

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 590

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO INDIGENT SICK; AMENDING SECTION 31-3501, IDAHO CODE, TO PRO-
2 VIDE THAT APPLICATIONS FOR ASSISTANCE SHALL BE BASED ON A SPECIFIC
3 INCIDENT; AMENDING SECTION 31-3502, IDAHO CODE, TO ADD DEFINITIONS,
4 TO REVISE DEFINITIONS AND TO MAKE A TECHNICAL CORRECTION; AMENDING
5 SECTION 31-3503A, IDAHO CODE, TO PROVIDE FOR APPROVAL OF APPLICATIONS
6 FOR FINANCIAL ASSISTANCE FOR NECESSARY MEDICAL SERVICES, TO PROVIDE
7 FOR THE AMOUNT PAID FOR NECESSARY MEDICAL SERVICES AND TO REVISE THE
8 REQUIREMENTS OF ANNUAL REPORTS FROM THE COUNTIES; AMENDING SECTION
9 31-3503B, IDAHO CODE, TO PROVIDE THAT AN APPLICATION SHALL BE FILED FOR
10 OUT-OF-STATE TREATMENT AND TO REMOVE A CODE REFERENCE; AMENDING SECTION
11 31-3504, IDAHO CODE, TO PROVIDE CODE REFERENCES, TO REVISE TERMINOLOGY,
12 TO REMOVE PROVISIONS RELATING TO THIRD PARTY APPLICATIONS AND NECESSARY
13 MEDICAL SERVICES AND TO REVISE PROVISIONS RELATING TO THE SUBMISSION OF
14 MEDICAL RECORDS AND MEDICAL CLAIMS RELEVANT TO NECESSARY MEDICAL SER-
15 VICES; AMENDING SECTION 31-3505, IDAHO CODE, TO REVISE THE TIME LIMITS
16 FOR FILING COMPLETED APPLICATIONS, TO REVISE TERMINOLOGY, TO PROVIDE
17 THAT COMPLETED COMBINED APPLICATIONS SHALL BE FILED WITH THE DEPARTMENT
18 OF HEALTH AND WELFARE FOR MEDICAID DETERMINATION AND TO PROVIDE FOR
19 APPLICATIONS FOR FOLLOW-UP NECESSARY MEDICAL SERVICES AND ADDITIONAL
20 TREATMENT; AMENDING SECTION 31-3505A, IDAHO CODE, TO PROVIDE FOR THE
21 INVESTIGATION OF COMPLETED APPLICATIONS, TO PROVIDE FOR SUBPOENAS ON
22 BEHALF OF COUNTY COMMISSIONERS, TO PROVIDE FOR THE ENFORCEMENT OF SUB-
23 POENAS, TO REVISE THE TIME LIMITS FOR INVESTIGATIONS AND TO REMOVE A
24 PROVISION RELATING TO FOLLOW-UP TREATMENT; AMENDING SECTION 31-3505C,
25 IDAHO CODE, TO REVISE TERMINOLOGY, TO REVISE PROVISIONS RELATING TO
26 THE TIME LIMITS FOR A DECISION BY THE COUNTY COMMISSIONERS, TO PRO-
27 VIDE THAT DECISIONS MAY BE DELIVERED ELECTRONICALLY AND TO PROVIDE
28 THAT OBLIGATED PERSONS SHALL RECEIVE NOTIFICATION; AMENDING SECTION
29 31-3505D, IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE PROVISIONS
30 RELATING TO THE REQUIREMENTS FOR APPEAL OF A DECISION DENYING AN APPLI-
31 CATION; AMENDING SECTION 31-3505E, IDAHO CODE, TO REVISE THE METHOD OF
32 A HEARING ON APPEAL, TO REVISE TERMINOLOGY, TO PROVIDE THAT OBLIGATED
33 PERSONS SHALL RECEIVE NOTIFICATION AND TO PROVIDE THAT DECISIONS MAY
34 BE DELIVERED ELECTRONICALLY; AMENDING SECTION 31-3505F, IDAHO CODE, TO
35 REVISE TERMINOLOGY; AMENDING SECTION 31-3505G, IDAHO CODE, TO REVISE
36 TERMINOLOGY AND TO PROVIDE THAT AN OBLIGATED PERSON MAY SEEK JUDICIAL
37 REVIEW; AMENDING SECTION 31-3508, IDAHO CODE, TO REVISE THE AMOUNT TO BE
38 PAID FOR NECESSARY MEDICAL SERVICES AND TO REVISE TERMINOLOGY; AMEND-
39 ING SECTION 31-3508A, IDAHO CODE, TO REVISE TERMINOLOGY, TO PROVIDE
40 THAT CLAIMS PERTAINING TO NECESSARY MEDICAL SERVICES SHALL BE ELIGI-
41 BLE FOR CONSIDERATION FOR PAYMENT BY THE COUNTY AND TO PROVIDE THAT THE
42 CLERK SHALL FORWARD PROOF OF PAYMENT WITH AN ITEMIZED ACCOUNTING TO
43 THE BOARD; AMENDING SECTION 31-3511, IDAHO CODE, TO REVISE THE PENALTY
44 FOR APPLICANTS WHO GIVE FALSE INFORMATION, TO PROVIDE FOR DENIAL OF
45

1 AN APPLICATION NOT PROVIDED IN THE REQUIRED TIME LIMITS; AND AMENDING
2 SECTION 67-7903, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE AND TO
3 MAKE A TECHNICAL CORRECTION.

4 Be It Enacted by the Legislature of the State of Idaho:

5 SECTION 1. That Section 31-3501, Idaho Code, be, and the same is hereby
6 amended to read as follows:

7 31-3501. DECLARATION OF POLICY. (1) It is the policy of this state that
8 each person, to the maximum extent possible, is responsible for his or her
9 own medical care and that of his or her dependents and to that end, shall be
10 encouraged to purchase his or her own medical insurance with coverage suf-
11 ficient to prevent them from needing to request assistance pursuant to this
12 chapter. However, in order to safeguard the public health, safety and wel-
13 fare, and to provide suitable facilities and provisions for the care and hos-
14 pitalization of persons in this state, and, in the case of medically indigent
15 residents, to provide for the payment thereof, the respective counties of
16 this state, and the board and the department shall have the duties and powers
17 as hereinafter provided.

18 (2) The county medically indigent program and the catastrophic health
19 care cost program are payers of last resort. Therefore, applicants or third
20 party applicants seeking financial assistance under the county medically
21 indigent program and the catastrophic health care cost program shall be sub-
22 ject to the limitations and requirements as set forth herein.

23 (3) Every application for financial assistance pursuant to the pro-
24 visions of this chapter shall be based on a specific incident requiring
25 emergency necessary medical services or nonemergency necessary medical ser-
26 vices.

27 SECTION 2. That Section 31-3502, Idaho Code, be, and the same is hereby
28 amended to read as follows:

29 31-3502. DEFINITIONS. As used in this chapter, the terms defined in
30 this section shall have the following meaning, unless the context clearly
31 indicates another meaning:

32 (1) "Applicant" means any person as a patient or obligated party who is
33 requesting financial assistance under this chapter.

34 (2) "Application" means the combined application for state and county
35 medical assistance pursuant to sections 31-3504 and 31-3503E, Idaho Code.
36 In this chapter an application for state and county medical assistance shall
37 also mean an application for financial assistance.

38 (3) "Board" means the board of the catastrophic health care cost pro-
39 gram, as established in section 31-3517, Idaho Code.

40 (4) "Case management" means coordination of services to help meet a pa-
41 tient's health care needs, usually when the patient has a condition that re-
42 quires multiple services.

43 (5) "Catastrophic health care costs" means the cost of necessary medi-
44 cal services received by a recipient that, when paid at the then existing re-
45 imbursement rate, exceeds the total sum of eleven thousand dollars (\$11,000)
46 in the aggregate in any consecutive twelve (12) month period.

1 (6) "Clerk" means the clerk of the respective counties or his or her de-
2 signee.

3 (7) "Combined application" means the uniform application for state and
4 county medical assistance required to be completed pursuant to subsection
5 (8) of this section. A combined application shall be valid for a period not
6 to exceed six (6) months from the signature date of the application.

7 (8) "Completed application" means a combined application that shall
8 include at a minimum the cover sheet requesting services, applicant informa-
9 tion including diagnosis and requests for services and signatures, personal
10 and financial information of the applicant and obligated person or persons,
11 patient rights and responsibilities, releases and all other signatures re-
12 quired in the application:

13 (a) A request for medicaid eligibility determination;

14 (b) A specific listing of the requested services;

15 (c) Dates of service and providers for a thirty-one (31) day emergency
16 application pursuant to section 31-3505(2), Idaho Code, and the dura-
17 tion and scope of services for a ten (10) day nonemergency application
18 pursuant to section 31-3505(1), Idaho Code;

19 (d) Applicant information including diagnosis, personal and financial
20 information provided by the applicant and obligated person or persons
21 and all financial and personal information collected and maintained by
22 the third party applicant related to the person for whom the services
23 were or are to be provided;

24 (e) Patient rights and responsibilities initialed or signed as re-
25 quired by the application; and

26 (f) Releases of information that shall include signatures necessary to
27 give legal effect to the releases and all other signatures required on
28 the application.

29 Any applicant, obligated person or third party applicant filing a completed
30 application for or on behalf of a patient shall be required to provide the
31 necessary information to meet the requirements of a completed application.

32 (89) "County commissioners" means the board of county commissioners in
33 their respective counties.

34 (910) "County hospital" means any county approved institution or facil-
35 ity for the care of sick persons.

36 (101) "Department" means the department of health and welfare.

37 (112) "Dependent" means any person whom a taxpayer claims as a dependent
38 under the income tax laws of the state of Idaho.

39 (123) "Emergency service" means a service provided for a medical condi-
40 tion in which sudden, serious and unexpected symptoms of illness or injury
41 are sufficiently severe to necessitate or call for immediate medical care,
42 including, but not limited to, severe pain, that the absence of immediate
43 medical attention could reasonably be expected by a prudent person who pos-
44 sesses an average knowledge of health and medicine, to result in:

45 (a) Placing the patient's health in serious jeopardy;

46 (b) Serious impairment to bodily functions; or

47 (c) Serious dysfunction of any bodily organ or part.

48 (134) "Hospital" means a facility licensed and regulated pursuant to
49 sections 39-1301 through 39-1314, Idaho Code, or an out-of-state hospital
50 providing necessary medical services for residents of Idaho, wherein a re-

1 ciprocal agreement exists, in accordance with section 31-3503B, Idaho Code,
2 excluding state institutions.

3 (15) "Incident" means a medical event resulting in a specific diagnosis
4 or the course of treatment for a specific diagnosis.

5 (146) "Medicaid eligibility review" means the process used by the de-
6 partment to determine whether a person meets the criteria for medicaid cov-
7 erage.

8 (157) "Medical claim" means the itemized statements and standard forms
9 used by hospitals and providers to satisfy centers for medicare and medicaid
10 services (CMS) claims submission requirements.

11 (168) "Medical home" means a model of primary and preventive care de-
12 livery in which the patient has a continuous relationship with a personal
13 physician in a physician directed medical practice that is whole person ori-
14 ented and where care is integrated and coordinated.

15 (179) "Medically indigent" means any person who is in need of necessary
16 medical services and who, if an adult, together with his or her spouse, or
17 whose parents or guardian if a minor or dependent, does not have income and
18 other resources available to him from whatever source sufficient to pay for
19 necessary medical services. Nothing in this definition shall prevent the
20 board and the county commissioners from requiring the applicant and obli-
21 gated persons to reimburse the county and the catastrophic health care cost
22 program, where appropriate, for all or a portion of their medical expenses,
23 when investigation of their application pursuant to this chapter, deter-
24 mines their ability to do so.

25 ~~(1820)~~ A. "Necessary medical services" means health care services and
26 supplies that:

27 (a) Health care providers, exercising prudent clinical judgment,
28 would provide to a person for the purpose of preventing, evalu-
29 ating, diagnosing or treating an illness, injury, disease or its
30 symptoms;

31 (b) Are in accordance with generally accepted standards of medi-
32 cal practice;

33 (c) Are clinically appropriate, in terms of type, frequency, ex-
34 tent, site and duration and are considered effective for the cov-
35 ered person's illness, injury or disease;

36 (d) Are not provided primarily for the convenience of the person,
37 physician or other health care provider; ~~and~~

38 (e) Are the most cost-effective service or sequence of services or
39 supplies, and at least as likely to produce equivalent therapeutic
40 or diagnostic results for the person's illness, injury or disease;
41 and

42 (f) Include alternative services such as skilled nursing if a con-
43 tract has been established between a county or the board with a
44 facility providing lesser cost alternative treatments, with the
45 service limited to a period not to exceed twenty-eight (28) days
46 or the time recommended by utilization management, whichever is
47 less.

48 B. Necessary medical services shall not include the following:

49 (a) Bone marrow transplants;

50 (b) Organ transplants;

- 1 (c) Elective, cosmetic and/or experimental procedures;
 2 (d) Services related to, or provided by, long-term residential,
 3 ~~skilled nursing~~, assisted living and/or shelter care facilities;
 4 (e) Normal, uncomplicated pregnancies, excluding caesarean sec-
 5 tion, and childbirth well-baby care;
 6 (f) Medicare copayments and deductibles;
 7 (g) Services provided by, or available to, an applicant from
 8 state, federal and local health programs;
 9 (h) Medicaid copayments and deductibles; and
 10 (i) Drugs, devices or procedures primarily utilized for weight
 11 reduction and complications directly related to such drugs, de-
 12 vices or procedures.

13 (1921) "Obligated person" means the person or persons who are legally
 14 responsible for an applicant including, but not limited to, parents of mi-
 15 nors or dependents.

16 (202) "Primary and preventive health care" means the provision of pro-
 17 fessional health services that include health education and disease preven-
 18 tion, initial assessment of health problems, treatment of acute and chronic
 19 health problems and the overall management of an individual's health care
 20 services.

21 (213) "Provider" means any person, firm or corporation certified or li-
 22 censed by the state of Idaho or holding an equivalent license or certifica-
 23 tion in another state, that provides necessary medical services to a patient
 24 requesting a medically indigent status determination or filing an applica-
 25 tion for financial assistance.

26 (224) "Recipient" means an individual determined eligible for finan-
 27 cial assistance under this chapter.

28 (235) "Reimbursement rate" means the unadjusted medicaid rate of reim-
 29 bursement for medical charges allowed pursuant to title XIX of the social
 30 security act, as amended, that is in effect at the time service is rendered.
 31 ~~Beginning July 1, 2011, and sunseting July 1, 2014, The "reimbursement~~
 32 ~~rate" shall mean ninety-five percent (95%) of the unadjusted medicaid rate.~~

33 (246) "Resident" means a person with a home, house, place of abode,
 34 place of habitation, dwelling or place where he or she actually lived for a
 35 consecutive period of thirty (30) days or more within the state of Idaho. A
 36 resident does not include a person who comes into this state for temporary
 37 purposes, including, but not limited to, education, vacation, ~~or~~ medical
 38 care, seasonal labor or students enrolled in institutions of higher learning
 39 or any other colleges or universities. Entry into active military duty shall
 40 not change a person's residence for the purposes of this chapter. Those
 41 physically present within the following facilities and institutions shall
 42 be residents of the county where they were residents prior to entering the
 43 facility or institution:

- 44 (a) Correctional facilities;
 45 (b) Nursing homes or residential or assisted living facilities;
 46 (c) Other medical facility or institution.

47 (257) "Resources" means all property, for which an applicant and/or an
 48 obligated person may be eligible or in which he or she may have an interest,
 49 whether tangible or intangible, real or personal, liquid or nonliquid, or
 50 pending, including, but not limited to, all forms of public assistance,

1 crime victims compensation, worker's compensation, veterans benefits, med-
 2 icaid, medicare, supplemental security income (SSI), third party insurance,
 3 other insurance or apply for section 1011 of the medicare modernization act
 4 of 2003, if applicable, and any other property from any source. Resources
 5 shall include the ability of an applicant and obligated persons to pay for
 6 necessary medical services, excluding any interest charges, over a period
 7 of up to five (5) years starting on the date necessary medical services are
 8 first provided. For purposes of determining approval for medical indigency
 9 only, resources shall not include the value of the homestead on the applicant
 10 or obligated person's residence, a burial plot, exemptions for personal
 11 property allowed in section 11-605(1) through (3), Idaho Code, and addi-
 12 tional exemptions allowed by county resolution.

13 (268) "Third party applicant" means a person other than an obligated
 14 person who completes, signs and files an application on behalf of an patient
 15 applicant. A third party applicant who files an application on behalf of an
 16 patient applicant pursuant to section 31-3504, Idaho Code, shall, ~~if possi-~~
 17 ~~ble,~~ deliver a copy of the application to the patient applicant within three
 18 (3) business days after filing the application.

19 (279) "Third party insurance" means casualty insurance, disability in-
 20 surance, health insurance, life insurance, marine and transportation in-
 21 surance, motor vehicle insurance, property insurance or any other insurance
 22 coverage that may pay for a resident's medical bills.

23 (2830) "Utilization management" means the evaluation of medical neces-
 24 sity, appropriateness and efficiency of the use of health care services,
 25 procedures and facilities. "Utilization management" may include, but is
 26 not limited to, preadmission certification, the application of practice
 27 guidelines, continued stay review, discharge planning, case management,
 28 preauthorization of ambulatory procedures, retrospective review and claims
 29 review. "Utilization management" may also include the amount to be paid
 30 based on the application of the reimbursement rate to those medical services
 31 determined to be necessary medical services.

32 SECTION 3. That Section 31-3503A, Idaho Code, be, and the same is hereby
 33 amended to read as follows:

34 31-3503A. POWERS AND DUTIES OF THE BOARD. The board shall, under such
 35 limitations ~~and restrictions as are prescribed by law~~ provided in this chap-
 36 ter:

37 (1) Pay for the cost of necessary medical services for a medically indi-
 38 gent resident, as provided in this chapter, where the cost of necessary med-
 39 ical services when paid at the reimbursement rate exceeds the total sum of
 40 eleven thousand dollars (\$11,000) in the aggregate per resident in any con-
 41 secutive twelve (12) month period;

42 (2) Approve an application for financial assistance if it determines
 43 that necessary medical services have been or will be provided to a medically
 44 indigent resident in accordance with this chapter;

45 (3) Have the right to negotiate provider agreements, contract for uti-
 46 lization management or any portion thereof, pay for authorized expenses di-
 47 rectly, or indirectly through the use of alternative programs, that would
 48 assist in managing costs of providing health care for indigent persons, and
 49 all other powers incident to the board's duties created by this chapter;

1 (34) Cooperate with the department, respective counties of the state
2 and contractors retained by the department or county commissioners to pro-
3 vide services including, but not limited to, eligibility review and utiliza-
4 tion management on behalf of the counties and the board;

5 (45) Require, as the board deems necessary, annual reports from each
6 county and each hospital including, but not limited to, the following:

7 (a) From each county and for each applicant:

8 (i) ~~Case n~~Number and the date services began of cases;

9 (ii) Age;

10 (iii) Residence;

11 (iv) Sex;

12 (v) Diagnosis;

13 (vi) Income;

14 (vii) Family size;

15 (viii) Amount of costs incurred including provider, legal and ad-
16 ministrative charges;

17 (ix) ~~Approval or denial~~ Total number of cases processed, includ-
18 ing the number approved and the number denied; and

19 (x) Reasons for denial.

20 (b) From each hospital:

21 (i) 990 tax forms or comparable information;

22 (ii) Cost of charges where charitable care was provided; and

23 (iii) Administrative and legal costs incurred in processing
24 claims under this chapter.

25 (56) Authorize all disbursements from the catastrophic health care
26 cost program in accordance with the provisions of this chapter;

27 (67) Make and enter into contracts;

28 (78) Develop and submit a proposed budget setting forth the amount nec-
29 essary to perform its functions and prepare an annual report;

30 (89) Perform such other duties as set forth in the laws of this state;
31 and

32 (910) Conduct examinations, investigations, audits and hear testimony
33 and take proof, under oath or affirmation, at public or private hearings, on
34 any matter necessary to fulfill its duties.

35 SECTION 4. That Section 31-3503B, Idaho Code, be, and the same is hereby
36 amended to read as follows:

37 31-3503B. RECIPROCAL AGREEMENTS -- OUT-OF-STATE TREATMENT. (1) The
38 governor of the state of Idaho or his or her designee is empowered to negoti-
39 ate reciprocal agreements with other states for the provision of necessary
40 medical services for residents of this and other states.

41 (2) No payment shall be made for necessary medical services to an
42 out-of-state provider unless a reciprocal agreement has been entered into
43 by the governor of this state, or unless contracted for pursuant to sections
44 31-3520 ~~and 31-3522~~, Idaho Code, and an application has been filed pursuant
45 to the provisions of this chapter.

46 SECTION 5. That Section 31-3504, Idaho Code, be, and the same is hereby
47 amended to read as follows:

1 31-3504. APPLICATION FOR FINANCIAL ASSISTANCE. (1) Except as provided
2 for in section 31-3503E, Idaho Code, an applicant or third party applicant
3 requesting assistance under this chapter shall complete a written appli-
4 cation pursuant to section 31-3502(7) and (8), Idaho Code. The truth of
5 the matters contained in the completed application shall be sworn to by the
6 applicant or third party applicant. The completed application shall be
7 deemed consent for the providers, the hospital, the department, respective
8 counties and board to exchange information pertaining to the applicant's
9 health and finances for the purposes of determining medicaid eligibility or
10 medical indigency. The completed combined application shall be signed by
11 the applicant or third party applicant, a legally authorized representa-
12 tive of the applicant, ~~or, if the applicant is incompetent or incapable,~~
13 ~~someone acting responsibly for the applicant and filed in the clerk's of-~~
14 ~~file accordance with the provisions of section 31-3505(1) or (2), Idaho~~
15 ~~Code. If the clerk determines that the patient may be eligible for medicaid,~~
16 ~~within one (1) business day of the filing of the completed application in~~
17 ~~the clerk's office, the clerk shall transmit a copy of the application and a~~
18 ~~written request for medicaid eligibility determination to the department.~~

19 (a) If, based on its medicaid eligibility review, the department deter-
20 mines that the patient is eligible for medicaid, the department shall
21 act on the application as an application for medicaid.

22 (b) If, based on its medicaid eligibility review, the department de-
23 termines that the patient is not eligible for medicaid, the department
24 shall notify the clerk of the denial and the reason therefor, in accor-
25 dance with section 31-3503E, Idaho Code. Denial of medicaid eligibil-
26 ity is not a determination of medical indigence.

27 (2) ~~If a third party completed application is filed, the application~~
28 ~~shall be presented in the same form and manner as set forth in subsection (1)~~
29 ~~of this section.~~

30 ~~(3) Follow-up necessary medical services based on a treatment plan, for~~
31 ~~the same condition, preapproved by the county commissioners, may be provided~~
32 ~~for a maximum of six (6) months from the date of the original application~~
33 ~~without requiring an additional application; however, a request for addi-~~
34 ~~tional treatment not specified in the approved treatment plan shall be filed~~
35 ~~with the clerk ten (10) days prior to receiving services. Beyond the six (6)~~
36 ~~months, requests for additional treatment related to an original diagnosis~~
37 ~~in accordance with a preapproved treatment plan shall be filed ten (10) days~~
38 ~~prior to receiving services and an updated application may be requested by~~
39 ~~the county commissioners.~~

40 ~~(4) Upon application for financial assistance pursuant to this chap-~~
41 ~~ter an automatic lien shall attach to all real and personal property of the~~
42 ~~applicant and on insurance benefits to which the applicant may become en-~~
43 ~~titled. The lien shall also attach to any additional resources to which it~~
44 ~~may legally attach not covered in this section. The lien created by this~~
45 ~~section may be, in the discretion of the county commissioners and the board,~~
46 ~~perfected as to real property and fixtures by recording a document enti-~~
47 ~~tled: notice of lien and application for financial assistance, in any county~~
48 ~~recorder's office in this state in which the applicant and obligated person~~
49 ~~own property. The notice of lien and application for financial assistance~~
50 ~~shall be recorded as provided herein within thirty (30) calendar days from~~

1 receipt of an application, and such lien, if so recorded, shall have a pri-
 2 ority date as of the date the necessary medical services were provided. The
 3 lien created by this section may also be, in the discretion of the county
 4 commissioners and the board, perfected as to personal property by filing
 5 with the secretary of state within thirty (30) calendar days of receipt of
 6 an application, a notice of application in substantially the same manner
 7 as a filing under chapter 9, title 28, Idaho Code, except that such notice
 8 need not be signed and no fee shall be required, and, if so filed, such lien
 9 shall have the priority date as of the date the necessary medical services
 10 were provided. An application for assistance pursuant to this chapter shall
 11 waive any confidentiality granted by state law to the extent necessary to
 12 carry out the intent of this section.

13 (53) In accordance with rules ~~and~~ or procedures promulgated by county
 14 commissioners, the department or the board, each hospital and provider or
 15 applicant seeking reimbursement financial assistance under this chapter
 16 shall submit all medical records and medical claims relevant to necessary
 17 medical services provided for an applicant in a standard or uniform format to
 18 the county clerk of the obligated county within ~~ten~~ fourteen (14) calendar
 19 days after receiving a request from the county clerk; provided that, within
 20 the ~~ten~~ fourteen (14) calendar day period if a provider presents a written
 21 request for suspension of the investigation, the investigation of the appli-
 22 cation shall be suspended for ~~up to~~ thirty (30) calendar days. ~~Upon receipt~~
 23 ~~of the requested documentation, the investigation shall resume. A copy~~
 24 ~~of the results of the reviewed medical records and medical claims shall be~~
 25 ~~transmitted by the department's or the board's contractor to the clerk of the~~
 26 ~~obligated county~~ The hospital or provider shall acknowledge the receipt of
 27 a request for medical records and claims on the date the request is received
 28 by the hospital or provider. The county shall acknowledge the receipt of
 29 requested claims and medical records from a provider on the date they are
 30 received by the county. Acknowledgments made pursuant to the requirements
 31 of this subsection shall be made in a manner that will allow the dated ac-
 32 knowledgment to be duplicated and entered as evidence in any dispute between
 33 the county and the provider regarding the fact of and time of delivery. Dur-
 34 ing the suspension the county may continue to interview the applicant or
 35 obligated persons and solicit and collect documentation from them. Failure
 36 of a hospital or provider to provide the medical records and medical claims
 37 within the initial ~~ten~~ fourteen (14) calendar day period and the suspension
 38 period, if any, shall result in denial of the application that portion of the
 39 application related to the hospital or provider who failed to respond. All
 40 medical claims and records shall be delivered to the county in paper format
 41 unless another format is authorized by the county commissioners. Denial for
 42 failure to provide the medical claims and records as required by this subsec-
 43 tion shall not be subject to appeal.

44 SECTION 6. That Section 31-3505, Idaho Code, be, and the same is hereby
 45 amended to read as follows:

46 31-3505. TIME AND MANNER OF FILING APPLICATIONS FOR FINANCIAL ASSIS-
 47 TANCE. Applications for financial assistance shall be filed according to the
 48 following time limits. Filing is complete upon receipt by the clerk or the
 49 department.

1 (1) A completed application for nonemergency necessary medical ser-
2 vices shall be filed with the clerk within ten (10) calendar days prior to
3 receiving services from the provider or the hospital.

4 (2) A completed combined application for emergency necessary medical
5 services shall be filed with the ~~clerk~~ Idaho department of health and wel-
6 fare combined application unit for a medicaid determination any time within
7 thirty-one (31) calendar days beginning with the first day of the provision
8 of necessary medical services from the provider, ~~except as provided in sub-~~
9 ~~section (3) of this section.~~

10 (3) ~~In the case of hospitalization, a completed application for emer-~~
11 ~~gency necessary medical services shall be filed with the department any time~~
12 ~~within thirty-one (31) days of the date of admission~~ Follow-up necessary
13 medical services for additional treatment related to an original diagnosis
14 shall be requested on a treatment plan that shall be submitted with a com-
15 bined application.

16 (a) All treatment plans shall be specific as to the services, providers
17 and treatment provided and shall pertain to the original incident and
18 diagnosis.

19 (b) Additional treatment shall not exceed six (6) months from the date
20 of the original application or the amount of time approved by the county
21 commissioners, whichever is less.

22 (c) If treatment is medically necessary beyond the six (6) months or the
23 amount of time approved by the county commissioners, a new application
24 for nonemergency necessary medical services pursuant to subsection (1)
25 of this section shall be required.

26 (4) Requests for additional treatment related to an original diagnosis
27 in accordance with a preapproved treatment plan, not approved by the county
28 commissioners on the original application, shall require a new application
29 and shall be filed within ten (10) calendar days prior to receiving services.

30 (5) A delayed application for necessary medical services may be filed
31 up to one hundred eighty (180) days beginning with the first day of the provi-
32 sion of necessary medical services provided that:

33 (a) Written documentation is included with the application or no later
34 than forty-five (45) days after an application has been filed showing
35 that a bona fide application or claim has been filed for social security
36 disability insurance, supplemental security income, third party insur-
37 ance, medicaid, medicare, crime victim's compensation, and/or worker's
38 compensation. A bona fide application means that:

39 (i) The application was timely filed within the appropriate
40 agency's application or claim time period; and

41 (ii) Given the circumstances of the patient and/or obligated per-
42 sons, the patient and/or obligated persons, and given the informa-
43 tion available at the time the application or claim for other re-
44 sources is filed, would reasonably be expected to meet the eligi-
45 bility criteria for such resources; and

46 (iii) The application was filed with the appropriate agency in
47 such a time and manner that, if approved, it would provide for pay-
48 ment coverage of the bills included in the county application; and

49 (iv) In the discretion of the county commissioners, bills on a de-
50 layed application which would not have been covered by a success-

1 ful application or timely claim to the other resource(s) may be de-
2 nied by the county commissioners as untimely; and

3 (v) In the event an application is filed for supplemental security
4 income, an Idaho medicaid application must also have been filed
5 within the department of health and welfare's application or claim
6 time period to provide payment coverage of eligible bills included
7 in the county application.

8 (b) Failure by the patient and/or obligated persons to complete the
9 application process described in this section, up to and including any
10 reasonable appeal of any denial of benefits, with the applicable pro-
11 gram noted in paragraph (a) of this subsection, shall result in denial
12 of the application.

13 (6) No application for financial assistance under the county medically
14 indigent program or the catastrophic health care cost program shall be ap-
15 proved by the county commissioners or the board unless the applicant, obli-
16 gated person, provider or the hospital completes the application process and
17 complies with the time limits prescribed by this chapter.

18 (7) Any application or request which fails to meet the provisions of
19 this section, and/or other provisions of this chapter, including all statu-
20 tory time limits, shall be denied.

21 (8) In the event that a county determines that a different county is ob-
22 ligated, such county shall notify the applicant or third party applicant of
23 the denial and shall also notify the county it believes to be the obligated
24 county and provide the basis for the determination. An application ~~may~~ shall
25 be filed by the applicant or third party applicant in the indicated county
26 within thirty (30) calendar days of the date of the initial county denial.

27 SECTION 7. That Section 31-3505A, Idaho Code, be, and the same is hereby
28 amended to read as follows:

29 31-3505A. INVESTIGATION OF COMPLETED APPLICATION BY THE CLERK. (1)
30 The clerk shall interview the applicant and investigate the information
31 provided on the completed application, along with all other required infor-
32 mation, in accordance with the procedures established by the county commis-
33 sioners, the board and this chapter. The clerk shall promptly notify the
34 applicant, or third party filing an application on behalf of an applicant,
35 of any material information missing from the application which, if omitted,
36 may cause the application to be denied for incompleteness. In addition, any
37 provider requesting notification shall be notified at the same time. When
38 necessary, such persons as may be deemed essential, may be compelled by the
39 clerk to give testimony and produce documents and other evidence under oath
40 in order to complete the investigation. The clerk is hereby authorized to
41 issue subpoenas on behalf of the county commissioners to carry out the in-
42 tent of this provision and to otherwise compel compliance in accordance with
43 provisions of Idaho law. Enforcement of the subpoena shall be discretionary
44 with the county commissioners. Subpoenas issued under this chapter shall be
45 equally effective whether mailed or personally served.

46 (2) The applicant and third party filing an application on behalf of an
47 applicant to the extent they have knowledge, shall have a duty to cooperate
48 with the clerk in investigating, providing documentation, submitting to an
49 interview and ascertaining eligibility and shall have a continuing duty to

1 notify the obligated county of the receipt of resources after an application
2 has been filed.

3 (3) The clerk shall have twenty (20) calendar days to complete the in-
4 vestigation of an application for nonemergency necessary medical services.

5 (4) The clerk shall have ~~forty-five~~ fifty (450) calendar days from re-
6 ceipt of the application to complete the investigation of an application for
7 emergency necessary medical utilization management services or a portion
8 thereof. All requested documentation shall be received during this inves-
9 tigatory time period unless requested by the applicant and approved by the
10 county commissioners. Any requested documentation received untimely may
11 not be considered in the decision process.

12 (5) ~~In the case of follow-up treatment, the clerk shall have ten (10)-~~
13 ~~days to complete an interview on a request for additional treatment to up-~~
14 ~~date the financial and other information contained in a previous application~~
15 ~~for an original diagnosis in accordance with a treatment plan previously ap-~~
16 ~~proved by the county commissioners.~~

17 ~~(6) Upon completion of the interview and investigation of the appli-~~
18 ~~cation or request, a statement of the clerk's findings shall be filed with~~
19 ~~the county commissioners. Such findings of indigency shall start on the date~~
20 ~~necessary medical services are first provided.~~

21 SECTION 8. That Section 31-3505C, Idaho Code, be, and the same is hereby
22 amended to read as follows:

23 31-3505C. ~~INITIAL DECISION BY THE COUNTY COMMISSIONERS.~~ (1) Except as
24 otherwise provided in subsection (2) of this section, the county commission-
25 ers shall make an ~~initial determination~~ decision to approve or deny an appli-
26 cation on the county commissioners' next meeting day or within fifteen (15)
27 days from receipt of the clerk's statement and within five (5) days from re-
28 ceiving the clerk's statement on a request upon notice of a meeting as re-
29 quired by law. The initial determination decision to approve or deny an ap-
30 plication shall be mailed to the applicant, obligated person or the third
31 party making application on behalf of the applicant, as the case may be, and
32 each hospital or provider listed on the application within five (5) days of
33 the initial determination decision. Upon written request by a hospital or
34 provider, and at the discretion of the county commissioners, any decision
35 may be delivered electronically, as that term is defined in section 63-115,
36 Idaho Code, to providers making such request.

37 (2) The county commissioners shall hold in suspension an ~~initial de-~~
38 ~~termination to deny~~ decision on an application, if the sole basis for the
39 denial is that the applicant may be eligible for other forms of public as-
40 sistance, crime victims compensation, worker's compensation, veterans ben-
41 efits, medicaid, medicare, supplemental security income, third party insur-
42 ance or other insurance. The ~~decision determination~~ to hold an initial de-
43 termination to deny decision on an application in suspension shall be mailed
44 to the applicant, obligated person or the third party ~~making application on~~
45 ~~behalf of the applicant, as the case may be, and each provider listed on the~~
46 application within ~~five ten (510)~~ calendar days of the decision to suspend.

47 (a) If an applicant is subsequently determined to be eligible for other
48 forms of public assistance, crime victims compensation, worker's com-
49 pensation, veterans benefits, medicaid, medicare, supplemental secu-

1 rity income, third party insurance or other insurance, the application
 2 shall be denied. The applicant or the third party making application on
 3 behalf of the applicant, as the case may be, and each provider listed on
 4 the application shall be notified within five (5) days of the denial.

5 (b) If an applicant is subsequently determined not to be eligible for
 6 other forms of public assistance, crime victims compensation, worker's
 7 compensation, veterans benefits, medicaid, medicare, supplemental se-
 8 curity income, third party insurance or other insurance, the applica-
 9 tion for financial assistance shall be approved. The applicant, obli-
 10 gated person or the third party ~~making application on behalf of the ap-~~
 11 ~~applicant~~, as the case may be, and each provider listed on the application
 12 shall be notified within ~~five ten (510)~~ calendar days of the approval.

13 (3) If the county commissioners hold in suspension an ~~initial deter-~~
 14 ~~mination decision~~ to deny an application, any time limitation used in this
 15 chapter shall be tolled and not deemed to run during the period of suspen-
 16 sion. A hospital or provider shall not attempt payment collection during
 17 this tolled time period.

18 SECTION 9. That Section 31-3505D, Idaho Code, be, and the same is hereby
 19 amended to read as follows:

20 31-3505D. APPEAL OF ~~INITIAL DETERMINATION DECISION~~ DENYING AN APPLI-
 21 CATION. An applicant, provider or third party applicant may appeal an ~~ini-~~
 22 ~~tial determination decision~~ of the county commissioners denying an appli-
 23 cation, if the basis for appeal is a qualified appealable basis pursuant to
 24 this chapter, by filing a written notice of appeal setting forth the specific
 25 basis for such appeal with the county commissioners within twenty-eight (28)
 26 calendar days of the date of the denial. If no appeal is filed within the
 27 time allowed, the ~~initial determination decision~~ of the county commission-
 28 ers denying an application shall become final. If an appeal is filed without
 29 setting forth the specific reasons for the appeal, the county commissioners
 30 shall dismiss the appeal.

31 SECTION 10. That Section 31-3505E, Idaho Code, be, and the same is
 32 hereby amended to read as follows:

33 31-3505E. HEARING ON APPEAL OF ~~INITIAL DETERMINATION DENYING AN AP-~~
 34 ~~PLICATION~~. The county commissioners shall hold a hearing on the appeal
 35 within seventy-five (75) days of receipt of the notice of appeal. The appli-
 36 cant or third party applicant requesting the appeal shall be required to pro-
 37 vide specific information related only to the purpose for which the appeal
 38 was filed. Any party making a request to issue a subpoena shall be responsi-
 39 ble for both the service and enforcement of the subpoena. The hearing may be
 40 continued by the county commissioners for not more than forty-five (45) days
 41 from the date of the hearing ~~to allow the applicant to produce additional~~
 42 ~~information, documents, records, testimony or other evidence required in~~
 43 ~~the discretion of the county commissioners or to allow a decision on eligi-~~
 44 ~~bility of the applicant for benefits to be reached by another agency such as,~~
 45 ~~but not limited to, the social security administration or the department.~~
 46 The hearing may be continued ~~for additional periods~~ by mutual stipulation
 47 of the county commissioners and the applicant, obligated person or third

1 party applicant. The county commissioners shall make a final determination
2 decision within thirty (30) days of the conclusion of the hearing. The final
3 determination decision of the county commissioners denying an application
4 shall be mailed to the applicant, obligated person or the third party making
5 application on behalf of an applicant, as the case may be and each provider
6 listed on the application, within five (5) days of the date of the final
7 determination decision. Upon written request by a hospital or provider and
8 at the discretion of the county commissioners any decision may be delivered
9 electronically to hospitals or providers making such request.

10 SECTION 11. That Section 31-3505F, Idaho Code, be, and the same is
11 hereby amended to read as follows:

12 31-3505F. ARBITRATION. In the event that a county determines that a
13 service is not a necessary medical service, a provider may submit the issue
14 to a panel for arbitration as follows:

15 (1) Within thirty (30) days of the determination decision, the county
16 commissioners and the provider shall each appoint one (1) licensed medi-
17 cal or osteopathic doctor with expertise in the condition treated or to be
18 treated. The two (2) appointees shall jointly select a third medical or os-
19 teopathic licensed doctor with equivalent expertise. The panel shall review
20 such information as it deems necessary and render a decision within thirty
21 (30) days as to whether the covered service is a necessary medical service
22 pursuant to section 31-3502 (20), Idaho Code.

23 (2) There shall be no judicial or other review or appeal of the find-
24 ings of the panel. No party shall be obligated to comply with or otherwise be
25 affected or prejudiced by the proposals, conclusions or suggestions of the
26 panel or any member or segment thereof; however, in the interest of due con-
27 sideration being given to such proceedings and in the interest of encourag-
28 ing consideration of claims informally and without the necessity of litiga-
29 tion, the applicable statute of limitations shall be tolled and not deemed
30 to run during the time that such a claim is pending before the panel and for
31 thirty (30) days thereafter.

32 (3) Expenses incurred by the members of the panel in the performance of
33 their duties will be borne by the respective parties making their appoint-
34 ment, and expenses of the third member shall be divided equally among the re-
35 spective parties.

36 SECTION 12. That Section 31-3505G, Idaho Code, be, and the same is
37 hereby amended to read as follows:

38 31-3505G. PETITION FOR JUDICIAL REVIEW OF FINAL DETERMINATION
39 DECISION. If, after a hearing as provided in section 31-3505E, Idaho Code,
40 the final determination decision of the county commissioners is to deny an
41 application for financial assistance, the applicant, obligated person or a
42 third party applicant, may seek judicial review of the final determination
43 decision of the county commissioners in the manner provided in section
44 31-1506, Idaho Code.

45 SECTION 13. That Section 31-3508, Idaho Code, be, and the same is hereby
46 amended to read as follows:

1 31-3508. LIMITATIONS ON PAYMENTS FOR NECESSARY MEDICAL SERVICES. (1)
2 Each hospital and provider seeking reimbursement under the provisions of
3 this chapter shall fully participate in the utilization management program
4 and third party recovery system.

5 (2) The board and the county shall determine the amount to be paid based
6 on the ~~application of the appropriate reimbursement rate to those~~ medical
7 services determined to be necessary medical services. The board may use
8 contractors to undertake utilization management review in any part of that
9 analysis. The bill submitted for payment shall show the total provider
10 charges less any amounts which have been received under any other federal or
11 state law. Bills Medical claims of less than twenty-five dollars (\$25.00)
12 shall not be presented for payment.

13 SECTION 14. That Section 31-3508A, Idaho Code, be, and the same is
14 hereby amended to read as follows:

15 31-3508A. PAYMENT FOR NECESSARY MEDICAL SERVICES BY AN OBLIGATED
16 COUNTY. (1) Upon receipt of a ~~final determination decision~~ by the county
17 commissioners approving an application for financial assistance under the
18 provisions of this chapter, an applicant, or the third party applicant on
19 behalf of the applicant, shall, within sixty (60) days, submit any remaining
20 medical claims pursuant to the procedures provided in chapter 15, title 31,
21 Idaho Code.

22 (2) Payment shall be made to hospitals or providers on behalf of an ap-
23 plicant and shall be made on the next payment cycle. In no event shall pay-
24 ment be delayed longer than sixty (60) days from receipt of the county claim.

25 (3) All medical claims pertaining to the necessary medical services on
26 the combined application that have been approved under this chapter shall
27 be eligible for consideration for payment by the county and shall be payment
28 of the debt in full, and the provider or hospital shall not seek additional
29 funds from the applicant.

30 (4) Payment to a hospital or provider pursuant to this chapter shall be
31 payment of the debt in full and the provider or hospital shall not seek addi-
32 tional funds from the applicant.

33 (5) Any medical claim not submitted within the time required pursuant
34 to this chapter shall be deemed untimely and shall not be paid nor shall the
35 provider or hospital seek additional funds from the applicant.

36 (46) Within fourteen (14) days after the county payment, the clerk of
37 the obligated county shall forward to the board ~~any the completed combined~~
38 application for financial assistance and proof of payment of necessary med-
39 ical services exceeding, at the reimbursement rate, the total sum of eleven
40 thousand dollars (\$11,000) in the aggregate per resident in any consecutive
41 twelve (12) month period with an itemized accounting of what is owed by the
42 board. A copy of the clerk's findings, the final decision of the county com-
43 missioners and a statement of which costs the clerk has paid shall be for-
44 warded with the application to the board.

45 SECTION 15. That Section 31-3511, Idaho Code, be, and the same is hereby
46 amended to read as follows:

1 31-3511. VIOLATIONS AND PENALTIES. (1) Any applicant or obligated
2 person who willfully gives false or misleading information to the depart-
3 ment, board, a hospital, a county or an agent thereof, or to any individual
4 in order to obtain financial assistance under this chapter as or for a med-
5 ically indigent resident, or any person who obtains financial assistance
6 as a medically indigent resident who fails to disclose insurance, worker's
7 compensation, resources, or other benefits available to him as payment or
8 reimbursement of such expenses incurred, shall be guilty of a misdemeanor
9 and punishable under the general provisions for punishment of a misdemeanor.
10 In addition, any applicant or obligated person who fails to cooperate with
11 the department, board or a county or makes a material misstatement or ma-
12 terial omission to the department in a request for medicaid eligibility
13 determination, pursuant to section 31-3504, Idaho Code, or a county in an
14 application pursuant to this chapter shall be denied financial assistance
15 for nonemergency medical services and shall be ineligible for nonemergency
16 county financial assistance under this chapter for a period of two (2) years.

17 (2) Neither the county commissioners nor the board shall have jurisdic-
18 tion to hear ~~and shall or~~ approve a completed application for necessary medi-
19 cal services unless an application in the form prescribed by this chapter is
20 received ~~by the clerk or the board~~ in accordance with the provisions of this
21 chapter.

22 (3) The county commissioners ~~may~~ shall deny an application if material
23 information required in the application or request is not provided by the ap-
24 plicant or a third party in the time limits and provisions required by this
25 chapter, or if the applicant has divested himself or herself of resources
26 within one (1) year prior to filing an application in order to become el-
27 igible for assistance pursuant to this chapter. An applicant who is sanc-
28 tioned by federal or state authorities and loses medical benefits as a result
29 of failing to cooperate with the respective agency or making a material mis-
30 statement or material omission to the respective agency shall be ineligible
31 for assistance pursuant to this chapter for the period of such sanction.

32 (4) If the county commissioners fail to act upon an application within
33 the timelines required under this chapter, the application shall be deemed
34 approved and payment made as provided in this chapter.

35 (5) An applicant may appeal a decision rendered by the county commis-
36 sioners pursuant to this section in the manner provided in section 31-1506,
37 Idaho Code.

38 SECTION 16. That Section 67-7903, Idaho Code, be, and the same is hereby
39 amended to read as follows:

40 67-7903. VERIFICATION OF LAWFUL PRESENCE -- EXCEPTIONS -- REPORT-
41 ING. (1) Except as otherwise provided in subsection (3) of this section or
42 where exempted by federal law, each agency or political subdivision of this
43 state shall verify the lawful presence in the United States of each natural
44 person eighteen (18) years of age or older who applies for state or local
45 public benefits or for federal public benefits for the applicant.

46 (2) This section shall be enforced without regard to race, religion,
47 gender, ethnicity or national origin.

48 (3) Verification of lawful presence in the United States shall not be
49 required:

- 1 (a) For any purpose for which lawful presence in the United States is
 2 not required by law, ordinance or rule;
- 3 (b) For obtaining health care items and services that are necessary for
 4 the treatment of an emergency medical condition of the person involved
 5 and are not related to an organ transplant procedure;
- 6 (c) For short-term, noncash, in-kind emergency disaster relief;
- 7 (d) For public health assistance for immunizations with respect to im-
 8 munizable diseases and testing and treatment of symptoms of communica-
 9 ble diseases whether or not such symptoms are caused by a communicable
 10 disease;
- 11 (e) For programs, services or assistance, such as soup kitchens, crisis
 12 counseling and intervention and short-term shelter specified by fed-
 13 eral law or regulation that:
- 14 (i) Deliver in-kind services at the community level, including
 15 services through public or private nonprofit agencies;
- 16 (ii) Do not condition the provision of assistance, the amount of
 17 assistance provided or the cost of assistance provided on the in-
 18 dividual recipient's income or resources; and
- 19 (iii) Are necessary for the protection of life or public safety;
- 20 (f) For prenatal care;
- 21 (g) For postnatal care not to exceed twelve (12) months; or
- 22 (h) For food assistance for a dependent child under eighteen (18) years
 23 of age.

24 Notwithstanding the provisions of this subsection ~~(3)~~, for the county indi-
 25 gent program, the limitations contained in section 31-3502 ~~(1820)~~ B., Idaho
 26 Code, shall apply.

27 (4) An agency or a political subdivision shall verify the lawful pres-
 28 ence in the United States of each applicant eighteen (18) years of age or
 29 older for federal public benefits or state or local public benefits by:

- 30 (a) Employing electronic means to verify an applicant is legally
 31 present in the United States; or
- 32 (b) Requiring the applicant to provide:
- 33 (i) An Idaho driver's license or an Idaho identification card
 34 issued pursuant to section 49-2444, Idaho Code;
- 35 (ii) A valid driver's license or similar document issued for the
 36 purpose of identification by another state or territory of the
 37 United States, if such license or document contains a photograph
 38 of the individual or such other personal identifying information
 39 relating to the individual that the director of the department of
 40 health and welfare or, with regard to unemployment compensation
 41 benefits, the director of the department of labor finds, by rule,
 42 sufficient for purposes of this section;
- 43 (iii) A United States military card or a military dependent's
 44 identification card;
- 45 (iv) A United States coast guard merchant mariner card;
- 46 (v) A native American tribal document;
- 47 (vi) A copy of an executive office of immigration review, immi-
 48 gration judge or board of immigration appeals decision, granting
 49 asylee status;

1 (vii) A copy of an executive office of immigration review, immi-
2 gration judge or board of immigration appeals decision, indicat-
3 ing that the individual may lawfully remain in the United States;

4 (viii) Any United States citizenship and immigration service is-
5 sued document showing refugee or asylee status or that the indi-
6 vidual may lawfully remain in the United States;

7 (ix) Any department of state or customs and border protection is-
8 sued document showing the individual has been permitted entry into
9 the United States on the basis of refugee or asylee status, or on
10 any other basis that permits the individual to lawfully enter and
11 remain in the United States; or

12 (x) A valid United States passport; and

13 (c) Requiring the applicant to provide a valid social security number
14 that has been assigned to the applicant; and

15 (d) Requiring the applicant to attest, under penalty of perjury and on
16 a form designated or established by the agency or the political subdivi-
17 sion, that:

18 (i) The applicant is a United States citizen or legal permanent
19 resident; or

20 (ii) The applicant is otherwise lawfully present in the United
21 States pursuant to federal law.

22 (5) Notwithstanding the requirements of subsection (4) (b) of this sec-
23 tion, the agency or political subdivision may establish by appropriate legal
24 procedure such rules or regulations to ensure that certain individuals law-
25 fully present in the United States receive authorized benefits including,
26 but not limited to, homeless state citizens.

27 (6) For an applicant who has attested pursuant to subsection (4) (d) of
28 this section stating that the applicant is an alien lawfully present in the
29 United States, verification of lawful presence for federal public benefits
30 or state or local public benefits shall be made through the federal system-
31 atic alien verification of entitlement program, which may be referred to as
32 the "SAVE" program, operated by the United States department of homeland se-
33 curity or a successor program designated by the United States department of
34 homeland security. Until such verification of lawful presence is made, the
35 attestation may be presumed to be proof of lawful presence for purposes of
36 this section.

37 (a) Errors and significant delays by the SAVE program shall be reported
38 to the United States department of homeland security to ensure that the
39 application of the SAVE program is not wrongfully denying benefits to
40 legal residents of this state.

41 (b) Agencies or political subdivisions may adopt variations of the re-
42 quirements of subsection (4) (d) of this section to improve efficiency
43 or reduce delay in the verification process or to provide for adjudica-
44 tion of unique individual circumstances in which the verification pro-
45 cedures in this section would impose unusual hardship on a legal resi-
46 dent of this state; except that the variations shall be no less strin-
47 gent than the requirements of subsection (4) (d) of this section.

48 (c) A person who knowingly makes a false, fictitious or fraudulent
49 statement or representation in an attestation executed pursuant to
50 subsection (4) (d) or (6) (b) of this section or who knowingly provides

1 a social security number that has not been assigned to him pursuant to
2 subsection (4) (c) of this section shall be:

3 (i) Guilty of a misdemeanor for the first and second offense; and

4 (ii) Guilty of a felony for each subsequent offense.

5 (7) An agency or political subdivision may accept as prima facie evi-
6 dence of an applicant's lawful presence in the United States the information
7 required in subsection (4) of this section, as may be modified by subsection
8 (5) of this section, when issuing a professional license or a commercial li-
9 cense.