

## CHAPTER 8

**MEDICAID PROGRAM**

## SECTION:

- 1-8-1: Compliance With State Law
- 1-8-2: Confidentiality
- 1-8-3: Statement Required

1-8-1: **COMPLIANCE WITH STATE LAW:** It is the intent of Cassia County that, from and after the date of passage hereof, a good faith effort shall be made to comply with the requirements set forth in Idaho Code section 31-873. (Ord. 87-8, 12-14-1987)

1-8-2: **CONFIDENTIALITY:** The information provided to the county pursuant to Idaho Code section 31-873 shall be kept confidential. Confidential information includes, but is not limited to, names of applicants and recipients, addresses, financial information, identifying numbers and any and all information obtained only through the county's participation in the title XIX Medicaid program. Additional information may be requested from the state regarding recipients and shall be subject to the same confidentiality provisions. (Ord. 87-8, 12-14-1987)

1-8-3: **STATEMENT REQUIRED:** There is hereby adopted, as required by Idaho Code section 31-873, as a means to safeguard confidential communications from the state of Idaho, department of health and welfare, the following statement to be signed by all county employees dealing with the information obtained from the state Medicaid program and retained by the county:

COMES NOW the undersigned and hereby acknowledges and expressly agrees that he/she shall observe the confidentiality of information requirements set forth in Idaho Code § 56-221 and 56-222 and the applicable Department of Health and Welfare and Federal rules and regulations.

In Particular, he/she understands that, pursuant to Idaho Code § 56-222, it is unlawful, except for a purpose directly connected with the participation of Title XIX, Medicaid, and in accordance with the rules and regulations of the Idaho Department of Health and Welfare, for any person or persons to disclose, or make use of, or to authorize, knowingly permit or participate in the use of any list of names, or any information concerning persons applying for or receiving, such assistance or services, directly or indirectly derived from the records, papers, files or communications of the state or county or subdivision or agencies thereof or acquired in the course of the performance of official duties, specifically dealing with the participation of the Title XIX Medicaid program.

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SIGNATURE LINE

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NOTARY'S ACKNOWLEDGMENT

(Ord. 87-8, 12-14-1987; amd. 2003 Code)