



Medicaid Cost Sharing

Medicaid “cost sharing” is required under Idaho Administrative Code, IDAPA 16.03.18 *Medicaid Cost Sharing*, and under Idaho Code sections 56-255 *Medical Assistance Program – Services To Be Provided* and 56-257 *Copayments*. This can include co-payments for certain services if a member’s family income is above 133% of the Federal Poverty Guidelines (FPG). It can also include monthly premiums for members whose family income is between 185% and 300% of the FPG. Because Medicaid’s Youth Empowerment Services (YES) Program allows youth under 18 years old with serious emotional disturbance (SED) to qualify for Medicaid if their family income is up to 300% of the FPG, some families of YES Program members will be required to pay a premium. Families with recent income changes or questions about how their family income compares to the current FPG can contact Self Reliance. Current FPG can be found here: <https://aspe.hhs.gov/poverty-guidelines>.

Monthly Premiums for the Medicaid YES Program

Premiums are \$15 per month per YES Program member. Premiums will not exceed the maximum federally allowable amount of 5% of the family’s income, according to CFR 42 § 447.56 *Limitations on premiums and cost-sharing*. Only families with incomes between 185% and 300% FPG, and whose youth do not have Medicaid through additional programs, such as the Children’s Health Insurance Program (CHIP) or Katie Beckett, may be assessed a YES Program premium.

If a member’s family is required to participate in cost sharing based on their income level and eligibility, the Department of Health and Welfare’s Bureau of Financial Services will send the family a monthly invoice that includes instructions for how and when to pay the premium. The invoice will also include instructions on how to request a hardship waiver if the family feels they are unable to pay the monthly premium. To request a hardship waiver, the family will check a box on the invoice and send it back to the Bureau of Financial Services. Additional hardship waiver(s) may be requested, if needed.

Co-payments for Certain Medicaid Outpatient Services

If a member’s family is required to participate in cost sharing based on their income level, providers may charge the family a co-pay for some services. Co-payments are currently set at \$3.65 per visit.

Important Contacts to Know

Bureau of Financial Services: 208-334-5010 or 800-726-2952

Medicaid Eligibility and Income Questions – Self Reliance: 877-456-1233 or mybenefits@dhw.idaho.gov

YES Program Questions – Medicaid YES Program: 208-364-1910 or yesprogram@dhw.idaho.gov

Independent Assessor – Liberty Healthcare: 208-258-7980 or idahoyes@libertyhealth.com

Please Note: Members and their families are required to take certain steps to keep eligibility for the YES Program. Federal requirements of the YES Program include completing a person-centered service plan (PCSP) within 90 days of becoming eligible and renewing it annually, completing an annual assessment with the Independent Assessor, and utilizing the Respite service one time per eligibility year. For more information about YES Program requirements, please contact the Medicaid YES Program team at the phone number or email address above, or see the *Maintaining Eligibility for Medicaid’s YES Program* flyer posted on yes.idaho.gov.