family subsidy program;
8. Income received as a housing allowance by programs sponsored by the United States Department of Housing and Urban Development and rent supplements or utility payments provided through the Housing Assistance Program;

9. Money received by Indians from the lease or sale of natural resources, and rent or lease income, resulting from the exercise of federally-protected rights on excluded Indian property, is considered an asset conversion and is therefore not considered as income (even if the money is taken out of the IIM account in the same month it was deposited into the account). This includes distributions of per capita judgment funds or property earnings held in trust for a tribe. This does not include local Tribal funds that a Tribe distributes to individuals on a per capita basis, but which have not been held in trust by the Secretary of Interior (e.g., tribally managed gaming revenues - which is countable income);
10. Income derived from submarginal lands, conveyed to Indian tribes and held in trust by the United States, as required by Pub. L. 94-114;
11. Income of an individual living in the parental home if the individual is not included in the Healthy Steps unit;
12. Extra checks received by individuals who are paid weekly or bi-weekly. The check may be from earned or unearned income. The last check received in the month is always considered the extra check. For individuals paid weekly, it is the fifth check and for individuals paid bi-weekly, it is the third check. Bonus checks, or checks for any other reason, are not considered extra checks;
13. Income earned by a child (not a caretaker, spouse, or pregnant woman) who is a full-time student, or a part-time student who is not employed one hundred hours or more per month. The earnings of an eligible child <u>are</u> counted if the child is a part time student who is employed full time;
14. Supplemental Security Income (SSI);
15. Compensation received by volunteers participating in the action program as stipulated in the Domestic Volunteer Service Act of 1973, including Foster Grandparents, Older American Community Service Program, Retired Senior Volunteer Program, Service Corps of Retired Executives, Volunteers in Service to America (VISTA), and University Year for Action;

16. Payments made to recipients under title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
17. All income, allowances, and bonuses received as a result of participation in the Job Corps Program;
18. Payments received for the repair or replacement of lost, damaged or stolen assets;
19. Occasional small gifts;
20. In-kind income except in-kind income received in lieu of wages;
21. A loan from any source that is subject to a written agreement requiring repayment by the recipient (which includes a reverse mortgage payment);
22. The Medicare part B premium refunded by the Social Security Administration;
23. Income tax refunds and earned income credits;
24. Homestead tax credits;
25. Educational loans, scholarships, grants, awards, Workforce Safety & Insurance vocational rehabilitation payments, and work-study received by a student. See section 07-40-20 (Unearned Income) for treatment of student income received from the Veteran's Administration;
26. Any fellowship or gift (or portion of a gift) used to pay the cost of tuition and fees at any educational institution;
27. Training funds received from Vocational Rehabilitation;
28. Training allowances of up to thirty dollars per week provided through a tribal native employment works program, or the Job Opportunities and Basic Skills Training program;
29. Needs-based payments, support services, and relocation expenses provided through programs established under the Workforce Investment Act (WIA), and through the Job Opportunities and Basic Skills program;
30. Training stipends provided to victims of domestic violence by private, charitable organizations, such as the Seeds of Hope Gift Shop, or the Abused Adult Resource Center, for attending their educational programs;
31. Tax-exempt portions of payments made as a result of the Alaska Native Claims Settlement Act;

32. Payments to certain United States citizens of Japanese ancestry, resident Japanese aliens, and eligible Aleuts made under the Wartime Relocation of Civilians Reparations Act;
33. Agent Orange payments (P.L. 101-201);
34. Crime Victims Reparation payments;
35. German reparation payments made to survivors of the holocaust, and reparation payments made under sections 500 through 506 of the Austrian General Social Insurance Act (P.L. 103-286);
36. Assistance received under the Disaster Relief and Emergency Assistance Act of 1974 or some other federal statute, because of a presidentially declared major disaster (including disaster assistance unemployment compensation), and interest earned on that assistance. Comparable assistance received from a state or local government, or from a disaster assistance organization is also excluded; (P.L. 93-288)
37. Allowances paid to children of Vietnam veterans who are born with spina bifida, or to children of women Vietnam veterans who are born with certain covered birth defects;
38. Netherlands Reparation payments based on Nazi, but not Japanese, persecution during World War II, Public Law 103-286;
39. Radiation Exposure Compensation, Public Law 101-426;
40. Interest or dividend income earned on liquid assets;
41. Additional pay received by military personnel as a result of deployment to a combat zone;
42. Medicare Part D premiums, copayments, and deductibles refunded by prescription drug plans;
43. Fifty dollars per month of current child support, received on behalf of children in the Healthy Steps unit, from each budget unit that is budgeted with a separate income level;
44. All wages paid by the Census Bureau for temporary employment related to census activities will be disregarded as income;
45. Reimbursements from an employer, training agency or other organization for past or future training, or volunteer related expenses are disregarded from income. Reimbursements must be specifically for an identified expense, other than normal living expenses, and used for the purpose intended. Reimbursements for normal household living expenses or maintenance such as

rent or mortgage, clothing or food, are a gain or benefit and are not disregarded;

Examples:

a. Reimbursements for job or training-related expenses such as travel, per diem, uniforms, and transportation to and from the job or training site.
b. Reimbursements for out-of -pocket expenses of volunteers incurred in the course of their work.

46. The first $2,000 received by an individual age 19 and over as compensation for participation in a clinical trial for rare diseases or conditions meeting the requirements of Section 1612(b)(26) of the Act. This disregard is only allowed if approved by the Medicaid Eligibility Unit and will expire on October 5, 2015; and
47. Monthly food coupons distributed to individuals age 55 and over from the Sisseton-Wahpeton Oyate Lake Traverse Reservation Food Distribution program.

Income Deductions 510-07-40-35

(Revised 10/1/13 ML #3383)

View Archives

(N.D.A.C. Sections 75-02-02.2-13.1)

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014. For treatment of income for benefits or applications or reviews on or after January 1, 2014, please see "MAGI Income Methodologies" at 510-07-40-19.

The following income deductions are allowed in determining Healthy Steps eligibility:

1. For household members with countable earned income:

    a. Mandatory payroll deductions and union dues withheld, or ninety dollars, whichever is greater;
    b. Mandatory retirement plan deductions;
    c. Union Dues actually paid; and
    d. Expenses of a blind person reasonably attributed to earning income.

2. Reasonable child care expenses, not otherwise reimbursed, that the Healthy Steps Unit is responsible to pay, if necessary to engage in employment or training. Reasonable child care expenses do not include payments to parents to care for their own children. The child must be a member of the Healthy Steps unit for the deduction to be allowed. This expense may only be allowed as a deduction from the income of the child or those individuals who are responsible for the child, such as a parent or caretaker.
3. Non-voluntary child and spousal support payments (including surcharges and arrearages) if actually paid by a member of the Healthy Steps Unit. If the support payment is withheld from an

extra check that is disregarded, the support payment withheld from that check is not allowed as a deduction.

4. With respect to each individual in the Healthy Steps unit who is employed or in training, but who is not aged, blind, or disabled, thirty dollars may be deducted as a work or training allowance, but only if the individual's income is counted in the eligibility determination.
5. The cost of premiums for health insurance may be deducted from income if the premiums have not already been allowed as a deduction for self-employment in the "Adjusted Gross Income" section of the individual's Form 1040. If not allowed as a deduction on the tax form, premiums may be deducted in the month the premium is paid, or if the premium is for more than one month of coverage, a prorated share over the months for which the premium affords coverage is allowed. This deduction primarily applies to health insurance coverage for members of the unit who are not eligible for Healthy Steps. It can, however, be allowed for eligible Healthy Steps applicants and recipients if the coverage is not creditable coverage for hospital, or medical, or major medical coverage (see 510-07-05, definition for creditable health insurance coverage, for more information on coverage types that may be allowed).
6. Medical expenses for necessary medical or remedial care for members of the unit who are not eligible for Healthy Steps. Claimed expenses must be documented in a manner which describes the service, the date of the service, the amount of cost incurred, and the name of the service provider. A medical expense may be deducted only if it is:

    a. Incurred by a member of a Healthy Steps unit in the month for which eligibility is being determined;
    b. Provided by a medical practitioner licensed to furnish the care;
    c. Not subject to payment by any third party, including Medicaid and Medicare;
    d. Not incurred for nursing facility services, swing bed services, or HCBS during a period of ineligibility because of a disqualifying transfer;

e. Not incurred as Medicaid client share (recipient liability); and
f. Claimed.

Income Levels 510-07-40-40

(Revised 10/1/13 ML #3382)

View Archives

(N.D.A.C. Sections 75-02-02.2-12)

Levels of income for maintenance must be used as a basis for establishing financial eligibility for Healthy Steps. The Healthy Steps income levels represent the amount of income reserved to meet the maintenance needs of an individual or family.

The Healthy Steps Income Level is equal to one hundred and sixty percent of the poverty level for cases approved prior to January 1, 2014 and one hundred and seventy percent of the poverty level, thereafter, applicable to a family of the size involved. The family size is increased for each unborn when determining the appropriate family size. The income level is equal to one hundred and seventy-five percent of the poverty level including the MAGI disregard.

For Applications and Redeterminations Received Prior to January 1, 2014 for benefits to start prior to January 1, 2014:

Number of Persons	Monthly Income Level
1	$ 1533
2	2067
3	2603
4	3139
5	3675
6	4213

7	4749
8	5283
9	5819
10	6306
+1	536
Effective April 1, 2013	

For Applications and Reviews Received on or after October 1, 2013 for benefits starting January 1, 2014:

Number of Persons:	**Monthly Income Level (170 FPL):**	**Monthly Income Level Including Disregard (175 FPL):**
1	1628	1676
2	2197	2262
3	2767	2849
4	3336	3435
5	3906	4021
6	4475	4607
7	5045	5194
8	5614	5780
9	6184	6366
10	6753	6952
+1	570	587
Effective January 1, 2014		

Determining the Appropriate Income Level in Special Circumstances 510-07-40-45

(Revised 10/1/13 ML #3382)

View Archives

(N.D.A.C. Sections 75-02-02.2-12)

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014. This section will not be applicable to MAGI methodologies or applications or reviews received on or after January 1, 2014.

1. A child who is away at school is not treated as living independently, but is allowed the appropriate income level for one during all full calendar months. This is in addition to the income level applicable for the family unit remaining at home.
2. A child who is living outside of the parental home, but who is not living independently; or a spouse who is temporarily living outside of the home to attend training or college, to secure medical treatment, because of temporary work relocation required by an employer, or for other reasons beyond the control of the spouse, is allowed a separate income level during all full calendar months during which the child or spouse lives outside the home.

   This does not apply to situations where an individual simply decides to live separately.

3. During a month in which an individual enters a specialized facility, or leaves one to return home, the individual will be included in the family unit in the home for the purpose of

determining the family size and the appropriate income level. Individuals in a specialized facility will be allowed the Healthy Steps income level for one during all full calendar months in which the individual resides in the facility.

4. During a month in which an individual with eligible family members in the home enters or leaves a Psychiatric Residential Treatment Facility (PRTF) or a nursing facility to return home, or elects to receive HCBS or terminates that election, the individual will be included in the family unit in the home for the purpose of determining the family size and the appropriate Healthy Steps income level. Individuals in a Psychiatric Residential Treatment Facility (PRTF) or a nursing facility will be allowed the Healthy Steps income level for one during all full calendar months in which the individual resides in the facility.
5. Recipients of HCBS will be allowed the Healthy Steps income level for one during all full calendar months in which the individual receives HCBS.

Deeming of Income 510-07-40-50

(Revised 10/1/13 ML #3382)

View Archives

(N.D.A.C. Section 75-02-02.2-13.2)

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014. This section will no longer apply for applications and reviews on or after January 1, 2014. For treatment of income for benefits or for applications or reviews on or after January 1, 2014 please see "MAGI Income Methodologies" at 510-07-40-19.

Excess income of a spouse or parent may be deemed to a spouse or child, who is in the Healthy Steps unit, but who has a separate income level, to bring that spouse's or child's income up to the Healthy Steps income level. Excess income is the amount of net income remaining after allowing the appropriate disregards, deductions and Healthy Steps income level.

Budgeting 510-07-50

Definitions 510-07-50-05

(Revised 8/1/05 ML #2982)

View Archives

(N.D.A.C. Section 75-02-02.2-13.2)

For purposes of this section:

1. "Base month" means the calendar month prior to the processing month.

2. "Benefit month" means the calendar month for which eligibility is being computed.

3. "Best estimate" means an income, expense, or circumstance prediction based on past amounts of income and expenses and known factual information concerning future circumstances, which affect eligibility; expenses to be incurred; or income to be received in the benefit month. Factual information concerning future circumstances must be based on information by which the applicant or recipient demonstrates known changes or highly probable changes to the income, expense, or circumstances, which offset eligibility, from the base month to the benefit month.

4. "Processing month" means the month between the base month and the benefit month.

5. "Prospective budgeting" means computation of a household's eligibility based on the best estimate of income, expenses, and circumstances for a benefit month.

Guidelines for Anticipating Income, Expenses, and Circumstances 510-07-50-10

(Revised 3/1/12 ML #3311)

View Archives

Use prospective budgeting to determine eligibility based on the income which is anticipated to be received and the expenses that are anticipated to be incurred. Anticipated income, and expenses are an estimate based on reasonable expectations and knowledge of past, current, and future events. The following guidelines are offered to assist in this determination.

An employed individual who does not expect a significant change should have the previous month's earnings and employment expenses verified by pay stub or employer's statement. The previous month's earnings serve as the basis for estimating the income likely to be received during the benefit month. To illustrate, a person applies for assistance on November 15 and reports there should be no significant change in income or expenses from the month of October. The October income should be verified to anticipate the income and expenses likely to be available in December.

If the individual indicates that he or she expects to begin working or that a material change in income is likely, the statement shall be documented as the basis for the "best estimate" of income to be received. The employer may be contacted, with the individual's permission, to verify the statement that income will be reduced or increased during the benefit month, or the individual may provide other documentation supporting the expected change.

If new income is expected during the benefit month, the worker needs to arrive at a "best estimate" of the income likely to be available. If the income is from employment in which "tips" are likely, these also need to be estimated.

When anticipating income, also anticipate bonuses, profit sharing, and other such additional income whenever possible. This type of income can be anticipated based on prior receipt of such income. The amount anticipated can be estimated based on amounts previously received, unless factual information suggests otherwise.

The same principles apply to anticipating expenses and other circumstances that can affect eligibility.

To summarize, the method(s) used to anticipate income would vary according to the circumstances in each case. It is the responsibility of the agency determining eligibility to decide on the best approach. Whatever the method used, it is imperative that the rationale for arriving at estimated income be clearly and thoroughly documented in the case file.

Budgeting Procedures 510-07-50-15

(Revised 10/1/13 ML #3382)

View Archives

(N.D.A.C. 75-02-02.2-13.2)

1. All income of the members of the Healthy Steps unit must be considered.
2. Use prospective budgeting to determine financial eligibility for the benefit month on applications and reviews.
3. A child who is eligible for the benefit month does not need to be rebudgeted until the next review is due.
4. The same budgeting applies regardless of whether the individual lives in the individual's own home, a specialized facility, or a nursing facility.
5. Recipients with family income at or below 160% (for aplications processed prior to January 1, 2014, 170% thereafter) of the poverty level can be eligible under the Healthy Steps program.
6. For application processed prior to January 1, 2014, a child will fail Healthy Steps when expenses not allowed in the Medicaid budget test because of verification, had they been allowed, would have caused Medicaid to pass without client share (recipient liability).

Budgeting Procedures for Financially Responsible Absent Parents
510-07-50-20

(Revised 10/1/13 ML #3382)

View Archives

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014. This section will no longer apply for applications and reviews on or after January 1, 2014. For treatment of income for benefits or for applications or reviews on or after January 1, 2014 please see "MAGI Income Methodologies" at 510-07-40-19.

When a child resides with a caretaker other than the parent, and the parent's whereabouts are known, an attempt must be made to obtain the parent's income information. When the parent's income information is received, it is necessary to determine the amount of income that is available to meet the child's needs. The following steps describe the procedure.

1. Compute a Healthy Steps budget for the parent(s) and their children "living" with them, allowing the appropriate income disregards and deductions. (The child who is residing with a caretaker other than the parent is not included in the parent's budget. Refer to 07-20-10 for a description of who is considered to be "living" with the parents.) If they pass the Healthy Steps budget, document that there is no excess income available to the child for whom eligibility is being pursued. The child's case can then be processed without further computations of the parent's income.
2. If the parent's unit fails the Healthy Steps budget, the excess income from the parents' Healthy Steps budget is considered unearned income for the child and is used in the child's budget.

Budgeting Procedures When Adding and Deleting Individuals 510-07-50-25

(Revised 10/1/13 ML #3382)

View Archives

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014. This section will no longer apply for applications and reviews on or after January 1, 2014. For treatment of income for benefits or for applications or reviews on or after January 1, 2014, please see "MAGI Income Methodologies" at 510-07-40-19 and Healthy Steps Unit at 510-07-25-05.

(N.D.A.C. 75-02-02.2-14)

1. Budgeting procedures when adding individuals to the case. Individuals who meet all non-financial eligibility criteria may be added as follows:

    a. Newborns born in families that already have children enrolled in Healthy Steps can be added to the Healthy Steps case effective with the date of their birth, but not prior to the case eligibility period. A budget test is not computed to determine eligibility at the time the newborn is added to Healthy Steps.
    b. A child returning to or entering a household in which there is only an open Healthy Steps case can be added to the case effective the month following the month the action to add is taken. The request to add the child must be made no later than the end of the month following the month the child entered the household (after that point the child is no longer considered to be returning to or entering the household, but is an existing household member). A budget test is not computed to determine eligibility at the time the child is added to Healthy Steps.

c. A child who is an existing household member in a household in which there is only an open Healthy Steps case must first be tested for Medicaid before the child can become Healthy Steps eligible. If the child is not Medicaid eligible or is Medicaid eligible with a client share (recipient liability), the child must pass the Healthy Steps budget in order to become eligible for Healthy Steps. A new application is required in this situation.
d. A child returning to or entering a household in which there is both an open Medicaid and an open Healthy Steps case must first apply for and be tested for Medicaid before the child can become Healthy Steps eligible. If the child is not Medicaid eligible or is Medicaid eligible with a client share, the child must pass the Healthy Steps budget in order to become eligible for Healthy Steps.

2. Budgeting procedures when deleting individuals from a case. When a member of an existing unit is expected to leave the unit during the benefit month, that person may remain as a member of the unit until the end of the benefit month.

Budgeting Procedures for Stepparents 510-07-50-30

(Revised 10/1/13 ML #3382)

View Archives

This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014. This section will no longer apply for applications and reviews on or after January 1, 2014. For treatment of income for benefits or for applications or reviews on or after January 1, 2014 please see "MAGI Income Methodologies" at 510-07-40-19 and Healthy Steps Unit at 510-07-25-05.

Under North Dakota law, a stepparent has no legally enforceable obligation to support stepchildren. Therefore, the stepparent's own personal income and assets cannot be considered available in determining Healthy Steps eligibility for the stepchildren. The natural parent, however, is legally responsible for supporting the children. The income of the natural parent cannot be first applied to the children if by doing so other members of the family are deprived of basic necessities. To determine eligibility when both the stepparent and natural parent have income, the Eligibility Worker must first apply the stepparent's net income against the appropriate income level for the stepparent, spouse and the stepparent's children or children born of this marriage. If the stepparent's income is adequate to meet their needs, the natural parent's net income may then be considered in relation to the needs of the children for whom application is being made. If the stepparent has no income, or if it is sufficient to meet only a portion of the needs of those for whom the stepparent is legally responsible, the natural parent's net income shall first be allocated to the remaining unmet needs of those persons (that the natural parent is legally responsible for) before being considered available to the children in determining Healthy Steps eligibility.

If the stepparent refuses to provide income, all of the natural parent's income is used to determine the children's need and the natural parent's needs cannot be met.

In double stepparent cases (each spouse has children from a previous relationship) the parents are first budgeted in the unit with their spouse and common children. Any income of the common children is first used to meet the needs of the budget unit of the parents and common children. The budget units unmet needs are then split evenly between the parents, and the parents' income is used to meet the remaining unmet needs. If one parent does not have sufficient income to meet their half of the unmet need, the remaining need for the budget unit can be met with the other parent's income. Any excess income from each parent is then deemed to meet the needs of their own (not common) child(ren).

Budgeting Procedures for Unmarried Parents with Children 510-07-50-35

(Revised 10/1/13 ML #3382)

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This section applies to individuals who applied for and were found eligible for Healthy Steps prior to January 1, 2014. This section will no longer apply for applications and reviews on or after January 1, 2014. For treatment of income for benefits or for applications or reviews on or after January 1, 2014 please see "MAGI Income Methodologies" at 510-07-40-19 and Healthy Steps Unit at 510-07-25-05.

When budgeting for children whose parents are living together, but are not married:

1. If paternity has not been legally established, but the father's name is on the birth certificate or he has signed the "North Dakota Acknowledgment of Paternity" form, SFN 8195, with a revision date of 4/98 or later, the income of the father must be used to determine Healthy Steps eligibility.

2. If paternity has not been legally established, and the father's name does not appear on the birth certificate or he has not signed the "North Dakota Acknowledgement of Paternity" form, SFN 8195, with a revision date of 4/98 or later, the income of the father will not be used to determine eligibility.

3. When the only child in common is an unborn and the prospective parents are unmarried but living together, the unborn's father should be added to the case as of the month in which he joins the household or when paternity is established, whichever is later.

Healthy Steps Co-Payments and Premium Rates 510-07-55

Co-payments 510-07-55-05

(Revised 10/1/13 ML #3382)

View Archives

Recipients eligible for Healthy Steps are responsible to pay co-payments as follows:

- $2.00 for each generic prescription
- $5.00 for each preferred brand prescription;
- $10.00 for each non-preferred prescription;
- $5.00 for each emergency room visit; and
- $50.00 for each hospital admission.
- Federal law prohibits American Indian/Alaska Native individuals from paying co-payments.

For each eligibility period, a maximum family co-payment will be determined. The maximum co-payment is equal to 5% of the family's gross countable income for the 12-month eligibility period. When the family has paid co-payments equal to the family maximum, they must submit verification to the department or county agency. The department will inform the Insurance Carrier that the family is no longer responsible for co-payments for the remainder of the eligibility period.

If the family paid co-payments in excess of the maximum, the department will issue a refund to the family for the difference between the maximum and what the family paid.

Example: A family with three children is eligible for Healthy Steps from March 2005 through February 2006. Gross

countable income for this period is $15,545. 5% of $15,545, or $777.25, is the maximum co-payment amount. The family submits receipts for payment of co-payments in November 2005 totaling $795.00. Beginning in December 2005 through February 2006 (the remainder of the eligibility period), this family is not responsible to pay any further co-payments. Also, the department will issue the family a refund of $17.75.

Premium Rates 510-07-55-10

(Revised 8/1/13 ML #3372)

View Archives

Premium payments for Healthy Steps are established by the Insurance Carrier, the North Dakota Department of Human Services along with their contracted Actuary, and the North Dakota Insurance Department and are usually for one year.

Premiums for individuals who are American Indians/Alaskan Natives are slightly higher than those for all other individuals because Federal law prohibits imposition of co-payments for these individuals.

Effective July 1, 2013, there will be 2 vendors involved. Blue Cross Blue Shield of North Dakota for Medical and Vision coverage, and Delta Dental for Dental coverage.

The Medical coverage payments will have a total of 16 different rates differentiated by:

Age:

Male and Female age < 1
Male and Female ages 1 to 5
Male and Female ages 6 to 14
Male and Female ages 15 +

Location:

Urban (Burleigh and Cass Counties)
Rural (All other counties)

And Race (Medical only):

Non-Native American
Native American

Both Dental and Vision premium payments will have 8 different rates—differentiated by age and location.

Medical Coverage Rates:

Age:	Location:	Non-Native/Native American:	Rate:
0-1	Urban	Non-Native American	$900.11
0-1	Urban	Native American	$902.36
0-1	Rural	Non-Native American	$730.20
0-1	Rural	Native American	$732.03
1-5	Urban	Non-Native American	$248.10
1-5	Urban	Native American	$248.79
1-5	Rural	Non-Native American	$190.86
1-5	Rural	Native American	$191.39
6-14	Urban	Non-Native American	$232.93
6-14	Urban	Native American	$234.23
6-14	Rural	Non-Native American	$179.19
6-14	Rural	Native American	$180.19
15-18	Urban	Non-Native American	$404.40
15-18	Urban	Native American	$406.38
15-18	Rural	Non-Native American	$316.34
15-18	Rural	Native American	$317.89
Effective 07-01-13			

Vision Coverage Rates:

Age:	Location:	Rate:
0-1	Urban	$0.00
0-1	Rural	$0.00
1-5	Urban	$1.47
1-5	Rural	$1.78
6-14	Urban	$7.15
6-14	Rural	$8.68
15-18	Urban	$8.51
15-18	Rural	$10.33
Effective 07-01-13		

Dental Coverage Rates:

Age:	Location	Rate:
0-1	Urban	$0.00
0-1	Rural	$0.00
1-5	Urban	$15.26
1-5	Rural	$15.26
6-14	Urban	$35.64
6-14	Rural	$37.51
15-18	Urban	$36.63
15-18	Rural	$34.96
Effective 07-01-13		

Retroactive Payments 510-07-60

Retroactive Payments 510-07-60-05

(Revised 8/1/05 ML #2982)

View Archives

1. Occasionally, a need arises where eligibility for Healthy Steps is approved retroactively. When this occurs, a payment is issued to the Insurance Carrier for each month of retroactive eligibility. These payments are referred to as 'Retroactive Payments' or 'Payouts'. Eligibility can be established retroactively:
   a. When a child is born and at least one other child is eligible for Healthy Steps in the month of birth; or
   b. When an agency error occurs and an eligible child was incorrectly denied Healthy Steps coverage for a prior month. All agency errors must be prior approved by the department.

2. Retroactive adjustments may also be made to premiums paid to the insurance carrier when a child's race was entered incorrectly.

Recoupments 510-07-60-10

(Revised 9/1/11 ML #3279)

View Archives

Premiums paid for a period after Healthy Steps ends, which includes the loss of state residency or death, are recouped from the Insurance Carrier by the department. Recoupments will be made when:

1. A recipient obtains creditable health insurance coverage. Premiums will be recouped from the Insurance Carrier retroactive to the first full calendar month the creditable health insurance coverage became effective;

2. A Healthy Steps recipient requests, and is eligible for, Medicaid coverage for childbirth costs incurred by the recipient; or

3. Eligibility is administratively corrected due to a processing error or misapplication of policy.

Related Programs 510-07-70

General Information 510-07-70-05

(Revised 8/1/05 ML #2982)

View Archives

There are other non-Healthy Steps programs that help meet the health needs of individuals and families. Some of these programs closely interact with Healthy Steps. Applicants who are ineligible for Healthy Steps may qualify for these other programs and should be referred accordingly.

Medicaid 510-07-70-10

(Revised 8/1/05 ML #2982)

View Archives

The Medicaid Program provides coverage for healthcare costs for children, families, and women who are pregnant or who are diagnosed with breast or cervical cancer, and aged and disabled individuals. Children who meet eligibility requirements for full Medicaid coverage are not eligible for Healthy Steps. The Medicaid Program is administered through the local county social service board.

Caring for Children 510-07-70-15

(Revised 7/1/09 ML #3185)

View Archives

Caring For Children is a program, operated by the North Dakota Caring Foundation, that provides health and dental benefits to eligible children, at no cost to the children or their families. Children from birth through age 18 who are ineligible for Medicaid, Healthy Steps, or other health insurance may qualify for coverage. For information about Caring for Children, call 1-877-KIDS NOW (1-877-543-7669).

Children's Special Health Services 510-07-70-20

(Revised 3/1/12 ML #3311)

View Archives

Children's Special Health Services provides services for children with special health care needs and their families. Services include coverage for diagnosis and treatment for children who have disabilities or chronic conditions. The program supports family-centered, community-based, coordinated services and systems of health care that meet the diverse needs of families. For information, contact the Children's Special Health Services Program, North Dakota Department of Health, Division of Maternal and Child Health, 600 East Boulevard Avenue, Dept 301, Bismarck ND 58505-0200, or call 701-328-2436, 1-800-755-2714, or FAX: 701-328-1645.

Refugee Medical Assistance Program 510-07-70-25

(Revised 7/1/09 ML #3185)

View Archives

The Refugee Medical Assistance Program is a program designed to cover Medical expenses for unaccompanied minors and other legally admitted refugees. Information and eligibility criteria can be found in Service Chapter 510-05.

Forms Appendix 510-07-75

DN 184 ENG, "Healthy Steps - Children's Health Insurance Plan" 510-07-75-05

(Revised 8/1/05 ML #2982)

View Archives

This brochure is available through the Department of Human Services.

DN 184, Healthy Steps Brochure (405kb pdf)

DN 555, "Medicaid Program Brochure" 510-07-75-10

(Revised 8/1/05 ML #2982)

View Archives

This brochure is available through the Department of Human Services.

DN 555, Medicaid Program Brochure (376kb pdf)

DN 143, "Your Civil Rights Brochure" 510-07-75-15

(Revised 8/1/05 ML #2982)

View Archives

This brochure is available through the Department of Human Services.

DN 143, Civil Rights Brochure (152kb pdf)

"WIC Program" 510-07-75-20

(Revised 8/1/05 ML #2982)

View Archives

This information is available through the Department of Human Services.

SFN 828, "Credit Form" 510-07-75-25

(Revised 8/1/05 ML #2982)

View Archives

This form is available through the Department of Human Services.

SFN 828, "Credit Form" (193 kb pdf)

Credit Form Instructions (11 kb rtf)

Budget Workbook 510-07-75-100

(Revised 8/1/05 ML #2982)

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