

ID - Submission Package - ID2019MS0001O - (ID-19-0007) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	ID2019MS0001O	Submission Type	Official
Program Name	N/A	State	ID
SPA ID	ID-19-0007	Region	Seattle, WA
Version Number	3	Package Status	Approved
Submitted By	Robin Butrick	Submission Date	2/15/2019
Package Disposition		Approval Date	11/13/2019 3:49 PM EST
Priority Code	P2		



Division of Medicaid and Children's Health Operations

November 13, 2019

Dave Jeppesen
Director
Idaho Department of Health and Welfare
P.O. Box 83720
Boise, ID 83720

Re: Approval of State Plan Amendment ID-19-0007

Dear Dave Jeppesen:

On February 15, 2019, the Centers for Medicare and Medicaid Services (CMS) received Idaho State Plan Amendment (SPA) ID-19-0007 to expand Medicaid coverage to the adult group described in Title 42 of the Code of Federal Regulations (CFR) §435.119.

We approve Idaho State Plan Amendment (SPA) ID-19-0007 on November 13, 2019 with an effective date(s) of January 01, 2020.

Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Idaho State Plan. The approved documents are also contained in the MACPro portal.

CMS appreciated the opportunity to discuss our informal questions and recommendations related to Idaho's eligibility and FMAP SPAs and responses to the Request for Additional Information (RAI). The additional information has provided CMS with valuable insight into Idaho's program integrity function and Medicaid expansion oversight activities.

CMS plans to maintain regular communications and a collaborative partnership with the state, including the provision of program integrity-related technical assistance and guidance throughout the Medicaid expansion implementation process as needed.

If you have any questions or would like technical assistance in the planning, implementation and evaluation of your program integrity and oversight activities, please contact Jennifer Dupee by e-mail at Jennifer.Dupee@cms.hhs.gov or by phone at (410) 786-6537. If there are any questions concerning the SPA approval, please contact me or your staff may contact Maria Garza at maria.garza@cms.hhs.gov or at (206) 615-2542.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact MARIA GARZA at maria.garza@cms.hhs.gov.

Sincerely,
David L. Meacham
Deputy Director
Division of Medicaid and Children's
Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0001O | ID-19-0007

Package Header

Package ID	ID2019MS0001O	SPA ID	ID-19-0007
Submission Type	Official	Initial Submission Date	2/15/2019
Approval Date	11/13/2019	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Idaho

Medicaid Agency Name: Idaho Department of Health and Welfare

Submission Component

State Plan Amendment

Medicaid

CHIP



Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0001O | ID-19-0007

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Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID ID-19-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2020	New
Mandatory Eligibility Groups	1/1/2020	ID-13-0020
Adult Group	1/1/2020	ID-13-0020

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0001O | ID-19-0007

Package Header

Package ID	ID2019MS0001O	SPA ID	ID-19-0007
Submission Type	Official	Initial Submission Date	2/15/2019
Approval Date	11/13/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Adding Medicaid eligibility/coverage for the Adult Group as described at 42CFR 435.119

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$269025000
Second	2021	\$374700000

Federal Statute / Regulation Citation

42 CFR 435.119 Section 1902(a)(10)(A)(i)(VIII)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0001O | ID-19-0007

Package Header

Package ID	ID2019MS0001O	SPA ID	ID-19-0007
Submission Type	Official	Initial Submission Date	2/15/2019
Approval Date	11/13/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0001O | ID-19-0007

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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Feb 15, 2019

Website URL: www.healthandwelfare.idaho.gov

- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
Medicaid Adult Expansion SPA Public Notice SPAs 19-0004_5_6_7_rfb	2/14/2019 6:34 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0001O | ID-19-0007

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Superseded SPA ID	N/A		

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
 All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
12/17/2018	Notification of these changes was provided to the Tribes of Idaho, in accordance with our consultation process, via USPS mail, posted to the Tribes website and distributed via email blast on 12/17/18. Consultation was also conducted in Boise, Idaho during our quarterly meeting with the Tribes, as a standing agenda item for updates on Medicaid policy actions.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Medicaid Expansion Tribal Comments Cda Tribe 1-2019	2/14/2019 12:47 PM EST	
Medicaid expansion comment Sho-Ban 1-2019	2/14/2019 12:47 PM EST	

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0001O | ID-19-0007

Package Header

Package ID	ID2019MS0001O	SPA ID	ID-19-0007
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Approval Date	11/13/2019	Effective Date	1/1/2020
Superseded SPA ID	New User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00010 | ID-19-0007

Package Header

Package ID	ID2019MS00010	SPA ID	ID-19-0007
Submission Type	Official	Initial Submission Date	2/15/2019
Approval Date	11/13/2019	Effective Date	1/1/2020
Superseded SPA ID	ID-13-0020		
	System-Derived		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0001O | ID-19-0007

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Superseded SPA ID	ID-13-0020		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00010 | ID-19-0007

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Not Started

In Progress

Complete

Package Header

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Approval Date	11/13/2019	Effective Date	1/1/2020
Superseded SPA ID	ID-13-0020		
	User-Entered		

The state covers the Adult Group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The amount of the income standard for this group is 133% FPL.

D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

Package Header

Package ID	ID2019MS0001O	SPA ID	ID-19-0007
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

E. Additional Information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 11/13/2019 5:36 PM EST



Table of Contents

State/Territory Name: Idaho

State Plan Amendment (SPA) #: 19-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form / Summary Form (with 179 like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Western Division - Regional Operations Group

November 13, 2019

Dave Jeppesen, Director
Department of Health and Welfare
Towers Building - Tenth Floor
PO Box 83720
Boise, ID 83720-0036

RE: Idaho State Plan Amendment (SPA) Transmittal Number 19-0016

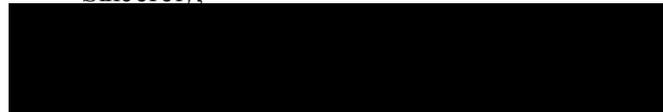
Dear Mr. Jeppesen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed SPA Transmittal Number 19-0016. This SPA amends Idaho's Enhanced Alternative Benefit Plan (Enhanced ABP) to add the adult group as a covered eligibility group.

This SPA was approved by CMS on November 13, 2019 with an effective date of January 1, 2020. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Idaho State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Walter Neal at walter.neal@cms.hhs.gov or 206-615-2330.

Sincerely,



David L. Meacham
Deputy Director

Enclosure

cc:
Matt Wimmer, Administrator

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)State/Territory name: **Idaho****Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

ID-19-0016

Proposed Effective Date

01/01/2020 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.119; 1902(a)(10)(A)(i)(VIII)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2020	\$0.00
Second Year	2021	\$0.00

Subject of Amendment

Eligibility coverage addition for the Adult Group (contingent on SPAs 19-0004, 19-0005, 19-0006); addition of "Qualified Disabled Children under Age 19" for coverage of Katie Beckett (HCCDC) population; and a correction changing the current group "Aged, Blind and Disabled Individuals in 209(b) States" to the population "Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash." This correction is needed because Idaho is not a 209(b) state.

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Robin Butrick**
Last Revision Date: **Oct 18, 2019**
Submit Date: **Apr 15, 2019**



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Alternative Benefit Plan Populations **ABP1**

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Parents and Other Caretaker Relatives	Voluntary	X
+	Pregnant Women	Voluntary	X
+	Infants and Children under Age 19	Voluntary	X
+	Former Foster Care Children	Voluntary	X
+	Extended Medicaid due to Spousal Support Collections	Voluntary	X
+	Transitional Medical Assistance	Voluntary	X
+	Deemed Newborns	Voluntary	X
+	Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Voluntary	X
+	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Voluntary	X
+	SSI Beneficiaries	Voluntary	X
+	Individuals Eligible for SSI/SSP but for OASDI COLA increases since April, 1977	Voluntary	X
+	Certain Individuals Needing Treatment for Breast or Cervical Cancer	Voluntary	X
+	Qualified Disabled Children under Age 19	Voluntary	X
+	Adult Group	Voluntary	X

Enrollment is available for all individuals in these eligibility group(s).

Targeting Criteria (select all that apply):

Income Standard.

Income Standard:

Income standard is used to target households with income at or below the standard.

TN: ID-19-0016 (ABP1)



Alternative Benefit Plan

Income standard is used to target households with income above the standard.

The income standard is as follows:

- A percentage:
- A specific amount

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Other basis for income standard

Statewide standard

	Household Size	Income Standard	
+	1	282	X
+	2	355	X
+	3	448	X
+	4	540	X
+	5	633	X
+	6	725	X
+	7	819	X
+	8	911	X
+	9	986	X
+	10	1,061	X

Additional incremental amount?

- Yes No

Increment amount \$

Disease/Condition/Diagnosis/Disorder.

Other.

Other Targeting Criteria (Describe):

Individuals with healthcare needs that cannot be met with the Standard State Plan
 Pregnant individuals within the income limits above are eligible for full Medicaid
 Pregnant individuals with incomes greater than those listed above, but below 133% FPL are eligible for pregnancy-related services
 Children 0 - 6 in families with income under 142% FPL are eligible for Medicaid
 Children 6 - 18 in families with income under 133% FPL are eligible for Medicaid



Alternative Benefit Plan

Deemed Newborns - Automatic Eligibility
Former Foster Care Children under 26 years old, who were in Foster Care at age 18 - Automatic Eligibility
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care - Automatic Eligibility
Extended Medicaid due to Spousal Support Collections - Continue with previous eligibility

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Yes

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130724



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: ID - 19 - 0016

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act ABP2a

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

No

These assurances must be made by the state/territory if the Adult eligibility group is included in the ABP Population.

- The state/territory shall enroll all participants in the "Individuals at or below 133% FPL Age 19 through 64" (section 1902(a)(10)(A)(i)(VIII)) eligibility group in the Alternative Benefit Plan specified in this state plan amendment, except as follows: A beneficiary in the eligibility group at section 1902(a)(10)(A)(i)(VIII) who is determined to meet one of the exemption criteria at 45 CFR 440.315 will receive a choice of a benefit package that is either an Alternative Benefit Plan that includes Essential Health Benefits and is subject to all 1937 requirements or an Alternative Benefit Plan that is the state/territory's approved Medicaid state plan not subject to 1937 requirements. The state/territory's approved Medicaid state plan includes all approved state plan programs based on any state plan authority, and approved 1915(c) waivers, if the state has amended them to include the eligibility group at section 1902(a)(10)(A)(i)(VIII).
- The state/territory must have a process in place to identify individuals that meet the exemption criteria and the state/territory must comply with requirements related to providing the option of enrollment in an Alternative Benefit Plan defined using section 1937 requirements, or an Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan that is not subject to section 1937 requirements.
- Once an individual is identified, the state/territory assures it will effectively inform the individual of the following:
 - a) Enrollment in the specified Alternative Benefit Plan is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan defined subject to section 1937 requirements at any time and instead receive an Alternative Benefit Plan defined as the approved state/territory Medicaid state plan that is not subject to section 1937 requirements; and
 - c) What the process is for transferring to the state plan-based Alternative Benefit Plan.
- The state/territory assures it will inform the individual of:
 - a) The benefits available as Alternative Benefit Plan coverage defined using section 1937 requirements as compared to Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan and not subject to section 1937 requirements; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan subject to 1937 requirements differs from the Alternative Benefit Plan defined as the approved Medicaid state/territory plan benefits.

How will the state/territory inform individuals about their options for enrollment? (Check all that apply)

- Letter
- Email
- Other



Alternative Benefit Plan

Describe:

The Department has procedures to take applications, assist applicants, and perform initial processing of applications for Medical Assistance that include informing each eligible individual of the available benefit options. Upon identification of an individual who is exempt from mandatory enrollment per 42 CFR 440.315, the Department will inform these individuals that they may choose to enroll in any plan for which they are eligible (Standard, Basic, or Enhanced), and that they may opt out of an ABP at any time and instead access Medicaid benefits under the State plan.

The Department will provide such information at the following opportunities:

- Initial application for assistance;
- Notice of eligibility determination; and
- Selection of primary care case manager.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about their options for enrollment.

An attachment is submitted.

When did/will the state/territory inform the individuals?

The state informs participants of their benefit plan options when exempt status is determined at the time of enrollment, at redetermination, upon selection of the primary care case manager, and upon request.

Please describe the state/territory's process for allowing individuals in the Section 1902(a)(10)(A)(i)(VIII) eligibility group who meet exemption criteria to disenroll from the Alternative Benefit Plan defined using section 1937 requirements and enroll in the Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan.

The Department has an "Any Door" policy. The participant can notify their local eligibility office, their regional office, their Healthy Connections provider, or the Medicaid Central Office and obtain information about switching plans and/or initiate the process to opt out of an ABP and instead access Medicaid benefits under the State plan.

The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- Was informed in accordance with this section prior to enrollment;
- Was given ample time to arrive at an informed choice; and
- Chose to enroll in Alternative Benefit Plan coverage subject to section 1937 requirements or defined as the state/territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

Where will the information be documented? (Check all that apply)

- In the eligibility system.
- In the hard copy of the case record.
- Other

What documentation will be maintained in the eligibility file? (Check all that apply)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other



Alternative Benefit Plan

- The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in either Alternative Benefit Plan coverage subject to section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

Other information related to benefit package selection assurances for exempt participants (optional):

The communication text that is used to inform individuals identified as exempt, as defined under 42 CFR 440.315, about their options for enrollment is as follows:

1. You may choose any benefit plan for which you are eligible—the Standard Benefit Plan, the Basic Alternative Benefit Plan, or the Enhanced Alternative Benefit Plan.
2. You may change your choice of plans at any time by contacting the Department.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- **B**

Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under section 1902(a)(10)(A)(i)(VIII) of the Act **ABP2b**

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
 - a) Enrollment is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
 - c) What the process is for disenrolling.
- The state/territory assures it will inform the individual of:
 - a) The benefits available under the Alternative Benefit Plan; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

- Letter
- Email
- Other:

Describe:

The Department has procedures to take applications, assist applicants, and perform initial processing of applications for Medical Assistance that include informing each eligible individual of the available benefit options. Upon identification of an individual who is exempt from mandatory enrollment per 42 CFR 440.315, the Department will inform these individuals that they may choose to enroll in any plan for which they are eligible (Standard, Basic, or Enhanced), and that they may opt out of an ABP at any time and instead access Medicaid benefits under the State plan.

The Department will provide such information at the following opportunities:

- Initial application for assistance;
- Notice of eligibility determination; and
- Selection of primary care case manager.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

An attachment is submitted.

When did/will the state/territory inform the individuals?

The state informs participants of their benefit plan options when exempt status is determined at the time of enrollment, at



Alternative Benefit Plan

redetermination, upon selection of the primary care case manager, and upon request.

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.

The Department has an "Any Door" policy. The participant can notify their local eligibility office, their regional office, their Healthy Connections provider, or the Medicaid Central Office and obtain information about switching plans and/or initiate the process to opt out of an ABP and instead access Medicaid benefits under the State plan.

The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- In the eligibility system.
- In the hard copy of the case record.
- Other:

What documentation will be maintained in the eligibility file? (Check all that apply.)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other:

The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (optional):

The communication text that is used to inform individuals identified as exempt, as defined under 42 CFR 440.315, about voluntary enrollment is as follows:

1. You may choose any benefit plan for which you are eligible—the Standard Benefit Plan, the Basic Alternative Benefit Plan, or the Enhanced Alternative Benefit Plan.
2. You may change your choice of plans at any time by contacting the Department.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807

Table of Contents

State/Territory Name: Idaho

State Plan Amendment (SPA) #: 19-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Western Division - Regional Operations Group

November 13, 2019

Dave Jeppesen, Director
Department of Health and Welfare
Towers Building - Tenth Floor
PO Box 83720
Boise, ID 83720-0036

Re: Idaho, Title XIX FMAP State Plan Amendment, Transmittal # 19-0006

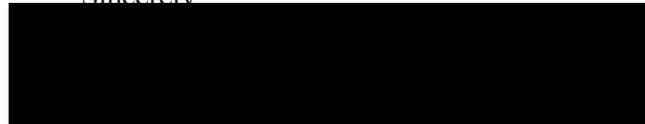
Dear Mr. Jeppesen:

We have reviewed the proposed Federal Medical Assistance Payment (FMAP) State Plan Amendment (SPA), Transmittal Number 19-0006 submitted on February 15, 2019. This SPA describes the methodology used by the state for determining the appropriate FMAP rates, including the increased FMAP rates, available under the provisions of the Affordable Care Act. These rates are applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the state and described in federal regulations at 42 CFR 435.119.

Based on the information provided, the Medicaid SPA 19-0006 is approved with an effective date of January 1, 2020. We are enclosing the approved Form CMS-179 and the Medicaid state plan pages.

If you have any questions concerning this SPA, please contact me, or your staff may contact Tom Couch at thomas.couch@cms.hhs.gov or (208) 861-9838.

Sincerely,



David L. Meacham
Deputy Director

Enclosures

cc:

Matt Wimmer, DHW
Alexandra Fernandez, DHW

State Plan Under Title XIX of the Social Security Act

State: IDAHO

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 09/17/2019. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Population Group	Covered Populations Within New Adult Group	Applicable Population Adjustment				
		Relevant Population Group Income Standard	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
	<p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> x The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or x 133% FPL. <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p>					
A	B	C	D	E	F	
Parents/Caretaker Relatives	Attachment A, Column G, <u>Line 1</u> of Part 2 in CMS Approved MAGI Conversion plan	No	No	No	No	
Disabled Persons, noninstitutionalized	Attachment A, Column G, <u>Line 2</u> of Part 2 in CMS Approved MAGI Conversion plan	No	No	No	No	
Disabled Persons, institutionalized	Attachment A, Column G, <u>Line 3</u> of Part 2 in CMS Approved MAGI Conversion plan	No	No	No	No	
Children Age 19 or 20	Not Covered in 2009	No	No	No	No	
Childless Adults	Not Covered in 2009	No	No	No	No	

2

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

- Applies existing state data from periods before January 1, 2014.
- Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
 - Yes. The combined enrollment cap adjustment is described in Attachment C
 - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
 - Applies a special circumstances adjustment(s).
 - Does not apply a special circumstances adjustment.
2. The state:
 - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

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TN – ID-19-0006

Approval Date – 11/13/19

Effective Date – 01/01/2020

SUPERCEDES: NEW

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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TN – ID-19-0006

Approval Date – 11/13/19

Effective Date – 01/01/2020

SUPERCEDES: NEW

Attachment A

Most Recent Updated Summary Information for Part 2 of the Modified Adjusted Gross Income (MAGI) Conversion Plan**

Purpose of Part 2 Income Conversions

Part 2 of the MAGI Conversion Plan includes income conversions that will be needed for FMAP claiming purposes in the new Medicaid adult group. States that wish to claim newly eligible and/or expansion state FMAP for enrollees in the adult group (42 CFR 435.119) must submit a State Plan Amendment (SPA) to CMS. States will use information from this document to complete the FMAP claiming SPA. It is highly recommended that states not expanding Medicaid in 2014 complete this document for all relevant eligibility groups so that necessary information will be available should the state implement a change in policy.

State Options for Part 2 MAGI Conversions

In its September 17, 2019 State Health Officials' Letter, CMS laid out several MAGI conversion methodology choices for states. Choices that states made during Part 1 of the MAGI conversion process affect their options for this part (Part 2) of the MAGI Conversion Plan. In general, states must use the same method as they used in Part 1, with the exception that states that previously chose to do their own conversions may choose the Standardized MAGI Conversion Methodology with SIPP data for any groups that were not converted in Part 1. The state must provide an explanation of the reason for the change.

Table 1

Part 2 of MAGI Conversion Plan Using State Data

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
Conversions for FMAP Claiming							
1	Parents/Caretaker Relatives (Expand number of rows for family size as needed for larger family size standards defined by the state)	<u>YES</u>		<u>NO</u>	% FPL _____ <u>or</u> Fixed dollar standards Family size 1 ___ \$205 _____ 2 ___ \$251 _____ 3 ___ \$317 _____ 4 ___ \$382 _____ 5 ___ \$448 _____ 6 ___ \$513 _____ 7 ___ \$579 _____ Add-on for additional family members if relevant_ \$65 _____	% FPL _____ <u>or</u> Fixed dollar standards Family size 1 ___ _____ 2 ___ _____ 3 ___ _____ 4 ___ _____ 5 ___ _____ 6 ___ _____ 7 ___ _____ Add-on for additional family members if relevant _____	% FPL _____ <u>or</u> Fixed dollar standards Family size 2 ___ \$233 _____ 3 ___ \$289 _____ 4 ___ \$365 _____ 5 ___ \$439 _____ 6 ___ \$515 _____ 7 ___ \$590 _____ Add-on for additional family members if relevant ___ \$75 _____

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
2	Non-institutionalized disabled adults	<u>Yes</u>		<u>No</u>	% FPL _____ % SSI FBR _____ _____ <u>or</u> Dollar Standards Single ___\$707_____ Couple ___\$1,011_____ <u>or</u> Dollar Standards Single ___\$727_____ Couple ___\$1,041_____ Conversion based on: ___ Average disregard ___ Median disregard	% FPL _____ % SSI FBR _____ _____ <u>or</u> Dollar Standards Single ___\$727_____ Couple ___\$1,041_____ Conversion based on: ___ Average disregard ___ Median disregard	

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
3	Institutionalized disabled adults (This is a gross income category: fill in column G only)	<u>Yes</u>		<u>No</u>			% FPL _____ % SSI FBR <u>300%</u> <u>or</u> Dollar Standards Single _____ Couple _____

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
4	Children age 19 and/or 20 Specify age limit as of 12/1/09 (19 or 20): _____	<u>N/A</u>	<u>N/A</u>	<u>N/a</u>	% FPL _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____
5	Childless Adults	<u>N/A</u>	<u>N/A</u>		% FPL _____	% FPL _____	% FPL _____

*Alternative method states: only fill out column F if applicable.

Section 2, Page 12

***The numbers in this summary chart will be updated automatically in the CMS approved MAGI Conversion Plan*

TN - ID - 19-0006
SUPERCEDES: NEW

Approved Date - 11/13/19

Effective Date - 01/01/2020

Table of Contents

State/Territory Name: Idaho

State Plan Amendment (SPA) #: 19-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form / Summary Form (with 179 like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Western Division - Regional Operations Group

November 13, 2019

Dave Jeppesen, Director
Department of Health and Welfare
Towers Building - Tenth Floor
PO Box 83720
Boise, ID 83720-0036

RE: Idaho State Plan Amendment (SPA) Transmittal Number 19-0015

Dear Mr. Jeppesen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed SPA Transmittal Number 19-0015. This SPA amends Idaho's Basic Alternative Benefit Plan (Basic ABP) to add the adult group as a covered eligibility group.

This SPA was approved by CMS on November 13, 2019 with an effective date of January 1, 2020. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Idaho State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Walter Neal at walter.neal@cms.hhs.gov or 206-615-2330.

Sincerely,



David L. Meacham
Deputy Director

Enclosure

cc:
Matt Wimmer, Administrator

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)State/Territory name: **Idaho****Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

ID-19-0015

Proposed Effective Date

01/01/2020 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.119; 1902(a)(10)(A)(i)(VIII)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2020	\$0.00
Second Year	2021	\$0.00

Subject of Amendment

Eligibility coverage addition for the Adult Group (contingent on SPAs 19-0004, 19-0005, 19-0006); addition of "Qualified Disabled Children under Age 19" for coverage of Katie Beckett (HCCDC) population; and a correction changing the current group "Aged, Blind and Disabled Individuals in 209(b) States" to the population "Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash." This correction is needed because Idaho is not a 209(b) state.

Governor's Office Review

- Governor's office reported no comment**
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal**
 Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Robin Butrick**
 Last Revision Date: **Oct 18, 2019**
 Submit Date: **Apr 15, 2019**



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- **B**

Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Parents and Other Caretaker Relatives	Voluntary	X
+	Pregnant Women	Voluntary	X
+	Infants and Children under Age 19	Voluntary	X
+	Former Foster Care Children	Voluntary	X
+	Extended Medicaid due to Spousal Support Collections	Voluntary	X
+	Transitional Medical Assistance	Voluntary	X
+	Deemed Newborns	Voluntary	X
+	Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Voluntary	X
+	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Voluntary	X
+	SSI Beneficiaries	Voluntary	X
+	Individuals Eligible for SSI/SSP but for OASDI COLA increases since April, 1977	Voluntary	X
+	Certain Individuals Needing Treatment for Breast or Cervical Cancer	Voluntary	X
+	Qualified Disabled Children under Age 19	Voluntary	X
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

Targeting Criteria (select all that apply):

Income Standard.

Income Standard:

Income standard is used to target households with income at or below the standard.



Alternative Benefit Plan

Income standard is used to target households with income above the standard.

The income standard is as follows:

- A percentage:
- A specific amount

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Other basis for income standard

Statewide standard

	Household Size	Income Standard	
+	1	282	X
+	2	355	X
+	3	448	X
+	4	540	X
+	5	633	X
+	6	725	X
+	7	819	X
+	8	911	X
+	9	986	X
+	10	1,061	X

Additional incremental amount?

- Yes No

Increment amount \$

Disease/Condition/Diagnosis/Disorder.

Other.

Other Targeting Criteria (Describe):

Individuals with healthcare needs that cannot be met with the Standard State Plan
 Pregnant individuals within the income limits above are eligible for full Medicaid
 Pregnant individuals with incomes greater than those listed above, but below 133% FPL are eligible for pregnancy-related services
 Children 0 - 6 in families with income under 142% FPL are eligible for Medicaid
 Children 6 - 18 in families with income under 133% FPL are eligible for Medicaid



Alternative Benefit Plan

Deemed Newborns - Automatic Eligibility
Former Foster Care Children under 26 years old, who were in Foster Care at age 18 - Automatic Eligibility
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care - Automatic Eligibility
Extended Medicaid due to Spousal Support Collections - Continue with previous eligibility

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Yes

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

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V.20130724



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: ID - 19 - 0015

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act **ABP2a**

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

No

These assurances must be made by the state/territory if the Adult eligibility group is included in the ABP Population.

- The state/territory shall enroll all participants in the "Individuals at or below 133% FPL Age 19 through 64" (section 1902(a)(10)(A)(i)(VIII)) eligibility group in the Alternative Benefit Plan specified in this state plan amendment, except as follows: A beneficiary in the eligibility group at section 1902(a)(10)(A)(i)(VIII) who is determined to meet one of the exemption criteria at 45 CFR 440.315 will receive a choice of a benefit package that is either an Alternative Benefit Plan that includes Essential Health Benefits and is subject to all 1937 requirements or an Alternative Benefit Plan that is the state/territory's approved Medicaid state plan not subject to 1937 requirements. The state/territory's approved Medicaid state plan includes all approved state plan programs based on any state plan authority, and approved 1915(c) waivers, if the state has amended them to include the eligibility group at section 1902(a)(10)(A)(i)(VIII).
- The state/territory must have a process in place to identify individuals that meet the exemption criteria and the state/territory must comply with requirements related to providing the option of enrollment in an Alternative Benefit Plan defined using section 1937 requirements, or an Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan that is not subject to section 1937 requirements.
- Once an individual is identified, the state/territory assures it will effectively inform the individual of the following:
 - a) Enrollment in the specified Alternative Benefit Plan is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan defined subject to section 1937 requirements at any time and instead receive an Alternative Benefit Plan defined as the approved state/territory Medicaid state plan that is not subject to section 1937 requirements; and
 - c) What the process is for transferring to the state plan-based Alternative Benefit Plan.
- The state/territory assures it will inform the individual of:
 - a) The benefits available as Alternative Benefit Plan coverage defined using section 1937 requirements as compared to Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan and not subject to section 1937 requirements; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan subject to 1937 requirements differs from the Alternative Benefit Plan defined as the approved Medicaid state/territory plan benefits.

How will the state/territory inform individuals about their options for enrollment? (Check all that apply)

- Letter
- Email
- Other



Alternative Benefit Plan

Describe:

The Department has procedures to take applications, assist applicants, and perform initial processing of applications for Medical Assistance that include informing each eligible individual of the available benefit options. Upon identification of an individual who is exempt from mandatory enrollment per 42 CFR 440.315, the Department will inform these individuals that they may choose to enroll in any plan for which they are eligible (Standard, Basic, or Enhanced), and that they may opt out of an ABP at any time and instead access Medicaid benefits under the State plan.

The Department will provide such information at the following opportunities:

- Initial application for assistance;
- Notice of eligibility determination; and
- Selection of primary care case manager.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about their options for enrollment.

An attachment is submitted.

When did/will the state/territory inform the individuals?

The state informs participants of their benefit plan options when exempt status is determined at the time of enrollment, at redetermination, upon selection of the primary care case manager, and upon request.

Please describe the state/territory's process for allowing individuals in the Section 1902(a)(10)(A)(i)(VIII) eligibility group who meet exemption criteria to disenroll from the Alternative Benefit Plan defined using section 1937 requirements and enroll in the Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan.

The Department has an "Any Door" policy. The participant can notify their local eligibility office, their regional office, their Healthy Connections provider, or the Medicaid Central Office and obtain information about switching plans and/or initiate the process to opt out of an ABP and instead access Medicaid benefits under the State plan.

The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- Was informed in accordance with this section prior to enrollment;
- Was given ample time to arrive at an informed choice; and
- Chose to enroll in Alternative Benefit Plan coverage subject to section 1937 requirements or defined as the state/territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

Where will the information be documented? (Check all that apply)

- In the eligibility system.
- In the hard copy of the case record.
- Other

What documentation will be maintained in the eligibility file? (Check all that apply)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other



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- The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in either Alternative Benefit Plan coverage subject to section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

Other information related to benefit package selection assurances for exempt participants (optional):

The communication text that is used to inform individuals identified as exempt, as defined under 42 CFR 440.315, about their options for enrollment is as follows:

1. You may choose any benefit plan for which you are eligible—the Standard Benefit Plan, the Basic Alternative Benefit Plan, or the Enhanced Alternative Benefit Plan.
2. You may change your choice of plans at any time by contacting the Department.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- A B

Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under section 1902(a)(10)(A)(i)(VIII) of the Act ABP2b

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
 - a) Enrollment is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
 - c) What the process is for disenrolling.
- The state/territory assures it will inform the individual of:
 - a) The benefits available under the Alternative Benefit Plan; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

- Letter
- Email
- Other:

Describe:

The Department has procedures to take applications, assist applicants, and perform initial processing of applications for Medical Assistance that include informing each eligible individual of the available benefit options. Upon identification of an individual who is exempt from mandatory enrollment per 42 CFR 440.315, the Department will inform these individuals that they may choose to enroll in any plan for which they are eligible (Standard, Basic, or Enhanced), and that they may opt out of an ABP at any time and instead access Medicaid benefits under the State plan.

The Department will provide such information at the following opportunities:

- Initial application for assistance;
- Notice of eligibility determination; and
- Selection of primary care case manager.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

An attachment is submitted.

When did/will the state/territory inform the individuals?

The state informs participants of their benefit plan options when exempt status is determined at the time of enrollment, at



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redetermination, upon selection of the primary care case manager, and upon request.

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.

The Department has an "Any Door" policy. The participant can notify their local eligibility office, their regional office, their Healthy Connections provider, or the Medicaid Central Office and obtain information about switching plans and/or initiate the process to opt out of an ABP and instead access Medicaid benefits under the State plan.

The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- In the eligibility system.
- In the hard copy of the case record.
- Other:

What documentation will be maintained in the eligibility file? (Check all that apply.)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other:

The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (optional):

The communication text that is used to inform individuals identified as exempt, as defined under 42 CFR 440.315, about voluntary enrollment is as follows:

1. You may choose any benefit plan for which you are eligible—the Standard Benefit Plan, the Basic Alternative Benefit Plan, or the Enhanced Alternative Benefit Plan.
2. You may change your choice of plans at any time by contacting the Department.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: ID - 19 - 0015

Enrollment Assurances - Mandatory Participants ABP2c

These assurances must be made by the state/territory if enrollment is mandatory for any of the target populations or sub-populations.

When mandatorily enrolling eligibility groups in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent Plan) that could have exempt individuals, prior to enrollment:

- The state/territory assures it will appropriately identify any individuals in the eligibility groups that are exempt from mandatory enrollment in an Alternative Benefit Plan or individuals who meet the exemption criteria and are given a choice of Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan, not subject to section 1937 requirements.

How will the state/territory identify these individuals? (Check all that apply)

- Review of eligibility criteria (e.g., age, disorder/diagnosis/condition)
- Self-identification
- Other

Describe:

Part of the process of eligibility determination is the collection of eligibility and health status information. Based on that information the state will determine whether an exemption exists and allow selection of a plan voluntarily.

- The state/territory must inform the individual they are exempt or meet the exemption criteria and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.
- The state/territory assures that for individuals who have become exempt from enrollment in an Alternative Benefit Plan, the state/territory must inform the individual they are now exempt and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

How will the state/territory identify if an individual becomes exempt? (Check all that apply)

- Review of claims data
- Self-identification
- Review at the time of eligibility redetermination
- Provider identification
- Change in eligibility group
- Other



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How frequently will the state/territory review the Alternative Benefit Plan population to determine if individuals are exempt from mandatory enrollment or meet the exemption criteria?

- Monthly
- Quarterly
- Annually
- Ad hoc basis
- Other

The state/territory assures that it will promptly process all requests made by exempt individuals for disenrollment from the Alternative Benefit Plan and has in place a process that ensures exempt individuals have access to all standard state/territory plan services or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

Describe the process for processing requests made by exempt individuals to be disenrolled from the Alternative Benefit Plan:

The Department has an "Any Door" policy. The participant can notify their local eligibility office, their regional office, their Healthy Connections provider, or the Medicaid Central Office and obtain information about switching plans and/or initiate the process to opt out of an ABP and instead access Medicaid benefits under the State plan.

Other Information Related to Enrollment Assurance for Mandatory Participants (optional):

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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