

---

## **Table of Contents**

**State/Territory Name:** Idaho

**State Plan Amendment (SPA) #:** ID-23-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

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



**Children and Adults Health Programs Group**

---

May 15, 2023

Juliet Charron  
Medicaid Director  
Division of Medicaid  
Idaho Department of Health and Welfare  
Post Office Box 83720  
Boise, ID 83720-0009

Dear Ms. Charron:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA), ID-23-0008 and accompanying section 1135 waivers, submitted on March 20, 2023, have been approved. Through this SPA, Idaho has demonstrated compliance with section 9821 of the American Rescue Plan Act of 2021 (ARP). This SPA has an effective date of March 11, 2021 and extends through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period, as described in section 1135(g)(1)(B) of the Social Security Act (the Act).

Section 9821 of the ARP amended sections 2103(c)(11)(B) and 2103(e)(2) of the Act to mandate coverage of COVID-19 testing, treatment, and vaccines and their administration without cost-sharing. Sections 2103(c)(11)(B) and 2103(e)(2) of the Act also require states to cover, without cost sharing, the treatment of conditions that may seriously complicate COVID-19 treatment, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19. The state provided the necessary assurances to demonstrate compliance with section 9821 of the ARP in accordance with the requirements of sections 2103(c)(11)(B) and 2103(e)(2) of the Act.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 457.65 that the state submit SPAs related to the COVID-19 public health emergency by the end of the state fiscal year in which they take effect. CMS is allowing states to have an effective date in a prior state fiscal year, but no earlier than the effective date of the public health emergency. Idaho requested a waiver to obtain an earlier effective date of March 11, 2021.

Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 2107(e)(1)(f) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA. Idaho requested a waiver to modify the tribal consultation timeline by completing tribal consultation after the effective date of the SPA.

Page 2 – Ms. Juliet Charron

This letter approves the state's request for a March 11, 2021 effective date and provides the state with the authority to modify the tribal consultation timeline for this SPA.

Your title XXI project officer is Ms. Shakia Singleton. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-8102  
E-mail: [Shakia.Singleton@cms.hhs.gov](mailto:Shakia.Singleton@cms.hhs.gov)

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,  
/Signed by Sarah deLone/

Sarah deLone  
Director  
On Behalf of Anne Marie Costello  
Deputy Director  
Center for Medicaid and CHIP Services

cc: Courtney Miller, Director, Medicaid and CHIP Operations Group  
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

# **State Plan for the Idaho State Children’s Health Insurance Program**

## **MODEL APPLICATION TEMPLATE FOR STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT STATE CHILDREN’S HEALTH INSURANCE PROGRAM**

### **Preamble**

Section 490 I of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children’s Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.


The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

State Plan for the Idaho State Children's Health Insurance Program  
TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL  
SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Idaho  
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

  
**Juliet Charron** **03/20/2023**  
Medicaid Director Date  
Division of Medicaid  
Idaho Department of Health and Welfare

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

|                        |   |
|------------------------|---|
| Name: Juliet Charron   | Position/Title: Medicaid Administrator,<br>Idaho Department of Health and Welfare   |
| Name: Brad McDonald    | Title: Administrator Management Services,<br>Idaho Department of Health and Welfare |
| Name: David Bell       | Position/Title: Deputy Administrator of Policy & Innovation                         |
| Name: Elizabeth Kriete | Position/Title: Deputy Administrator of Operations<br>Division of Medicaid          |

**Disclosure Statement** This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this

State Plan for the Idaho State Children's Health Insurance Program  
information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Section 1. General Description and Purpose of the Children's Health Insurance Plans and the Requirements**

- 1.1.** The state will use funds provided under Title XXI primarily for (Check appropriate box) (Section 2101)(a)(1)); (42 CFR 457.70):
- 1.1.1.**  Obtaining coverage that meets the requirements for a separate child health program (Sections 2101(a)(1) and 2103); OR
  - 1.1.2.**  Providing expanded benefits under the State's Medicaid plan (Title XIX) (Section 2101(a)(2)); OR
  - 1.1.3.**  A combination of both of the above. (Section 2101(a)(2))
- 1.1-DS**  The State will provide dental-only supplemental coverage. Only States operating a separate CHIP program are eligible for this option. States choosing this option must also complete sections 4.1-DS, 4.2-DS, 6.2-DS, 8.2-DS, and 9.10 of this SPA template. (Section 2110(b)(5))
- 1.2.**  Check to provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))
- 1.3.**  Check to provide an assurance that the State complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)
- 1.4** Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

State Plan for the Idaho State Children's Health Insurance Program

| <b>ORIGINAL PLAN</b>  |                    |  |
|---|--------------------|--|
| Submitted: February 17, 1998      Date Approved: June 15, 1998      Effective Date: October 1, 1997 |                    |  |
| <b>AMENDMENT#S</b>  | <b>DATES</b>       | <b>DESCRIPTION</b>   |
| <b>Amendment #1</b>   |                    | Change income limit from 160% FPG to 150% FPG  |
| Submitted   | October 13, 1998   |  |
| Approved  | December 4, 1998   |  |
| Effective Date  | July 1, 1998       |  |
| <b>Amendment #2</b>   |                    | <ul style="list-style-type: none"> <li>• Program design changes to-</li> <li>• increase coordination of efforts across agencies</li> <li>• simplify the application process, and</li> <li>• improve media and outreach approaches</li> </ul> |
| Submitted   | March 10, 2000     |  |
| Approved  | March 1, 2001      |  |
| Effective Date  | January 1, 2000    |  |
| <b>Amendment #3</b>   |                    | <ul style="list-style-type: none"> <li>• Technical changes to conform to model template</li> <li>• Revise outreach strategies</li> </ul>   |
| Submitted   | June 28, 2002      |  |
| Approved  | September 19, 2002 |  |
| Effective Date  | July 1, 2002       |  |
| <b>Amendment #4</b>   |                    | Establish Separate Program   |
| Submitted   | February 25, 2004  |  |
| Approved  | June 10, 2004      |  |
| Effective Date  | July 1, 2003       |  |
| <b>Amendment #5</b>   |                    | Revise benefit package of separate program   |
| Submitted   | August 30, 2004    |  |
| Approved  | January 13, 2005   |  |
| Effective Date  | July 1, 2004       |  |
| <b>Amendment #6</b>   |                    | Removal of enrollment cap  |
| Submitted   | June 9, 2005       |  |
| Approved  | September 7, 2005  |  |
| Effective Date  | June 1, 2005       |  |
| <b>Amendment #7</b>   |                    | Addition of child health services initiative (Healthy Schools)   |
| Submitted   | April 28, 2006     |  |
| Approved  | May 25, 2006       |  |
| Effective Date  | July 1, 2006       |  |
| <b>Amendment #8</b>   |                    |  |
| Submitted   | May 5, 2006        |  |



State Plan for the Idaho State Children's Health Insurance Program

|                      |                    |   |
|----------------------|--------------------|---|
| Approved             | May 25, 2006       | <ul style="list-style-type: none"> <li>• Lower the income limit of separate program from 150% to 133%</li> <li>• Remove resource limit</li> <li>• Incorporate Basic and Enhanced Benchmark Benefit Packages</li> <li>• Changes to premium structure</li> </ul>  |
| Effective Date       | July 1, 2006       |   |
| <b>Amendment #9</b>  |                    |   |
| Submitted            | January 24, 2007   | <ul style="list-style-type: none"> <li>• Addition of Wellness Preventive Health Assistance</li> <li>• Addition of co-pays</li> </ul>  |
| Approved             | September 28, 2007 |   |
| Effective Date       | January 1, 2007    | Wellness PHA  |
|                      | February 1, 2007   | co-pays   |
| <b>Amendment #10</b> |                    |   |
| Submitted            | March 17, 2009     | <ul style="list-style-type: none"> <li>• Addition of Substance Abuse Treatment Services</li> <li>• Addition of Independent Therapists for Speech Language Pathology (SLP) Services</li> <li>• Reduce limits for Psycho-Social Rehabilitation, Partial Care and Developmental Disability Agency Services</li> </ul>  |
| Approved             | July 15, 2003      |   |
| Effective Date       | November 1, 2008   | Substance use treatment and SLP   |
|                      | January 1, 2009    | Reduction in Mental Health and DDA  |
| <b>Amendment #11</b> |                    |   |
| Submitted            | February 28, 2011  | <ul style="list-style-type: none"> <li>• Contact Lens Coverage Modification</li> <li>• Mental Health Assessment Annual Limitation</li> <li>• Mental Health Treatment Plan Limitation</li> <li>• Collateral Contact and Partial Care Elimination</li> <li>• PSR Limitation</li> <li>• DDA Assessment Annual Limitation</li> <li>• Incorporation of Dental Services Template (Sections 6.2-D and 10.3-D)</li> </ul> |
| Approved             | July 15, 2013      |   |
| Effective Date       | January 1, 2011    |   |
| <b>Amendment #12</b> |                    |   |
| Submitted            | August 29, 2011    | Change to Chiropractic Service Limitations  |
| Approved             | July 15, 2013      |   |
| Effective Date       | July 1, 2011       |   |
| <b>Amendment #13</b> |                    |   |
| Submitted            | December 31, 2011  | Addition of co-payments (co-pays) for certain services  |
| Approved             | July 2, 2012       |   |
| Effective Date       | November 1, 2011   | Chiropractor, Optometrist and Podiatrist  |

State Plan for the Idaho State Children's Health Insurance Program

|                                |                    |   |
|--------------------------------|--------------------|---|
|                                |                    | Svcs.   |
|                                | January 1, 2012    | Physical Therapy, Occupational Therapy, Speech  |
| <b>Amendment #14</b>           |                    |   |
| Submitted                      | June 15, 2013      | <ul style="list-style-type: none"> <li>• Addition of Health Homes for Chronically Ill</li> <li>• Implementation of Children's Redesign Benefit Plan</li> <li>• Implementation of Behavioral Health Managed Care</li> <li>• Developmentally Disabled Children's Benefit Redesign</li> <li>• Removal of Therapy Prior Authorization Requirements</li> </ul> |
| Approved                       | August 29, 2013    |   |
| Effective Date                 | January 5, 2012    | Removal of Therapy prior authorization requirements   |
|                                | January 1, 2013    | Health Homes  |
|                                | July 1, 2013       | Developmentally Disabled children's benefit redesign  |
|                                | September 1, 2013  | Behavioral health managed care  |
| <b>MAGI Amendment #13-0014</b> |                    |   |
| Submitted                      | September 17, 2013 | Medicaid Expansion  |
| Approved                       | December 17, 2013  |   |
| Effective Date                 | January 1, 2014    |   |
|                                |                    |   |
| <b>MAGI Amendment #13-0015</b> |                    |   |
| Submitted                      | September 17, 2013 | Establish 2101(f) Group   |
| Approved                       | October 8, 2013    |   |
| Effective Date                 | January 1, 2014    |   |
| <b>MAGI Amendment #13-0016</b> |                    |   |
| Submitted                      | September 19, 2013 | MAGI Eligibility and Methods  |
| Approved                       | December 17, 2013  |   |
| Effective Date                 | January 1, 2014    |   |
| <b>MAGI Amendment #13-0023</b> |                    |   |
| Submitted                      | October 7, 2013    | Eligibility Process   |
| Approved                       | December 18, 2013  |   |
| Effective Date                 | January 1, 2014    |   |
| <b>Amendment #15</b>           |                    |   |
| Submitted                      | June 27, 2014      | ACA Changes, Tobacco Cessation, Children's Hospice  |
| Approved                       | October 8, 2014    |   |
| Effective Date                 | January 1, 2014    |   |

State Plan for the Idaho State Children's Health Insurance Program

|                              |  |  |
|------------------------------|--|--|
| <b>Amendment #15-0016</b>    |  | MAGI Eligibility Income Methods  |
| Submitted                    | June 25, 2015  |  |
| Approved                     | August 12, 2015  |  |
| Effective Date               | July 1, 2014   |  |
| <b>Amendment #15-0016-A</b>  |  | Technical Updates  |
| Submitted                    | June 25, 2015  |  |
| Approved                     | September 9, 2015                                      |  |
| Effective Date               | July 1, 2014   |  |
| <b>Amendment #16-0017</b>    |  | Primary Care Case Management   |
| Submitted                    | June 1, 2016   |  |
| Approved                     | August 11, 2016  |  |
| Effective Date               | July 1, 2016   |  |
| <b>Amendment #ID-17-0018</b> |  | ABP Alignment and Technical Updates  |
| Submitted                    | June 29, 2017  |  |
| Approved                     | April 19, 2018   |  |
| Effective Date               | July 1, 2017   | Technical Updates  |
|                              | January 1, 2017  | ABP Alignment  |
| <b>Amendment #ID-18-0008</b> |  | Mental Health Parity   |
| Submitted                    | June 29, 2018  |  |
| Approved                     | August 2, 2018   |  |
| Effective Date               | July 1, 2017   |  |
| <b>Amendment #ID-19-0019</b> |  | Adoption of Managed Care Template; Basic and Enhanced ABP (addition of EIS and Behavioral Health services); Technical updates for pharmacy and other areas   |
| Submitted                    | June 26, 2019  |  |
| Approved                     | August 8, 2019   |  |
| Effective Date               | July 1, 2018   |  |
| <b>Amendment #ID-20-0010</b> |  | Idaho will provide temporary adjustments to the following policies: Tribal consultation, delays in renewals and most changes in circumstances, premiums and premium lock-out periods and cost sharing. This SPA relates to the Federal COVID-19 public health emergency and impacts all counties of the State of Idaho, as declared by the Governor on March 13, 2020. |
| Submitted                    | June 29, 2020  |  |
| Approved                     | July 23, 2020  |  |
| Effective Date               | July 1, 2019<br>Implementation Date:<br>March 13, 2020 |  |
| <b>Amendment #ID-20-0011</b> |  | SFY20 Technical Updates  |
| Submitted                    | June 25, 2020  |  |
| Approved                     | December 17, 2020                                      |  |
| Effective Date               | July 1, 2019   |  |
| <b>Amendment #ID20-0012</b>  |  | Compliance with the requirements of Section 5002 of the SUPPORT Act  |
| Submitted                    | June 25, 2020  |  |

State Plan for the Idaho State Children’s Health Insurance Program

|                             |   |  |
|-----------------------------|---|--|
| Approved                    | April 14, 2021  |  |
| Effective Date              | October 24, 2019  |  |
| <b>Amendment #ID21-0006</b> |   |  |
| Submitted                   | June 30, 2021   | SFY21 Technical updates for ABP Alignment, Adding Behavioral Health Services -TCM, TCC; PCCM Fixed Enrollment Process (companion SPA-SFY22 PCCM Value Care)  |
| Approved                    | February 2, 2022  |  |
| Effective Date              | July 1, 2020;<br>(Implementation Date)<br>TCM, TCC and PCCM<br>of July 1, 2020 January<br>1, 2021 |  |
|                             |   |  |
| <b>Amendment #ID22-0007</b> |   |  |
| Submitted                   | June 30, 2022   | SFY22 PCCM PCMH Activities alignment with title XIX for Value-Based Care   |
| Approved                    | September 9, 2022   |  |
| Effective Date              | July 1, 2021  |  |
|                             |   |  |
| <b>Amendment #ID23-0008</b> |   |  |
| Submitted                   | March 2023  | <b>Compliance with the American Rescue Plan Act</b><br>The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP |
| Approved                    |   |  |
| Effective Date              | March 11, 2021<br>(Implementation Date<br>also March 11, 2021)                                    |  |
|                             |   |  |

**1.4- TC Tribal Consultation (Section 2107(e)(1)(C))** Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The State used its standard process for Tribal Consultation for this SPA. Hard copies of the Tribal Notices are mailed to Tribal Leaders and e-mailed to a contact list of Tribal Representatives as indicated in the table below. The notices are subsequently posted to the Idaho Medicaid and Tribes of Idaho website.

| SUBJECT  | DATE OF NOTIFICATION  | DESCRIPTION  |
|--|-----------------------|--|
| <b>CHIP Coverage and Reimbursement of COVID-19 Services under the American Rescue Plan Act of 2021</b> | <b>March 20, 2023</b> | Tribal partners were provided an official written letter requesting consultation for this SPA via our standard process including a USPS, emailed communications and the notice was published on the Department’s website and shared out via statewide newspaper publications. The Tribes of Idaho were afforded consultation within quarterly meetings as part of the Medicaid policy update and discussion. |

6.2.27. ☒

**Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))**

Effective March 11, 2021, and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child state child health plan:

**COVID-19 Vaccine:**

The state provides coverage of COVID-19 vaccines and their administration, in accordance with the requirements of section 2103(c)(11)(A) of the Act.

**COVID-19 Testing:**

The state provides coverage of COVID-19 testing, in accordance with the requirements of section 2103(c)(11)(B) of the Act.

The state assures that coverage of COVID-19 testing is consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19. The state assures that coverage includes all types of FDA authorized COVID-19 tests.

**COVID-19 Treatment:**

The state assures that the following coverage of treatments for COVID-19 are provided without amount, duration, or scope limitations, in accordance with requirements of section 2103(c)(11)(B) of the Act:

The state provides coverage of treatments for COVID-19 including specialized equipment and therapies (including preventive therapies); The state provides coverage of any non-pharmacological item or service described in section 2110(a) of the Act, that is medically necessary for treatment of COVID-19; and o The state provides coverage of any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations.

**Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:**

The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without amount, duration, or scope limitations, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) of the Act.

### **8.2.3 Coinsurance or Copayments:**

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child health plan, the state assures the following:

#### **COVID-19 Vaccine:**

- The state provides coverage of COVID-19 vaccines and their administration without cost sharing, in accordance with the requirements of section 2103(c)(11)(A) and 2013(e)(2) of the Act.

#### **COVID-19 Testing:**

- The state provides coverage of COVID-19 testing without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

#### **COVID-19 Treatment:**

- The state provides coverage of COVID-19-related treatments without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

#### **Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:**

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without cost sharing, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act. This coverage includes items and services, including drugs, that were covered by the state as of March 11, 2021.