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October 2019 update for Idaho Medicaid Expansion

The Idaho Department of Health and Welfare (DHW) continues working toward submission of necessary waivers to appropriately implement requirements outlined in SB1204 for Medicaid expansion. The department anticipates that all waivers will be submitted to federal agencies by December.

NEW UPDATES:

The **1332 Coverage Choice waiver** was submitted to the federal government on July 15, after the public comment period ended on June 30. The Centers for Medicare & Medicaid Services (CMS) responded that the waiver was “incomplete.” This waiver would give eligible Idahoans the option to stay on an exchange plan and continue receiving a tax credit to help pay for premiums or move to expanded Medicaid. This waiver remains a high priority for Idaho, and Idaho is already taking steps to submit additional information required by CMS so that our application can be fully considered on its merits.

DHW received a Request for Additional Information (RAI) from CMS related to **the State Plan Amendment (SPA)/Medicaid Expansion (SB1204)**. The response to the RAI was submitted to CMS on August 16. CMS must approve or deny the SPA within 90 days of submission.

An **1115 waiver** is a contract with CMS that allows Idaho to waive specific federal Medicaid program regulations that allow Idaho to pilot new approaches for serving Idahoans. The 1115 waiver applications will focus on the sideboards outlined below:

- **Work requirements** – Requires individuals in the expansion population who are 19-59 years old to be working 20 hours/week or volunteering or enrolled in school to receive Medicaid coverage. Exemptions: mental or physical illness, disability, caring for

child/other, tribal members, or receiving substance use disorder treatment. The work requirements waiver was submitted for public comment on August 23, and the public comment period closed on September 22. The waiver was submitted for federal consideration on September 27. CMS determined it met the requirements for a complete application and it has been [posted at Medicaid.gov](#) for public comment.

- **Family planning services** – Would require individuals seeking family planning services to have a referral from their assigned medical home if the family planning service provider is outside the patient’s established medical home. The family planning service waiver was submitted for public comment on September 11. The public comment period will close on October 12.
- **Inpatient behavioral illness treatment in an IMD** - Allows individuals with Medicaid coverage to receive inpatient treatment for mental health and substance use disorders in a freestanding psychiatric hospital. These services are currently only available when rendered in the psychiatric unit of a full-service hospital.

DHW has researched both **1115 IMD waivers** and IMD funding enabled through the **SUPPORT Act** passed late last year. Under the **SUPPORT Act**, which only requires a state plan amendment, IMD coverage is allowed for people with substance use disorders but not for people who only have serious mental illness.

SUPPORT Act funding is available through a state plan option rather than a waiver. Medicaid will request approval from CMS for that coverage effective January 1, 2020. DHW submitted the state plan amendment on September 30.

DHW also is pursuing an 1115 IMD waiver to cover individuals with serious mental illness alone, but because the requirements for those waivers are extensive and highly prescriptive, approval for funding is expected to occur after January 1, 2020. The **SUPPORT Act** coverage will serve as a bridge for the period between January 1, 2020 and CMS approval of an 1115 IMD waiver.

REMINDERS:

An **1115 Coverage Choice waiver** was posted for public comment on July 3rd. After discussions with CMS suggested that the 1115 waiver may not be

necessary in addition to the 1223 waiver, DHW decided to pull back the draft 1115 and close public comment. The department is seeking further guidance from CMS and the Center for Consumer Information and Insurance Oversight and will initiate a new comment period if needed.

DHW staff continue negotiations with the federal government to determine which waivers are needed as well as the terms of those waivers. A waiver application typically takes 6–9 months. The approval process often takes 18 months or more if the waiver is complex or unique. However, CMS is not obligated to approve or deny any 1115 waiver, so timelines are difficult to estimate.

The status and timeline for the work completed on the SPAs and the waivers are outlined in the timeline on the web site. DHW will continue to provide frequent and detailed status updates, and the public will be able to view the most current information online at [medicaidexpansion.idaho.gov](https://www.medicaidexpansion.idaho.gov).