CHAPTER 50-29 CHILDREN'S HEALTH INSURANCE PROGRAM

50-29-01. **Definitions**.

As used in this chapter:

- 1. "Children eligible for medical assistance" means the population eligible for Medicaid before the expansion of medical assistance as authorized by the federal Patient Protection and Affordable Care Act [Pub. L. 111-148], as amended by the Health Care and Education Reconciliation Act of 2010 [Pub. L. 111-152].
- 2. "Children's health insurance program" means a program to provide health assistance to low-income children funded through title XXI of the federal Social Security Act [42 U.S.C. 1397aa et seg.].
- 3. "Department" means the department of human services.
- 4. "Human service zone" means a county or consolidated group of counties administering human services within a designated area in accordance with an agreement or plan approved by the department.
- 5. "Plan" means the children's health insurance program state plan.
- 6. "Poverty line" means the official income poverty line as defined by the United States office of management and budget and revised annually in accordance with section 9902(2) of title 42 of the United States Code, applicable to a family of the size involved.

50-29-02. Duties of the department.

- 1. The department shall:
 - a. Prepare, submit, and implement the plan that includes determinations of eligibility, based on modified adjusted gross income methodologies as required in section 1396a(e)(14) of the United States Code;
 - b. Supervise the administration of the children's health insurance program;
 - c. Adopt rules and regulations as necessary to qualify for any federal funds available under this chapter;
 - d. Report to the legislative management, as requested, regarding enrollment statistics, program costs, and any operational updates; and
 - e. Administer funds appropriated or made available to the department for the purpose of carrying out the provisions of this chapter.
- 2. Within the limits of legislative appropriation, the department may submit state plans and may seek appropriate waivers of the requirements of the federal statutes or regulations as authorized by federal law.

50-29-03. Duties of human service zone.

In the administration of the plan, the human service zone shall investigate and record the circumstances of each applicant or recipient of assistance, in order to ascertain the facts supporting the application, or the granting of assistance, and obtain such other information as may be required by the rules and regulations of the department.

50-29-04. Plan requirements.

The plan:

- 1. Must be consistent with coverage provided to children eligible for medical assistance in the state; and
- 2. Must provide:
 - a. A modified adjusted gross income eligibility limit of one hundred seventy-five percent of the poverty line; and
 - b. Current eligibility may be established from the first day of the month in which the application was received. Retroactive eligibility may be established for the three calendar months that immediately preceded the month in which the application

was received even if there is no eligibility in the month of application. Eligibility can be established if all factors of eligibility are met during each month.

50-29-05. Limitations of chapter.

Health assistance provided under this chapter is not an entitlement. A person does not have a property interest in any health assistance sought or provided under this chapter. If the department estimates that available funds are insufficient to allow participation by 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, that is not forbidden by title XXI of the federal Social Security Act [42 U.S.C. 1397aa et seq.] or regulations adopted thereunder. Notwithstanding any other provisions of this chapter, the department may not expend funds for purposes of this chapter which exceed the federal funds available and the corresponding nonfederal share, and if federal children's health insurance program funding decreases, or if federal funding expires, the department may decrease the income eligibility limit to operate within the federal funding available or may terminate the program if federal funding expires.

50-29-06. Grants - Gifts - Donations - Continuing appropriation. Repealed by S.L. 2019, ch. 420, § 6.