CHAPTER 75-02-02.2
CHILDREN'S HEALTH INSURANCE PROGRAM

SECTION 1. Section 75-02-02.2-02 is amended as follows:

75-02-02.2-02. Application, redetermination, and eligibility periods.

1. **Application.**
   a. Any individual who wishes to make application on behalf of a child for coverage must have the opportunity to do so without delay.
   b. An application is a written request for plan coverage to a county agency, the department, a disproportionate share hospital, as defined in section 1923(a)(1)(A) of the Social Security Act [42U.S.C. 1396r-4(a)(1)(A)], or a federally qualified health center, as described in section 1905(l)(2)(B) of the Social Security Act [42 U.S.C. 1396d(l)(2)(B)].
   c. A prescribed application form must be signed by the applicant or appropriate individual on behalf of the child applying for plan coverage.
   d. Information concerning eligibility requirements, available services, and the rights and responsibilities of applicants and recipients must be furnished to all who request it.
   e. The date of the application is the date a signed application is received by the department, a county agency, a disproportionate share hospital, or a federally qualified health center. The department, county agency, disproportionate share hospital, or federally qualified health center must document the data an application is received.
2. **Redetermination.**
   a. The department or county agency must redetermine a recipient's eligibility at least annually.
   b. A recipient or anyone acting on a recipient's behalf has the same responsibility to furnish information during a redetermination of eligibility for coverage as an applicant has during the initial application.
   c. Plan coverage terminates on the last day of the last month of the annual period if a recipient fails to provide sufficient information to redetermine eligibility.
3. **Eligibility periods.**
   a. Eligibility for the children's health insurance program begins on the first day of the month following the month in which the eligibility determination is made.
   b. The coverage period ends at the earliest of:
      (1) The end of the twelve-month eligibility period;
      (2) The end of the month in which the recipient turns age nineteen;

(3) The end of the month ~~in~~ prior to the first full month for which the recipient has obtained other creditable health insurance coverage;
(4) The end of the month in which the recipient leaves the household;
(5) The end of the month in which the recipient loses residency in the state; or
(6) When the recipient's whereabouts are unknown and mail directed to the recipient is returned by the post office indicating no known forwarding address.

History: Effective October 1, 1999; amended effective August 1, 2005; January 1, 2010.
General Authority: NDCC 50-29
Law Implemented: NDCC 50-29-02; 42 USC 1397aa et seq.

SECTION 2. Section 75-02-02.2-10 is amended as follows:

75-02-02.2-10. Eligibility criteria.

1. Children ages birth through eighteen years of age are eligible for plan coverage provided all other eligibility criteria are met. Coverage for children who are eighteen years of age will continue through the last day of the month in which the child turns nineteen years of age.
2. A child who has current creditable health insurance coverage or has coverage which is available at no cost, as defined in section 2701(c) of the Public Health Service Act [42 U.S.C. 300gg(c)] is not eligible for plan coverage.
3. A child is not eligible for plan coverage if a family member voluntarily terminated either employer-sponsored or individual health insurance coverage of the child within six months of the date of application unless:
   a. The health insurance coverage was terminated due to the involuntary loss of employment;
   b. The health insurance coverage was terminated through no fault of the family member who had secured the coverage; or
   c. The health insurance coverage was terminated by a household member who is actively engaged in farming in a county which is declared a federal disaster area.
4. Except as provided in subsection 6, the public institution provisions of section 75-02-02.1-19 apply to healthy steps applicants and recipients.
5. A child who meets current medicaid eligibility criteria in the month for which plan coverage is determined, is not eligible for plan coverage unless the child would otherwise be eligible for the medically needy medicaid program with a recipient liability. Such child may be enrolled in either the healthy steps program or the medically needy medicaid program.
6. A child who resides in an institution for mental disease at the time an eligibility determination is made is not eligible for plan coverage. A child who enters an institution for mental disease while receiving plan coverage may remain eligible for coverage.

7. If the department estimates that available funds are insufficient to allow plan coverage for additional applicants, the department may take any action appropriate to avoid commitment of funds in excess of available funds including denying applications and establishing waiting lists not forbidden by title XXI of the Social Security Act [42 U.S.C. section 1397aa et seq.] or regulations adopted thereunder. If federal children's health insurance program funding decreases, the department may decrease the income eligibility limit to accommodate the decrease in federal funding.

8. A social security number must be furnished as a condition of eligibility for each child for whom benefits are sought except for:

   a. A newborn child beginning on the date of birth and for the remaining days of the current eligibility period; and

   b. Children who have applied for, but not yet received, social security numbers.

History: Effective October 1, 1999; amended effective April 1, 2002; August 1, 2005; January 1, 2010.
General Authority: NDCC 50-29
Law Implemented: NDCC 50-29; 42 USC 1397aa et seq.