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## **Table of Contents**

**State/Territory Name: Idaho**

**State Plan Amendment (SPA) #: ID-13-0016**

**(In addition to the SPA noted above, this package contains other state plan amendment approvals)**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

The complete title XXI state plan for Idaho consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, Maryland 21244-1850



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**Children and Adults Health Programs Group**

Matt Wimmer  
CHIP Director  
Department of Health and Welfare  
P.O. Box 83720  
Boise, ID 83720-0036

DEC 17 2013

Dear Mr. Wimmer:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) numbers ID-13-0014 and SPA number ID-13-0016, submitted on September 17, 2013 and September 19, 2013, respectively, and related to Modified Adjusted Gross Income (MAGI) Eligibility have been approved with an effective date of January 1, 2014.

**Title XXI Medicaid Expansion:**

SPA number ID-13-0014 converts the state's existing income eligibility standards to MAGI-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

**MAGI Eligibility & Methods:**

SPA number ID-13-0016 provides assurance on page CS15 that the state will apply methodologies based on MAGI for all separate CHIP covered groups; using the approved MAGI conversion plan income thresholds, the state indicates on page CS7 that it will cover targeted low-income children; and on page CS13 the state elects to cover as deemed newborns children born to mothers enrolled as targeted low-income children in CHIP. A copy of the approved CS15 is attached and should be incorporated within a separate subsection under Section 4.3 of the state's approved CHIP state plan. A copy of the approved CS7 is attached and supersedes the current Geographic Area, Age and Income Sections 4.1.1, 4.1.2 and 4.1.3 of the current CHIP state plan. A copy of the approved CS13 is attached and should be incorporated under Section 4.3 of the state's approved CHIP state plan.

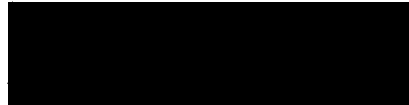
Your Title XXI project officer is Ms. Victoria Collins. She is available to answer questions concerning this amendment. Ms. Collins' contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services

7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-2176  
Facsimile: (410) 786-5882  
E-mail: [Victoria.Collins@cms.hhs.gov](mailto:Victoria.Collins@cms.hhs.gov)

If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs, at (410) 786-5143. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,



Eliot Fishman  
Director

Enclosures

cc: Carol Peverly, ARA, CMS Region X, Seattle  
Paul Leary, Medicaid Benefits Administrator  
Denise Chuckovich, Deputy Administrator

logged in as TONIABROWN(CMS CO Staff)

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## Children's Health Insurance Program Eligibility

ID.0333.R00.00 - Jan 01, 2014

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### Children's Health Insurance Program Eligibility: Summary Page

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-13-0016

**Type of SPA:**

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

2102(b)(1)(B)(v) and 2112(e) of SSA / 42 CFR 457.310,315 and 320 and 360

**Federal Budget Impact** This SPA has a budget impact.

Total budget impact:

State Funds: \$ Federal Funds: \$ **Subject of Amendment**

Please provide a brief summary of SPA changes.

Character Count: 0 out of 2000

**Signature of State Agency Official**

Submitted By: Rachel Strutton

Last Revision Date: Dec 11, 2013

Submit Date: Sep 19, 2013

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# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

**Eligibility for Medicaid Expansion Program** **CS3**

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

**Age and Household Income Ranges**

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
<b>+</b>	6	19	107	133	<b>X</b>

**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 50 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.



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Eligibility - Targeted Low-Income Children

CS7

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320

**Targeted Low-Income Children** - Uninsured children under age 19 whose household income is within standards established by the state.

The CHIP Agency operates this covered group in accordance with the following provisions:

### Age

Must be under age 19.

### Income Standards

Income standards are applied statewide.  Yes

Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard?  No

### Statewide Income Standards

Begin with lowest age range first.

Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid poverty-level children for the same age group or groups entered here.

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	0	6	142	185	X
+	6	19	133	185	X

Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each income standard that has overlapping ages and the reason for having different income standards.

Age ranges do not overlap.

### Special Program for Children with Disabilities

Does the state have a special program for children with disabilities?  Yes

Is the program available to all eligible targeted low-income children?  Yes

### Program Description



# CHIP Eligibility

Describe disability criteria used.

For access to Enhanced benefits, a physician must confirm the need for one or more of the benefits.

Describe program, including additional benefits offered.

Title XXI children enrolled in the Enhanced Plan have access to services not available to participants on the Basic Plan. These services are as outlined in Section 6.2 of our Title XXI Services Matrix.

- Organ transplant services for cornea, bone marrow, kidney, heart, intestinal, and liver transplants
- Nursing services provided to a non-institutionalized child by a licensed professional nurse or licensed practical nurse
- Personal Care Services
- Hospice care services provided to terminally ill patients, including respite care.

### PRA Disclosure Statement

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# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Eligibility - Deemed Newborns

CS13

Section 2112(e) of the SSA and 42 CFR 457.360

- Deemed Newborns** - Children born to targeted low-income pregnant women are deemed to have applied for and be eligible for CHIP or Medicaid until the child turns one.

The state operates this covered group in accordance with the following provisions:

- The child was born to an eligible targeted low-income pregnant woman under section 2112 of the SSA.
- The child is deemed to have applied for and been found eligible for CHIP or Medicaid, as appropriate, as of the date of the child's birth, and remains eligible without regard to changes in circumstances until the child's first birthday.

The state elects the following option(s):

- The state elects to cover as a deemed newborn a child born to a mother who is covered as a targeted low-income child under the state's separate CHIP on the date of the newborn's birth.
- The state elects to recognize a child's deemed newborn status from another state and provides benefits in accordance with the requirements of section 2112(e) of the SSA.
- The state elects to cover as a deemed newborn a child born to a mother who is covered under Medicaid or CHIP through the authority of the state's section 1115 demonstration on the date of the newborn's birth.

### PRA Disclosure Statement

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# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program MAGI-Based Income Methodologies

CS15

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315

- The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).

In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.

If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted just as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size.
- Projected annual household income for the remaining months of the current calendar year and family size.

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of the reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.  No

- The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.

An attachment is submitted.

PRA Disclosure Statement

DEC 17 2013

SPA# ID-13-0016

Approval Date: \_\_\_\_\_

Effective Date: January 1, 2014

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# CHIP Eligibility

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