

IN THE SENATE

SENATE BILL NO. 1123

BY JUDICIARY AND RULES COMMITTEE

AN ACT

1 RELATING TO THE INDIGENT SICK; AMENDING SECTION 31-3502, IDAHO CODE, TO
2 DEFINE TERMS AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION
3 31-3503A, IDAHO CODE, TO REVISE PROVISIONS REGARDING THE POWERS AND
4 DUTIES OF THE BOARD OF THE CATASTROPHIC HEALTH CARE COST PROGRAM;
5 AMENDING SECTION 31-3503B, IDAHO CODE, TO REVISE PROVISIONS REGARD-
6 ING RECIPROCAL AGREEMENTS AND OUT-OF-STATE PROVIDERS AND TO REMOVE A
7 CODE REFERENCE; AMENDING SECTION 31-3504, IDAHO CODE, TO REVISE PRO-
8 VISIONS REGARDING APPLICATIONS FOR FINANCIAL ASSISTANCE AND TO MAKE
9 TECHNICAL CORRECTIONS; AMENDING SECTION 31-3505, IDAHO CODE, TO REVISE
10 PROVISIONS REGARDING APPLICATIONS FOR FINANCIAL ASSISTANCE AND TO MAKE
11 TECHNICAL CORRECTIONS; AMENDING SECTION 31-3505A, IDAHO CODE, TO RE-
12 VISE PROVISIONS REGARDING INVESTIGATIONS OF CERTAIN APPLICATIONS AND
13 TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 31-3505C, IDAHO CODE,
14 TO REVISE PROVISIONS REGARDING DECISIONS ON CERTAIN APPLICATIONS AND TO
15 MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 31-3505D, IDAHO CODE, TO
16 REVISE PROVISIONS REGARDING APPEALS AND TO MAKE A TECHNICAL CORRECTION;
17 AMENDING SECTION 31-3505E, IDAHO CODE, TO REVISE PROVISIONS REGARDING
18 APPEAL HEARINGS AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION
19 31-3505G, IDAHO CODE, TO REVISE PROVISIONS REGARDING PETITIONS FOR
20 JUDICIAL REVIEW AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION
21 31-3508, IDAHO CODE, TO REVISE TERMINOLOGY AND TO MAKE A TECHNICAL COR-
22 RECTION; AMENDING SECTION 31-3508A, IDAHO CODE, TO REVISE PROVISIONS
23 REGARDING PAYMENTS MADE BY AN OBLIGATED COUNTY AND TO MAKE A TECHNICAL
24 CORRECTION; AMENDING SECTION 31-3511, IDAHO CODE, TO REVISE PROVISIONS
25 REGARDING VIOLATIONS AND PENALTIES AND TO MAKE A TECHNICAL CORRECTION;
26 AMENDING SECTION 31-3517, IDAHO CODE, TO PROVIDE THAT COUNTY COMMIS-
27 SIONER MEMBERS OF THE BOARD SHALL BE REIMBURSED FROM THE CATASTROPHIC
28 HEALTH CARE COST ACCOUNT AND TO MAKE A TECHNICAL CORRECTION; AND AMEND-
29 ING SECTION 67-7903, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE AND
30 TO MAKE A TECHNICAL CORRECTION.
31

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

33 SECTION 1. That Section 31-3502, Idaho Code, be, and the same is hereby
34 amended to read as follows:

35 31-3502. DEFINITIONS. As used in this chapter, the terms defined in
36 this section shall have the following meaning, unless the context clearly
37 indicates another meaning:

38 (1) "Applicant" means ~~any~~ a patient or obligated person who is request-
39 ing financial assistance under this chapter.

40 (2) "Application" means the combined application for state and county
41 medical assistance pursuant to sections 31-35043E and 31-3503E4, Idaho

1 Code. In this chapter an application for state and county medical assistance
2 shall also mean an application for financial assistance.

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

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

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

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

14 (7) "Combined application" means the uniform application for state and
15 county medical assistance required to be completed pursuant to this chapter.

16 (a) A combined application for emergency necessary medical services
17 shall be valid for a period not to exceed six (6) months from the date the
18 application is received by the department of health and welfare.

19 (b) A combined application for nonemergency necessary medical services
20 shall be valid for a period not to exceed six (6) months from the date
21 received by the county clerk.

22 (8) "Completed application" shall include at a minimum the cover sheet
23 requesting services, applicant information including diagnosis and re-
24 quests for services and signatures, personal and financial information of
25 the applicant and obligated person or persons, patient rights and respon-
26 sibilities, releases and all other signatures required in the application
27 means a combined application that shall include at a minimum:

28 (a) A signed and dated request for a medicaid eligibility determination
29 commonly known as a cover sheet;

30 (b) Applicant information including diagnosis and any financial and
31 personal information collected and maintained by a third-party ap-
32 plicant related to the person for whom the services were or are to be
33 provided;

34 (c) Patient rights and responsibilities initialed and signed as re-
35 quired in the application;

36 (d) Signed releases of information;

37 (e) Other signatures required on the application;

38 (f) For emergency applications for services, a specific listing of the
39 completed medical services and the estimated charges for hospital ser-
40 vices, the dates of service through the date the application is filed
41 and the providers who performed the emergent care and subsequent re-
42 lated services pursuant to this chapter; and

43 (g) For nonemergency applications and treatment plans filed pursuant
44 to this chapter, the requested services, the estimated charges associ-
45 ated with the requested services, the estimated dates of service and the
46 providers expected to render the requested services.

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

49 (910) "County hospital" means any county approved institution or fa-
50 cility for the care of sick persons.

- 1 (101) "Department" means the department of health and welfare.
- 2 (112) "Dependent" means any person whom a taxpayer claims as a dependent
3 under the income tax laws of the state of Idaho.
- 4 (123) "Emergency service" means a service provided for a medical condi-
5 tion in which sudden, serious and unexpected symptoms of illness or injury
6 are sufficiently severe to necessitate or call for immediate medical care,
7 including, but not limited to, severe pain, that the absence of immediate
8 medical attention could reasonably be expected by a prudent person who pos-
9 sesses an average knowledge of health and medicine, to result in:
- 10 (a) Placing the patient's health in serious jeopardy;
- 11 (b) Serious impairment to bodily functions; or
- 12 (c) Serious dysfunction of any bodily organ or part.
- 13 (134) "Hospital" means a facility licensed and regulated pursuant to
14 sections 39-1301 through 39-1314, Idaho Code, or an out-of-state hospital
15 providing necessary medical services for residents of Idaho, wherein a re-
16 ciprocal agreement exists, in accordance with section 31-3503B, Idaho Code,
17 excluding state institutions.
- 18 (145) "Medicaid eligibility review" means the process used by the de-
19 partment to determine whether a person meets the criteria for medicaid cov-
20 erage.
- 21 (156) "Medical claim" means the itemized statements and standard forms
22 used by hospitals and providers to satisfy centers for medicare and medicaid
23 services (CMS) claims submission requirements.
- 24 (167) "Medical home" means a model of primary and preventive care de-
25 livery in which the patient has a continuous relationship with a personal
26 physician in a physician directed medical practice that is whole person ori-
27 ented and where care is integrated and coordinated.
- 28 (178) "Medically indigent" means any person who is in need of necessary
29 medical services and who, if an adult, together with his or her spouse, or
30 whose parents or guardian if a minor or dependent, does not have income and
31 other resources available to him from whatever source sufficient to pay for
32 necessary medical services. Nothing in this definition shall prevent the
33 board and the county commissioners from requiring the applicant and obli-
34 gated persons to reimburse the county and the catastrophic health care cost
35 program, where appropriate, for all or a portion of their medical expenses,
36 when investigation of their application pursuant to this chapter, deter-
37 mines their ability to do so.
- 38 (189) A. "Necessary medical services" means health care services and
39 supplies that:
- 40 (a) Health care providers, exercising prudent clinical judgment,
41 would provide to a person for the purpose of preventing, evalu-
42 ating, diagnosing or treating an illness, injury, disease or its
43 symptoms;
- 44 (b) Are in accordance with generally accepted standards of medi-
45 cal practice;
- 46 (c) Are clinically appropriate, in terms of type, frequency, ex-
47 tent, site and duration and are considered effective for the cov-
48 ered person's illness, injury or disease;
- 49 (d) Are not provided primarily for the convenience of the person,
50 physician or other health care provider; and

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

5 (f) Include alternative services such as skilled nursing when a
 6 facility provides a lesser-cost alternative for treatments, and
 7 the services are limited to a period not to exceed twenty-eight
 8 (28) calendar days or the time recommended by utilization manage-
 9 ment.

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

11 (a) Bone marrow transplants;

12 (b) Organ transplants;

13 (c) Elective, cosmetic and/or experimental procedures;

14 (d) Services related to, or provided by, long-term residential,
 15 ~~skilled nursing,~~ assisted living and/or shelter care facilities;

16 (e) Normal, uncomplicated pregnancies, ~~excluding caesarean sec-~~
 17 ~~tion,~~ deliveries and childbirth well-baby care;

18 (f) Medicare copayments and deductibles;

19 (g) Services provided by, or available to, an applicant from
 20 state, federal and local health programs;

21 (h) Medicaid copayments and deductibles; ~~and~~

22 (i) Drugs, devices or procedures primarily utilized for weight
 23 reduction and complications directly related to such drugs, de-
 24 vices or procedures; and

25 (j) Drugs, devices or procedures related to complications from
 26 medical services determined to be not medically necessary pur-
 27 suant to this chapter.

28 (1920) "Obligated person" means the person or persons who are legally
 29 responsible for an applicant including, but not limited to, parents of mi-
 30 nors or dependents.

31 (201) "Primary and preventive health care" means the provision of pro-
 32 fessional health services that include health education and disease preven-
 33 tion, initial assessment of health problems, treatment of acute and chronic
 34 health problems and the overall management of an individual's health care
 35 services.

36 (212) "Provider" means any person, firm or corporation certified or li-
 37 censed by the state of Idaho or holding an equivalent license or certifica-
 38 tion in another state, that provides necessary medical services to a patient
 39 requesting a medically indigent status determination or filing an applica-
 40 tion for financial assistance.

41 (223) "Recipient" means an individual determined eligible for finan-
 42 cial assistance under this chapter.

43 (234) "Reimbursement rate" means the unadjusted medicaid rate of reim-
 44 bursement for medical charges allowed pursuant to title XIX of the social se-
 45 curity act, as amended, that is in effect at the time service is rendered.
 46 The "reimbursement rate" shall mean ninety-five percent (95%) of the unad-
 47 justed medicaid rate.

48 (245) "Resident" means a person with a home, house, place of abode,
 49 place of habitation, dwelling or place where he or she actually lived for a
 50 consecutive period of thirty (30) days or more within the state of Idaho. A

1 resident does not include a person who comes into this state for temporary
 2 purposes, including, but not limited to, education at a college, university,
 3 institution of higher education or other school, vacation, medical care or
 4 seasonal labor. Entry into active military duty shall not change a person's
 5 residence for the purposes of this chapter. Those physically present within
 6 the following facilities and institutions shall be residents of the county
 7 where they were residents prior to entering the facility or institution:

8 (a) Correctional facilities;

9 (b) Nursing homes or residential or assisted living facilities;

10 (c) Other medical facility or institution.

11 (256) "Resources" means all property, for which an applicant and/or an
 12 obligated person may be eligible or in which he or she may have an interest,
 13 whether tangible or intangible, real or personal, liquid or nonliquid, or
 14 pending, including, but not limited to, all forms of public assistance,
 15 crime victims compensation, worker's compensation, veterans benefits,
 16 medicaid, medicare, supplemental security income (SSI), third-party in-
 17 surance, other insurance or apply for section 1011 of the medicare modern-
 18 ization act of 2003, if applicable, and any other property from any source.
 19 Resources shall include the ability of an applicant and obligated persons to
 20 pay for necessary medical services, excluding any interest charges, over a
 21 period of up to five (5) years starting on the date necessary medical ser-
 22 vices are first provided. For purposes of determining approval for medical
 23 indigency only, resources shall not include the value of the homestead on
 24 the applicant or obligated person's residence, a burial plot, exemptions for
 25 personal property allowed in section 11-605(1) through (3), Idaho Code, and
 26 additional exemptions allowed by county resolution.

27 (267) "Third-party applicant" means a person other than a patient or
 28 an obligated person who completes, signs and files an application on behalf
 29 of ~~a patient~~ an applicant. A third-party applicant who files an applica-
 30 tion on behalf of ~~a patient~~ an applicant pursuant to section 31-3504, Idaho
 31 Code, shall, if possible, deliver a copy of the application to the ~~patient~~
 32 applicant within three (3) business days after filing the application.

33 (278) "Third-party insurance" means casualty insurance, disability in-
 34 surance, health insurance, life insurance, marine and transportation in-
 35 surance, motor vehicle insurance, property insurance or any other insurance
 36 coverage that may pay for a resident's medical bills.

37 (29) "Treatment plan" means the document or documents requesting addi-
 38 tional services or treatment related to an original diagnosis or diagnoses
 39 pertaining to specific services, therapy or treatment that shall be submit-
 40 ted with a combined application or ten (10) days prior to the start of treat-
 41 ment. Such plans shall be signed by the treating medical professional or ac-
 42 companied by documentation specifically authorizing the treatment.

43 (2830) "Utilization management" means the evaluation of medical neces-
 44 sity, appropriateness and efficiency of the use of health care services,
 45 procedures and facilities. "Utilization management" may include, but is
 46 not limited to, preadmission certification, the application of practice
 47 guidelines, continued stay review, discharge planning, case management,
 48 preauthorization of ambulatory procedures, retrospective review and claims
 49 review. "Utilization management" may also include the amount to be paid

1 based on the application of the reimbursement rate to those medical services
2 determined to be necessary medical services.

3 SECTION 2. That Section 31-3503A, Idaho Code, be, and the same is hereby
4 amended to read as follows:

5 31-3503A. POWERS AND DUTIES OF THE BOARD. The board shall, under such
6 limitations ~~and restrictions as are prescribed by law~~ provided by this chap-
7 ter:

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

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

18 (3) Cooperate with the department, respective counties of the state and
19 contractors retained by the department or county commissioners to provide
20 services including, but not limited to, eligibility review and utilization
21 management on behalf of the counties and the board;

22 (4) Require, as the board deems necessary, annual reports from each
23 county and each hospital including, but not limited to, the following:

24 (a) The total number of cases processed;

25 (b) From each county and for each approved applicant:

26 (i) Case number and the date services began;

27 (ii) Age;

28 (iii) Residence;

29 (iv) Sex;

30 (v) Diagnosis;

31 (vi) Income; and

32 (vii) ~~Family size;~~

33 ~~(viii) Amount of costs incurred including provider, legal and ad-~~
34 ~~ministrative charges;~~

35 ~~(ix) Approval or denial; and~~

36 ~~(x) Reasons for denial.~~

37 (bc) From each hospital:

38 (i) 990 tax forms or comparable information;

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

40 (iii) Administrative and legal costs incurred in processing
41 claims under this chapter.

42 (5) Authorize all disbursements from the catastrophic health care cost
43 program in accordance with the provisions of this chapter;

44 (6) Make and enter into contracts;

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

47 (8) Perform such other duties as set forth in the laws of this state; and

1 (9) Conduct examinations, investigations, audits and hear testimony
2 and take proof, under oath or affirmation, at public or private hearings, on
3 any matter necessary to fulfill its duties.

4 SECTION 3. That Section 31-3503B, Idaho Code, be, and the same is hereby
5 amended to read as follows:

6 31-3503B. RECIPROCAL AGREEMENTS -- OUT-OF-STATE TREATMENT. (1) The
7 governor of the state of Idaho or his or her designee is empowered to negoti-
8 ate reciprocal agreements with other states for the provision of necessary
9 medical services for residents of this and other states.

10 (2) No payment shall be made for necessary medical services to an out-
11 of-state provider unless a reciprocal agreement has been entered into by the
12 governor of this state, or unless such services are contracted for pursuant
13 to sections 31-3520 ~~and 31-3522~~, Idaho Code, and a combined application has
14 been filed pursuant to the provisions of this chapter.

15 SECTION 4. That Section 31-3504, Idaho Code, be, and the same is hereby
16 amended to read as follows:

17 31-3504. APPLICATION FOR FINANCIAL ASSISTANCE. (1) Except as provided
18 for in section 31-3503E, Idaho Code, an applicant or third-party applicant
19 requesting assistance under this chapter shall complete a written applica-
20 tion pursuant to section 31-3502(7) and (8), Idaho Code. The truth of the
21 matters contained in the completed application shall be sworn to by the ap-
22 plicant or third-party applicant. The completed application shall be deemed
23 consent for the providers, the hospital, the department, respective coun-
24 ties and board to exchange information pertaining to the applicant's health
25 and finances for the purposes of determining medicaid eligibility or med-
26 ical indigency. The completed combined application shall be signed by the
27 applicant or third-party applicant, an authorized representative of the ap-
28 plicant, or, if the applicant is incompetent or incapacitated, someone act-
29 ing responsibly for the applicant and filed in ~~the clerk's office.~~ If the
30 clerk determines that the patient may be eligible for medicaid, ~~within one~~
31 ~~(1) business day of the filing of the completed application in the clerk's~~
32 ~~office, the clerk shall transmit a copy of the application and a written re-~~
33 ~~quest for medicaid eligibility determination to the department~~ accordance
34 with the provisions of section 31-3505, Idaho Code.

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

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

43 (2) If a third-party completed application is filed, the application
44 shall be presented in the same form and manner as set forth in subsection (1)
45 of this section.

46 (3) ~~Follow-up necessary medical services based on a treatment plan, for~~
47 ~~the same condition, preapproved by the county commissioners, may be provided~~

1 ~~for a maximum of six (6) months from the date of the original application~~
 2 ~~without requiring an additional application; however, a request for addi-~~
 3 ~~tional treatment not specified in the approved treatment plan shall be filed~~
 4 ~~with the clerk ten (10) days prior to receiving services. Beyond the six (6)~~
 5 ~~months, requests for additional treatment related to an original diagnosis~~
 6 ~~in accordance with a preapproved treatment plan shall be filed ten (10) days~~
 7 ~~prior to receiving services and an updated application may be requested by~~
 8 ~~the county commissioners.~~

9 (4) Upon application for financial assistance pursuant to this chap-
 10 ter an automatic lien shall attach to all real and personal property of the
 11 applicant and on insurance benefits to which the applicant may become en-
 12 titled. The lien shall also attach to any additional resources to which it
 13 may legally attach not covered in this section. The lien created by this
 14 section may be, in the discretion of the county commissioners and the board,
 15 perfected as to real property and fixtures by recording a document enti-
 16 tled: notice of lien and application for financial assistance, in any county
 17 recorder's office in this state in which the applicant and obligated person
 18 own property. The notice of lien and application for financial assistance
 19 shall be recorded as provided herein within thirty (30) calendar days from
 20 receipt of an application, and such lien, if so recorded, shall have a pri-
 21 ority date as of the date the necessary medical services were provided. The
 22 lien created by this section may also be, in the discretion of the county
 23 commissioners and the board, perfected as to personal property by filing
 24 with the secretary of state within thirty (30) calendar days of receipt of
 25 an application, a notice of application in substantially the same manner
 26 as a filing under chapter 9, title 28, Idaho Code, except that such notice
 27 need not be signed and no fee shall be required, and, if so filed, such lien
 28 shall have the priority date as of the date the necessary medical services
 29 were provided. An application for assistance pursuant to this chapter shall
 30 waive any confidentiality granted by state law to the extent necessary to
 31 carry out the intent of this section.

32 (54) In accordance with rules ~~and~~ or procedures promulgated by the
 33 county commissioners, department or the board, each hospital, applicant,
 34 third-party applicant and/or provider seeking reimbursement financial as-
 35 sistance under this chapter shall submit all medical records and medical
 36 elaims relevant to necessary medical services provided for an applicant
 37 in a standard or uniform paper format to the county clerk of the obligated
 38 county or another format as authorized by the county commissioners within
 39 ten fourteen (14) calendar days after receiving a request from the county
 40 clerk; provided that, within the ten fourteen (14) calendar day period if
 41 a provider presents a written request for suspension of the investigation,
 42 the investigation of the application shall be suspended for up to thirty (30)
 43 calendar days. Upon receipt of the requested documentation, the investi-
 44 gation shall resume. A copy of the results of the reviewed medical records
 45 and medical claims shall be transmitted by the department's or the board's
 46 contractor to the clerk of the obligated county.

47 (a) The provider or hospital shall acknowledge receipt of a request for
 48 medical records on or before the next business day after the request is
 49 received by the provider or hospital.

1 (b) The county shall acknowledge receipt of requested medical records
 2 from a hospital or provider on or before the next business day after such
 3 records are received by the county. Acknowledgments made pursuant to
 4 this subsection shall be made in a manner that will allow the dated ac-
 5 knowledgment to be duplicated and entered as evidence in any dispute be-
 6 tween the county and the provider regarding the fact of or time of deliv-
 7 ery. During the suspension, the county may continue to investigate, in-
 8 cluding interviewing the applicant and ordering utilization management
 9 reports.

10 (c) Failure of a hospital or provider to provide the medical records
 11 and medical claims within the initial ten fourteen (14) calendar day
 12 period and or the suspension period, if any, shall result in denial of
 13 the application those services to which the provider or hospital did not
 14 submit records within the time frame of this section. Denial does not
 15 release the provider from the provisions of section 31-3508A(3), Idaho
 16 Code.

17 SECTION 5. That Section 31-3505, Idaho Code, be, and the same is hereby
 18 amended to read as follows:

19 31-3505. TIME AND MANNER OF FILING APPLICATIONS FOR FINANCIAL ASSIS-
 20 TANCE. Applications for financial assistance shall be filed according to the
 21 following time limits. ~~Filing is complete upon receipt by the clerk or the~~
 22 ~~department.~~

23 (1) A completed combined application for nonemergency necessary medi-
 24 cal services shall be filed with the clerk ten (10) calendar days prior to
 25 receiving services from the provider or the hospital. If the application is
 26 filed less than ten (10) calendar days before the provision of services, only
 27 those services provided ten (10) or more calendar days after filing the ap-
 28 plication shall be considered.

29 (2) A completed combined application for emergency necessary medical
 30 services shall be filed with the ~~clerk~~ department of health and welfare com-
 31 combined application unit for a medicaid determination any time within thirty-
 32 one (31) calendar days beginning ~~with~~ only from the first day of the provi-
 33 sion of necessary medical services from the provider, except as provided in
 34 subsection (3) of this section.

35 (3) ~~In the case of hospitalization, a completed application for emer-~~
 36 ~~gency necessary medical services shall be filed with the department any time~~
 37 ~~within thirty-one (31) days of the date of admission~~ Follow-up necessary
 38 medical services for additional treatment or services that are requested
 39 prior to the approval by the county commissioners, whether on a treatment
 40 plan or additional request form, shall:

41 (a) Pertain to the diagnosis or diagnoses on the original completed ap-
 42 plication;

43 (b) Be specific as to the services, providers and recommended treat-
 44 ment; and

45 (c) Not exceed six (6) months from the date of the original completed
 46 application.

47 If treatment is medically necessary beyond six (6) months, a new application
 48 for necessary medical services shall be required.

1 (4) ~~Additional r~~Requests for ~~additional~~ treatment related to an origi-
2 nal diagnosis ~~in accordance with a preapproved treatment plan which was pre-~~
3 ~~viously filed on a completed combined application filed after approval by~~
4 ~~the county commissioners shall be filed at least ten (10) calendar days prior~~
5 ~~to receiving services.~~

6 (5) A delayed combined application for necessary medical services may
7 be filed ~~up to~~ within one hundred eighty (180) days beginning with the first
8 day of the provision of necessary medical services provided that:

9 (a) Written documentation is included with the combined application
10 or no later than forty-five (45) days after an application has been
11 filed showing that a bona fide application or claim has been filed for
12 social security disability insurance, supplemental security income,
13 third-party insurance, medicaid, medicare, crime victims compensa-
14 tion, and/or worker's compensation. A bona fide application means
15 that:

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

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

23 (iii) The application was filed with the appropriate agency in
24 such a time and manner that, if approved, it would provide for pay-
25 ment coverage of the ~~bills~~ medical claims included in the county
26 application; and

27 (iv) In the discretion of the county commissioners, ~~bills~~ medical
28 claims on a delayed combined application which would not have been
29 covered by a successful application or timely claim to the other
30 resource(s) may be denied by the county commissioners as untimely;
31 and

32 (v) In the event an application is filed for supplemental security
33 income, an Idaho medicaid application must also have been filed
34 within the department of health and welfare's application or claim
35 time period to provide payment coverage of eligible ~~bills~~ medical
36 claims included in the ~~county~~ combined application.

37 (b) Failure by the patient and/or obligated persons to complete the
38 application process described in this section, up to and including any
39 reasonable appeal of any denial of benefits, with the applicable pro-
40 gram ~~noted in paragraph (a) of this subsection,~~ shall result in denial
41 of the combined application.

42 (6) No application for financial assistance under the county medically
43 indigent program or the catastrophic health care cost program shall be ap-
44 proved by the county commissioners or the board unless the applicant, third-
45 party applicant, provider or the hospital completes the application process
46 and complies with the time limits prescribed by this chapter.

47 (7) Any application or request ~~which~~ that fails to meet the provisions
48 of this section, and/or other provisions of this chapter, shall be denied.

49 (8) In the event that a county determines that a different county is
50 obligated, such county shall notify the applicant or third-party applicant

1 within five (5) business days of the denial and shall also notify the county
 2 it believes to be the obligated county and provide the basis for the deter-
 3 mination. ~~An~~ The completed combined application may shall then be filed by
 4 the applicant or third-party applicant in the indicated county within thirty
 5 (30) calendar days of the date of the ~~initial~~ original county's ~~final~~ denial
 6 decision.

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

9 31-3505A. INVESTIGATION OF COMPLETED APPLICATION BY THE CLERK. (1)
 10 The clerk shall interview the applicant and investigate the information
 11 provided on the completed application, along with all other required in-
 12 formation, in accordance with the procedures established by the county
 13 commissioners, the board and this chapter. The clerk shall promptly notify
 14 the applicant, ~~and/or the third-party~~ filing an application on behalf of an
 15 applicant, of any material information missing from the application which,
 16 if omitted, may cause the application to be denied for incompleteness. In
 17 addition, any provider requesting notification shall be notified at the
 18 same time. When necessary, such persons as may be deemed essential, may be
 19 compelled by the clerk to give testimony and produce documents and other evi-
 20 dence under oath in order to complete the investigation. The clerk is hereby
 21 authorized to issue subpoenas on behalf of the county commissioners to carry
 22 out the intent of this provision and to otherwise compel compliance in ac-
 23 cordance with provisions of Idaho law. Power of enforcement of the subpoena
 24 shall remain with the county commissioners.

25 (2) ~~The applicant and third-party filing an application on behalf of an~~
 26 ~~applicant to the extent they have knowledge, shall have a duty to cooperate~~
 27 ~~with the clerk in investigating, providing documentation, submitting to an~~
 28 ~~interview and ascertaining eligibility and shall have a continuing duty to~~
 29 ~~notify the obligated county of the receipt of resources after an application~~
 30 ~~has been filed.~~

31 (3) The clerk shall have ~~twenty-five (205)~~ calendar days to complete
 32 the investigation of an application for nonemergency necessary medical ser-
 33 vices.

34 (4) The clerk shall have ~~forty-five~~ fifty (4550) calendar days from re-
 35 ceipt of the application to complete the investigation of an application for
 36 emergency necessary medical utilization management services or a portion
 37 thereof.

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

43 (6) Upon completion of the interview and investigation of the completed
 44 combined application ~~or request~~, a statement of the clerk's findings shall
 45 be filed with the county commissioners. Such findings of indigency shall
 46 start on the date necessary medical services are first provided.

47 SECTION 7. That Section 31-3505C, Idaho Code, be, and the same is hereby
 48 amended to read as follows:

1 31-3505C. ~~INITIAL DECISION BY THE COUNTY COMMISSIONERS. (1) Except as~~
2 ~~otherwise provided in subsection (2) of this section, t~~The county commis-
3 ~~sioners shall make an initial determination to approve or deny an a decision~~
4 ~~on a completed application within fifteen (15) calendar days from receipt of~~
5 ~~the clerk's statement and within five (5) calendar days from receiving the~~
6 ~~clerk's statement on a an additional request. The initial determination to~~
7 ~~approve or deny an decision on a completed application shall be mailed to the~~
8 ~~applicant or the third-party making application on behalf of the applicant,~~
9 ~~as the case may be, and to each provider listed on the application within five~~
10 ~~seven (57) calendar days of the initial determination decision. Upon writ-~~
11 ~~ten request by a hospital or provider and at the discretion of the county com-~~
12 ~~missioners, any decision may be delivered electronically in such manner as~~
13 ~~specified by section 63-115, Idaho Code.~~

14 (2) ~~The county commissioners shall hold in suspension an initial deter-~~
15 ~~mination to deny an a decision on a completed application, only if the sole~~
16 ~~basis for the denial is it appears that the applicant is indigent and may be~~
17 ~~eligible for other forms of public assistance, crime victims compensation,~~
18 ~~worker's compensation, veterans benefits, medicaid, medicare, supplemental~~
19 ~~security income, third-party insurance or other insurance. Notice of t~~The
20 ~~decision determination to hold an initial determination to deny an a deci-~~
21 ~~sion on a completed application in suspension shall be mailed delivered in~~
22 ~~the manner and time provided by subsection (1) of this section to the appli-~~
23 ~~cant or the third party making application on behalf of the applicant, as the~~
24 ~~ease may be, and each provider listed on the application within five (5) days~~
25 ~~of the decision to suspend.~~

26 (a) If an applicant is subsequently determined to be eligible for other
27 forms of public assistance, crime victims compensation, worker's com-
28 pensation, veterans benefits, medicaid, medicare, supplemental secu-
29 rity income, third-party insurance or other insurance, the application
30 shall be denied. The applicant or the third party making application
31 on behalf of the applicant, as the case may be, and each provider listed
32 on the application shall be notified within five (5) days of the denial
33 Notice of denial shall be made in the manner and time provided by subsec-
34 tion (1) of this section.

35 (b) If an applicant is subsequently determined not to be eligible for
36 other forms of public assistance, crime victims compensation, worker's
37 compensation, veterans benefits, medicaid, medicare, supplemental se-
38 curity income, third-party insurance or other insurance, the completed
39 application for financial assistance shall be approved. The applicant
40 or the third party making application on behalf of the applicant, as the
41 case may be, and each provider listed on the application shall be no-
42 tified within five (5) days of the approval Notice of approval shall be
43 made in the manner and time provided by subsection (1) of this section.

44 (3) If the county commissioners hold in suspension ~~an initial deter-~~
45 ~~mination to deny an a decision on a completed application, any time limita-~~
46 ~~tion used in this chapter shall be tolled and not deemed to run during the~~
47 ~~period of suspension and providers shall not require payment from the appli-~~
48 ~~cant during such period.~~

49 SECTION 8. That Section 31-3505D, Idaho Code, be, and the same is hereby
50 amended to read as follows:

1 31-3505D. APPEAL OF INITIAL DETERMINATION DECISION DENYING AN A COM-
 2 BINED APPLICATION. An applicant, provider or third-party applicant may,
 3 subject to the restrictions of this chapter, appeal an initial determina-
 4 tion a decision of the county commissioners denying an a completed combined
 5 application by filing a written notice of appeal with the county commis-
 6 sioners, setting forth the basis of such appeal, within twenty-eight (28)
 7 calendar days of the date of the denial. If no appeal is filed within the time
 8 allowed, the initial determination decision of the county commissioners
 9 denying an application shall become final.

10 SECTION 9. That Section 31-3505E, Idaho Code, be, and the same is hereby
 11 amended to read as follows:

12 31-3505E. HEARING ON APPEAL OF INITIAL DETERMINATION DENYING AN AP-
 13 PLICATION. The county commissioners shall hold a hearing on the appeal
 14 within seventy-five (75) calendar days of receipt of the notice of appeal.
 15 The hearing may be continued by the county commissioners for not more than
 16 forty-five (45) calendar days from the date of the hearing to allow the ap-
 17 plicant to produce additional information, documents, records, testimony or
 18 other evidence required in the discretion of the county commissioners or to
 19 allow a decision on eligibility of the applicant for benefits to be reached
 20 by another agency such as, but not limited to, the social security admin-
 21 istration or the department. The hearing may be continued for additional
 22 periods by mutual stipulation of the county commissioners and the appli-
 23 cant or third-party applicant. The county commissioners shall make a final
 24 determination decision within thirty (30) calendar days of the conclusion of
 25 the hearing. The final determination decision of the county commissioners
 26 denying an application shall be mailed to the applicant, or the third-party
 27 making application on behalf of an applicant, as the case may be and to each
 28 provider listed on the combined application, within five seven (57) calendar
 29 days of the date of the final determination decision. Upon written request
 30 by a provider and agreement of the county commissioners, any such decision
 31 may be delivered electronically to providers making such a request.

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

34 31-3505G. PETITION FOR JUDICIAL REVIEW OF FINAL DETERMINATION
 35 DECISION. If, after a hearing as provided in section 31-3505E, Idaho Code,
 36 the final determination decision of the county commissioners is to deny an
 37 application for financial assistance, the applicant, or a third-party ap-
 38 plicant, may seek judicial review of the final determination decision of the
 39 county commissioners in the manner provided in section 31-1506, Idaho Code.

40 SECTION 11. That Section 31-3508, Idaho Code, be, and the same is hereby
 41 amended to read as follows:

42 31-3508. LIMITATIONS ON PAYMENTS FOR NECESSARY MEDICAL SERVICES. (1)
 43 Each hospital and provider seeking reimbursement under the provisions of
 44 this chapter shall fully participate in the utilization management program
 45 and third-party recovery system.

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

9 SECTION 12. That Section 31-3508A, Idaho Code, be, and the same is
 10 hereby amended to read as follows:

11 31-3508A. PAYMENT FOR NECESSARY MEDICAL SERVICES BY AN OBLIGATED
 12 COUNTY. (1) Upon receipt of a ~~final determination~~ decision by the county
 13 commissioners approving ~~an a completed~~ application for financial assistance
 14 under the provisions of this chapter, an applicant, ~~or the a~~ third-party ap-
 15 plicant on behalf of the applicant, shall, within sixty (60) calendar days,
 16 submit any remaining medical claims pursuant to the procedures provided in
 17 chapter 15, title 31, Idaho Code.

18 (2) Payment shall be made to hospitals or providers on behalf of an
 19 applicant and shall be made on the next payment cycle. In no event shall
 20 payment be delayed longer than sixty (60) calendar days from receipt of the
 21 county claim.

22 (3) Payment to a hospital or provider pursuant to this chapter shall be
 23 payment of the debt in full and the provider or hospital shall not seek addi-
 24 tional funds from the applicant.

25 (a) All medical claims pertaining to the necessary medical services
 26 on the combined application that have been approved under this chapter
 27 shall be eligible for consideration for payment by the county and there-
 28 fore shall not be considered a debt of the applicant.

29 (b) Any medical claim not submitted within the time required by this
 30 section shall be deemed untimely and shall not be paid nor shall it be
 31 considered a debt of the applicant.

32 (4) Within fourteen (14) calendar days after the county payment, the
 33 clerk of the obligated county shall forward to the board ~~any~~ for considera-
 34 tion of payment:

35 (a) The completed combined application for financial assistance ex-
 36 ceeding, at the reimbursement rate, the total sum of eleven thousand
 37 dollars (\$11,000) in the aggregate per resident in any consecutive
 38 twelve (12) month period. and a board application;

39 (b) A statement of which costs the clerk has paid and all medical claims
 40 paid;

41 (c) An itemized accounting of what is requested of the board with sup-
 42 porting documentation and medical claims;

43 (d) A copy of the clerk's findings;

44 (e) All decisions including the final decision of the county commis-
 45 sioners and a statement of which costs the clerk has paid shall be for-
 46 warded with the application to the board; and

47 (f) Proof of filing of liens.

1 SECTION 13. That Section 31-3511, Idaho Code, be, and the same is hereby
2 amended to read as follows:

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

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

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

34 (4) If the county commissioners fail to ~~act upon an application within~~
35 comply with the timelines required under this chapter, the completed com-
36 bined application shall be deemed approved by the county and payment made as
37 provided in this chapter. An application that is deemed approved does not
38 relieve the clerk or county commissioners from the duties and obligations to
39 investigate, hold a hearing and issue a final decision regarding the medical
40 indigency of the applicant according to the requirements of this chapter.

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

44 SECTION 14. That Section 31-3517, Idaho Code, be, and the same is hereby
45 amended to read as follows:

46 31-3517. ESTABLISHMENT OF A CATASTROPHIC HEALTH CARE COST PRO-
47 GRAM. (1) The governing board of the catastrophic health care cost program
48 created by the counties pursuant to a joint exercise of powers agreement,

1 dated October 1, 1984, and serving on June 30, 1991, is hereby continued as
2 such through December 31, 1992, to complete the affairs of the board, to
3 continue to pay for those medical costs incurred by participating counties
4 prior to October 1, 1991, until all costs are paid or the moneys in the cata-
5 strophic health care cost account contributed by participating counties are
6 exhausted, and to pay the balance of such contributions back to the county of
7 origin in the proportion contributed. County responsibility shall be lim-
8 ited to the first eleven thousand dollars (\$11,000) per claim. The remainder
9 of the eligible costs of the claim shall be paid by the state catastrophic
10 health care cost program.

11 (2) Commencing October 1, 1991, a catastrophic health care cost program
12 board is hereby established for the purpose of administering the cata-
13 strophic health care cost program. This board shall consist of twelve (12)
14 members, with six (6) county commissioners, one (1) from each of the six (6)
15 districts or regions established by the Idaho association of counties, four
16 (4) members of the legislature, with one (1) each being appointed by the
17 president pro tempore of the senate, the leader of the minority party of the
18 senate, the speaker of the house of representatives and the leader of the
19 minority party of the house of representatives, one (1) member appointed by
20 the director of the department and one (1) member appointed by the governor.

21 (a) The county commissioner members shall be elected by the county com-
22 missioners of the member counties of each district or region, with each
23 board of county commissioners entitled to one (1) vote. The process
24 and procedures for conducting the election and determining the members
25 shall be determined by the board itself, except that the election must
26 be conducted, completed and results certified by December 31 of each
27 year in which an election for members is conducted. The board recog-
28 nized in subsection (1) of this section shall authorize and conduct the
29 election in 1991.

30 (b) The term of office of a member shall be two (2) years, commencing
31 on January 1 next following election or appointment, except that for
32 commissioner members elected in 1991, the commissioner members from
33 districts or regions 1, 3 and 5 shall serve for a term of one (1) year,
34 and the commissioner members from districts or regions 2, 4 and 6 shall
35 serve for a term of two (2) years. Members may be reelected or reap-
36 pointed. Election or appointment to fill vacancies shall be for the
37 balance of the unexpired term.

38 (c) The board shall have an executive committee consisting of the
39 chair, vice-chair, secretary and such other members of the board as
40 determined by the board. The executive committee may exercise such au-
41 thority as may be delegated to it by the board between meetings.

42 (d) The member appointed by the governor shall be reimbursed as pro-
43 vided in section 59-509(b), Idaho Code, from the catastrophic health
44 care cost account.

45 (e) County commissioner members of the board shall be reimbursed as
46 provided in section 59-509(b), Idaho Code, from the catastrophic health
47 care cost account.

48 (3) The board shall meet at least once each year at the time and place
49 fixed by the chair. Other necessary meetings may be called by the chair by

1 giving notice as may be required by state statute or rule. Notice of all
2 meetings shall be given in the manner prescribed by law.

3 (4) Except as may otherwise be provided, a majority of the board consti-
4 tutes a quorum for all purposes and the majority vote of the members voting
5 shall constitute the action of the board. The secretary of the board shall
6 take and maintain the minutes of board proceedings. Meetings shall be open
7 and public except the board may meet in closed session to prepare, approve
8 and administer applications submitted to the board for approval by the re-
9 spective counties.

10 (5) At the first meeting of the board in January of each year, the board
11 shall organize by electing a chair, a vice-chair, a secretary and such other
12 officers as desired.

13 (6) All moneys received or expended by the catastrophic health care
14 cost program shall be audited annually by a certified public accountant des-
15 ignated by the governing board, who shall furnish a copy of such audit to the
16 director of legislative services.

17 (7) The board shall submit a request to the governor and the legislature
18 in accordance with the provisions of chapter 35, title 67, Idaho Code, for an
19 appropriation for the maintenance and operation of the catastrophic health
20 care cost program.

21 SECTION 15. That Section 67-7903, Idaho Code, be, and the same is hereby
22 amended to read as follows:

23 67-7903. VERIFICATION OF LAWFUL PRESENCE -- EXCEPTIONS -- REPORT-
24 ING. (1) Except as otherwise provided in subsection (3) of this section or
25 where exempted by federal law, each agency or political subdivision of this
26 state shall verify the lawful presence in the United States of each natural
27 person eighteen (18) years of age or older who applies for state or local
28 public benefits or for federal public benefits for the applicant.

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

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

33 (a) For any purpose for which lawful presence in the United States is
34 not required by law, ordinance or rule;

35 (b) For obtaining health care items and services that are necessary for
36 the treatment of an emergency medical condition of the person involved
37 and are not related to an organ transplant procedure;

38 (c) For short-term, noncash, in-kind emergency disaster relief;

39 (d) For public health assistance for immunizations with respect to im-
40 munizable diseases and testing and treatment of symptoms of communica-
41 ble diseases whether or not such symptoms are caused by a communicable
42 disease;

43 (e) For programs, services or assistance, such as soup kitchens, crisis
44 counseling and intervention and short-term shelter specified by fed-
45 eral law or regulation that:

46 (i) Deliver in-kind services at the community level, including
47 services through public or private nonprofit agencies;

1 (ii) Do not condition the provision of assistance, the amount of
 2 assistance provided or the cost of assistance provided on the in-
 3 dividual recipient's income or resources; and

4 (iii) Are necessary for the protection of life or public safety;

5 (f) For prenatal care;

6 (g) For postnatal care not to exceed twelve (12) months; or

7 (h) For food assistance for a dependent child under eighteen (18) years
 8 of age.

9 Notwithstanding the provisions of this subsection ~~(3)~~, for the county in-
 10 digent program, the limitations contained in section 31-3502(189)B., Idaho
 11 Code, shall apply.

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

15 (a) Employing electronic means to verify an applicant is legally
 16 present in the United States; or

17 (b) Requiring the applicant to provide:

18 (i) An Idaho driver's license or an Idaho identification card
 19 issued pursuant to section 49-2444, Idaho Code;

20 (ii) A valid driver's license or similar document issued for the
 21 purpose of identification by another state or territory of the
 22 United States, if such license or document contains a photograph
 23 of the individual or such other personal identifying information
 24 relating to the individual that the director of the department of
 25 health and welfare or, with regard to unemployment compensation
 26 benefits, the director of the department of labor finds, by rule,
 27 sufficient for purposes of this section;

28 (iii) A United States military card or a military dependent's
 29 identification card;

30 (iv) A United States coast guard merchant mariner card;

31 (v) A native American tribal document;

32 (vi) A copy of an executive office of immigration review, immi-
 33 gration judge or board of immigration appeals decision, granting
 34 asylee status;

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

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

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

46 (x) A valid United States passport; and

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

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

4 (i) The applicant is a United States citizen or legal permanent
5 resident; or

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

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

13 (6) For an applicant who has attested pursuant to subsection (4) (d) of
14 this section stating that the applicant is an alien lawfully present in the
15 United States, verification of lawful presence for federal public benefits
16 or state or local public benefits shall be made through the federal system-
17 atic alien verification of entitlement program, which may be referred to as
18 the "SAVE" program, operated by the United States department of homeland se-
19 curity or a successor program designated by the United States department of
20 homeland security. Until such verification of lawful presence is made, the
21 attestation may be presumed to be proof of lawful presence for purposes of
22 this section.

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

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

34 (c) A person who knowingly makes a false, fictitious or fraudulent
35 statement or representation in an attestation executed pursuant to
36 subsection (4) (d) or (6) (b) of this section or who knowingly provides
37 a social security number that has not been assigned to him pursuant to
38 subsection (4) (c) of this section shall be:

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

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

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