



Case Number:	0881882
Customer Name:	Zachary Faust
Phone:	1-877-456-1233
For the Hearing Impaired:	1-800-377-3529 (TTY)
Fax:	1-866- 434-8278
E-mail:	MyBenefits@dhw.idaho.gov
Date of Notice:	August 10, 2023

Zachary Faust  
GENERAL DELIVERY  
IDAHO FALLS, ID 83201

## Hello! We have important information for your household.

We have processed your application for Medicaid. Your application has been **APPROVED** and benefits will begin on July 01, 2023.

Please read through this notice to make sure that all the information is correct. If anything is incorrect or has changed, contact the Idaho Department of Health and Welfare (IDHW) within **10 days** of the date on this notice. Refer to the How to Contact Us section for more information.

### In this notice, you will find:

- Your household eligibility
- What we know about your household
- Your next steps
- Good-to-know information about coverage
- How to contact us
- Your rights
- Changes you are required to report
- The Change Report Form

## Your household eligibility

This is an overview of your household benefits.

### Medicaid

Name	Program	Status	Reason	Your Monthly Cost
Zachary Faust	Medicaid Basic Plan	Approved		\$0.00

## What we know about your household

This is an overview of the information we used to determine your eligibility.

Name	Tax Filing Status	Income Type	Average Monthly Income Amount	Income Sources
Zachary Faust	Tax Filer	NONE	NONE	NONE
<b>Household Expenses:</b> No allowable expenses reported.				
<b>Household Resources:</b> No countable resources reported.				
<b>Household Property:</b> No countable property reported.				

## Your next steps

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**Make sure that information about your household members, income, household expenses and household resources are all correct and up to date.**

If any information in this notice is incorrect, please contact IDHW within **10 days** of the date on this notice to make the correction by calling 1-877-456-1233, Monday through Friday, 8:00 AM–6:00 PM (MT).

If anything in your household has changed, contact IDHW to report your household changes as soon as possible. Review the *Changes you are required to report*, included in this notice, to see which changes you need to report. You can also go to [idalink.idaho.gov](http://idalink.idaho.gov) to update these changes or fill out and submit the Change Report Form at [mybenefitforms.dhw.idaho.gov](http://mybenefitforms.dhw.idaho.gov).

### Next steps for Medicaid

If a member of your household is approved for Medicaid and has not received Medicaid in the past, you will receive a Medicaid Identification Card in the mail. If you do not receive this card within 14 days of this notice, please contact IDHW by calling 1-877-456-1233, Monday through Friday, 8:00 AM-6:00 PM (MT).

Take this card to your doctor or other Medicaid provider when you request medical services for the covered individual.

## Good-to-know information about coverage

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### Co-Pay/Share of Cost

You may be responsible for a co-pay if anyone in your household receives Medicaid. You will be notified of the co-pay amount.

### Estate Recovery

The State of Idaho will place a lien against the property and assets you own to recover funds used for your Medicaid services. This occurs when you are receiving Medicaid and you are age 55 and older. This is called the Estate Recovery program, and no action to recover Medicaid costs will be taken until after you (and your spouse if they live in your home) pass away. There are some additional exceptions to this program. For more information about the Estate Recovery program, please contact the Estate Recovery Office at 866-849-3843 or by email at [financialrecovery@dhw.idaho.gov](mailto:financialrecovery@dhw.idaho.gov).

### Medicaid

On our website, you can learn about the different services that are covered by Medicaid including information about using Medicaid benefits, covered services, and contacts for questions about your coverage.

To learn about the different services that are covered by your Medicaid benefits, access the Idaho Health Plan Coverage booklet on our website at [healthandwelfare.idaho.gov](http://healthandwelfare.idaho.gov). You can find it in the Medicaid link on the Medical Services page. This booklet includes helpful information about using your benefits, what services are covered, and important information about who to contact for questions about your coverage.

# How to contact us

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## What would you like to do?

**Get help understanding this notice in my language.**

**Language interpreter**  
1-877-456-1233

**Get help with accessibility or accommodation.**

**Hearing impairment**  
1-800-377-3529 (TTY) or 1-800-377-1363 (Voice)

**Report a change about my household.**

**Online**  
[idalink.idaho.gov](http://idalink.idaho.gov)

**Ask questions about my case.**

**Phone**  
1-877-456-1233  
Monday through Friday 8:00 AM–6:00 PM (MT)

**Request/replace my Medicaid Identification card.**

**Email**  
[mybenefits@dhw.idaho.gov](mailto:mybenefits@dhw.idaho.gov)

**In-person**  
Monday through Friday 8:00 AM–5:00 PM

Visit our website at [healthandwelfare.idaho.gov](http://healthandwelfare.idaho.gov) or call 1-877-456-1233 to find a local office.

**Learn about other programs and services available to me.**

If you have questions about other programs and services, contact the 2-1-1 Idaho CareLine.

The 2-1-1 Idaho CareLine provides information about statewide community and state health and human programs and services. Dial 2-1-1 or 1-800-926-2588.

**Appeal this decision.**

Review your rights on the **Your rights** page.

**Online**  
Complete the *Fair Hearing Request Form* at [mybenefitforms.dhw.idaho.gov](http://mybenefitforms.dhw.idaho.gov)

**Phone**  
1-877-456-1233  
Monday through Friday 8:00 AM–6:00 PM (MT)

**Email**  
[mybenefits@dhw.idaho.gov](mailto:mybenefits@dhw.idaho.gov)



### idalink

idalink is Idaho's online self-service website where you can view information about the benefits you receive, report a change, and apply for other programs offered by IDHW. Registering is easy. Visit [idalink.idaho.gov](http://idalink.idaho.gov) to get started today!

# Your rights

## Accessibility and interpretation services

The Idaho Department of Health and Welfare (IDHW) offers the following services free to you. Please ask if you need the following assistance to communicate more effectively with us:

- Assistance in understanding this form
- Accommodation for a disability
- Language Interpreter

To access any of these services, please call: 1-877-456-1233 or 1-800-377-3529 (TTY) for those with a hearing impairment.

## Appeal/Hearing

You have the right to ask for a hearing if you disagree with IDHW's action. You have 90 days to ask for a hearing for Food Stamps, and 30 days for Temporary Aid for Families in Idaho (TAFI), Idaho Child Care Program (ICCP), Aid to the Aged/Blind/Disabled (AABD) Cash, and Medicaid. These timeframes start the day after IDHW gave or mailed you the notice of this decision. In certain instances, you may be eligible to continue receiving your benefits while your appeal is being considered. If your appeal is denied, you will be liable to repay any benefits received during this period. If you are interested in pursuing this option, your appeal must be received within ten (10) days of this notice. Please ask about this option when requesting an appeal.

Please be advised that a reevaluation of eligibility will be assessed for all members of the household at the time this appeal is considered.

To request a hearing or a legal aid referral, call 1-877-456-1233, email us at [mybenefits@dhw.idaho.gov](mailto:mybenefits@dhw.idaho.gov), or fill out and submit the Fair Hearing Request Form at [mybenefitforms.dhw.idaho.gov](http://mybenefitforms.dhw.idaho.gov). At the hearing, you may represent yourself, use legal counsel, a relative, a friend, or other spokesperson.

## Discrimination

In accordance with federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, IDHW is prohibited from discriminating, excluding people, or treating them differently on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. If you believe you have been discriminated against, please contact HHS, USDA or IDHW at:

U.S. Department of Health and Human Services  
200 Independence Ave, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019 (Voice)  
1-800-537-7679 (TTY)

USDA Office of Adjudication  
1400 Independence Ave. S.W.  
Washington, D.C. 20250-9410  
1-800-795-3272 (Voice)  
1-800-877-8339 (TTY)

Idaho Department of Health and Welfare  
Civil Rights Manager  
P.O. Box 83720  
Boise, ID 83720-0036

For more information about the Idaho Department of Health and Welfare's nondiscrimination policy, visit:  
[healthandwelfare.idaho.gov](http://healthandwelfare.idaho.gov)

Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-456-1233 (TTY: 1-800-377-3529).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-456-1233 (TTY: 1-800-377-3529)。
Srpsko-hrvatski (Serbo- Croatian)	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-456-1233 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-377-3529).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-456-1233 (TTY: 1-800-377-3529)번으로 전화해 주십시오.
नेपाल (Nepali)	ध्यान दिनुहोस्: तपाइंले नेपाली बोलुनुहुन्छ भने तपाइंको निमित्त भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-877-456-1233 (टिटियाइ: 1-800-377-3529) ।
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-456-1233 (TTY: 1-800-377-3529)
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-456-1233 (رقم هاتف الصم والبكم: 1-800-377-3529).
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-456-1233 (TTY: 1-800-377-3529).
Tagalog (Tagalog/ Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-456-1233 (TTY: 1-800-377-3529).
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-456-1233 (телетайп: 1-800-377-3529).
Français (French)	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-456-1233 (TTY: 1-800-377-3529).
日本語 (Japanese)	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-456-1233 (TTY: 1-800-377-3529) まで、お電話にてご連絡ください。
Română (Romanian)	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-456-1233 (TTY: 1-800-377-3529).
Ikirundi (Bantu-Kirundi)	ICITONDERWA: Nimba uvuga Ikirundi, uzahabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-877-456-1233 (TTY: 1-800-377-3529).
ظہی (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان 1233-456-877-1 (TTY: 1-800-377-3529) برای شما بکیرید تماس با. باشد می ف 1-800-377-3529

## Changes you are required to report

The changes that must be reported depend on the programs from which you receive benefits. Use the table below to determine the changes you must report.

**Changes must be reported by the tenth day of the month following the month in which the change occurred.** Report these changes by updating your household information on [idalink.idaho.gov](http://idalink.idaho.gov) or by contacting IDHW at 1-877-456-1233, Monday through Friday, 8:00 AM–6:00 PM (MT).

For reporting requirements regarding other IDHW benefit programs, visit our website at [healthandwelfare.idaho.gov](http://healthandwelfare.idaho.gov).

Report these changes to your household:	Medicaid/CHIP or AABD Cash	Nursing Home, Home-based services, Assisted Living
An increase in your income when it is over the limit for the program you receive (see income limits below if applicable)	✓	✓
Increases to your income		✓
A new address	✓	✓
When someone leaves or joins your household	✓	
If your out-of-pocket medical expenses change		✓

Current Monthly Income Limits for Medicaid		
Household Size	MAGI Adult Medicaid	Children Age 0 - 19
1	\$1,677	\$2,309
2	\$2,268	\$3,123
3	\$2,859	\$3,937
4	\$3,450	\$4,750
5	\$4,042	\$5,564
6	\$4,633	\$6,378
7	\$5,224	\$7,192
8	\$5,815	\$8,006
Each additional	+ \$592	+ \$814

Elderly or Disabled	
Single	\$967
Couple	\$1,391



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

PO BOX 83720  
BOISE, ID 83720-0026

<b>Case Number:</b>	<b>0881882</b>
Customer Name:	Zachary Faust
Phone:	1-877-456-1233
For the Hearing Impaired:	1-800-377-3529 (TTY)
Fax:	1-866- 434-8278
E-mail:	MyBenefits@dhw.idaho.gov
Date of Notice:	August 10, 2023

DEPT H & W-CENTRAL OFFICE  
PO BOX 83720  
BOISE, ID 83720-0026

## Change Report Form

HW0592  
Rev 06/2022

### Submit this form only when you have a change to report

To ensure you receive the correct benefit, please report changes in your situation. You can report a change on your idalink account at [idalink.idaho.gov](http://idalink.idaho.gov). You can also report a change using this form, calling IDHW, or visiting a local IDHW office.

### Important: Attach proof of the changes you are reporting

#### Use this form to report a change

1. Complete all fields
2. Sign the form
3. Mail to address above or return the form to IDHW.

#### Contact the Department

**Phone:** 1-877-456-1233  
**Fax:** 1-866-434-8278  
**Email:** [mybenefits@dhw.idaho.gov](mailto:mybenefits@dhw.idaho.gov)  
**Local office:** [healthandwelfare.idaho.gov](http://healthandwelfare.idaho.gov)

First Name	Middle Name	Last Name	Case number or Social Security Number
Daytime Phone	Phone type (choose one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	If none, where can we leave a message?	

Briefly describe what changed:

Date change occurred or will occur:	Will this change continue next month? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe why not:
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### Signature (must be completed)

Failure to accurately report changes in your situation may result in a loss or reduction of benefits and legal action to recover overpayments. Under penalty of perjury, I swear or affirm that the information I provide is true and complete.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

#### If any member of your household receives Medicaid, answer the following questions:

1. Tell us the total amount of all earned and unearned income your household receives for the current year (January-December)  
**Include:** Wages, salary, tips, self-employment, rental, retirement, unemployment, disability, and tribal gaming payments,  
**NOTE:** DO NOT include Social Security survivors, SSI, or other tribal income. \$ \_\_\_\_\_
2. Tell us the total amount of Social Security disability or Social Security income your household receives for the current year (January-December). \$ \_\_\_\_\_