

Table of Contents

State/Territory Name: **Idaho**

State Plan Amendment (SPA) #: **21-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 20, 2021

Mr. Matt Wimmer, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009

Dear Mr. Wimmer:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Idaho's State Plan Amendment (SPA) #21-0010, which the state submitted on March 31, 2021. The purpose of this SPA is to update the resource limits related to the 2021 Cost of Living Adjustment (COLA) in Attachment 2.6-A. This SPA incorporates language that does not need to be updated annually when the COLA figures change.

SPA #21-0010 was approved on May 20, 2021, with an effective date of January 1, 2021, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved page for incorporation into the Idaho State Plan.

If you have any questions regarding this amendment, please contact Laura D'Angelo at (816) 426-5925, or Laura.DAngelo1@cms.hhs.gov.

Sincerely,



Digitally signed by James
G. Scott -S
Date: 2021.05.20 16:27:14
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: ID-21-0010	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 01-01-2021	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: • 42 CFR 435.1011 MOE for mandatory state supplement • 42 CFR 435.1012 MOE for optional state supplement • 42 CFR 435.1005-300 Institutional Need Standard • Section 1924 of the Social Security Act • 435.1006 – Optional state supplements	7. FEDERAL BUDGET IMPACT: FFY2021 \$0 FFY2022 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A Supplement 13 page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 2.6-A Supplement 13 page 1

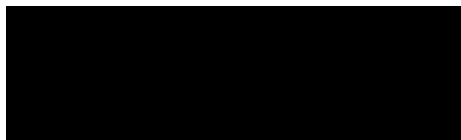
10. SUBJECT OF AMENDMENT:

Amendment to the State Plan to update resource limits / 2021 Cost of Living Adjustment (COLA).

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Matt Wimmer, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

13. TYPED NAME:

MATT WIMMER

14. TITLE:

Administrator

15. DATE SUBMITTED:

03-31-2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 31, 2021

18. DATE APPROVED: May 20, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:
 Digitally signed by James G. Scott -5
Date: 2021.05.20 16:27:54 -05'00'

21. TYPED NAME:
James G. Scott

22. TITLE: Director, Division of Program Operations

23. REMARKS:

State: Idaho

Citation

Condition or Requirement

Section 1924 Provisions

A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with S1924.

B. In the determination of resource eligibility, the State resource standard is the maximum resource allowance permissible under section 1924(f)(2)(A) of the Social Security Act (as adjusted according to the indexing methodology set forth in section 1924(g)).

The State maximum monthly maintenance needs allowance is the maximum amount permissible under section 1924(d)(3)(C) of the Social Security Act (as adjusted according to the indexing methodology set forth in section 1924(g)).

C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Undue hardship exists where the institutionalized spouse, the community spouse, or the representative of either spouse is able to demonstrate to the satisfaction of the State Agency that the county is not obligated to pay the medical care needs of the institutionalized spouse and that the medical care needs of the institutionalized spouse cannot be met other than by the Idaho Medicaid Program.