



Case Number:	0876958
Customer Name:	Devun Durst
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:	February 26, 2024

Devun Fox Durst
467 S 5TH W APT 1
REXBURG, ID 83440-2318

Hello! We have important information for your household.

We have processed your application for Medicaid. As of February 01, 2024, your application has been **denied**.

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

Your household eligibility

This is an overview of your household benefits.

Medicaid

Name	Program	Status	Reason	Your Monthly Cost
Devun Durst	Medicaid	Denied or Discontinued	Not Eligible - Income Limit	
Daphnie Durst	Medicaid	Denied or Discontinued	Not Eligible - Income Limit	

Income Limit: Your income is over the limit. IDAPA 16.03.01.346

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
Devun Durst	Tax Filer	Salary / Wages	\$1,230.85	Teton Pizza LLC
Daphnie Durst	Tax Filer	Salary / Wages	\$1,982.00	Shelfology
Household Expenses: No allowable expenses reported.				
Household Resources: No countable resources reported.				
Household Property: No countable property reported.				

Your next steps

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 to update these changes or fill out and submit the Change Report Form at mybenefitforms.dhw.idaho.gov.

Good-to-know information about coverage

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.

How to contact us

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

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

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

Visit our website at 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

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

Email
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 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, or fill out and submit the Fair Hearing Request Form at 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

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).
فارسی (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگيريد تماس 1-877-456-1233 (TTY: 1-800-377-3529) با. باشد می ف