DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

JUL 20 2009

Richard Armstrong, Director
Department of Health and Welfare
Towers Building – Tenth Floor
Post Office Box 83720
Boise, Idaho 83720-0036

RE: Idaho State Plan Amendment (SPA) Transmittal Number #09-005

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number #09-005. This amendment aligns the definition of deemed newborn as amended under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and adds "qualified entities" to the list of "qualified providers" for the purpose of determining presumptive eligibility for pregnant women.

This SPA is approved effective April 1, 2009.

If you have any additional questions or require any further assistance, please contact me or have your staff contact Janice Adams at Janice.Adams@cms.hhs.gov or by phone at (206) 615-2541.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Leslie Clement, Administrator, Idaho Department of Health and Welfare

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **09-005**

2. STATE: IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2009

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

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
H.R. 2, Children's Health Insurance Program Reauthorization Act of 2009

7. FEDERAL BUDGET IMPACT: (PoI)
~~$4700.00 annually~~ FFY 2009 = $4,500 and FFY 2010 = $4,700

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.2-A Pages 6 and 25
Attachment 2.6-A Page 25
Attachment 3.1-C Basic Benchmark Package pages 6 & 7
Attachment 2.2-A pages 23

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 2.2-A Pages 6 and 25
Attachment 2.6-A Pg. 25
Attachment 3.1-C Basic Benchmark Package pgs 6 & 7
Attachment 2.2-A pages 23

10. SUBJECT OF AMENDMENT: To align the definition of a deemed newborn with the amended definition per H.R. 2 and to add "qualified entities" to the list of "qualified providers" for the purpose of determining presumptive eligibility for pregnant women.

11. GOVERNOR'S REVIEW *(Check One)*:
X GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
LESLIE M. CLEMENT

14. TITLE:

15. DATE SUBMITTED: 5/7/09

16. RETURN TO:
Leslie M. Clement, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MAY 7 2009

18. DATE APPROVED: JUL 20 2009

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 1 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:
Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:
PoI change authorized by State 5/18/09
PoI change authorized by state 6/18/09

FORM HCFA-179 (07-92)

STATE PLAN UNDER TITLE XIX OF T SOCIAL SECURITY ACT

State: IDAHO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency* Citation(s)	Groups Covered
	A. Mandatory Coverage — Categorically Needy and Other Required Special Groups (Continued)
42 CFR 435.117 1902(e)(4) of the Act	12. Deemed Newborns. A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth.
42 CFR 435.120	13. Aged, Blind and Disabled Individuals Receiving Cash Assistance / X / a. Individuals receiving SSI. This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social. Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act. / X / Aged / X / Blind / X / Disabled

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

Citation(s)	Groups Covered
1902(a) (47) and 1920 of the Act	B. Optional Groups Other Than the Medically Needy (Continued) /X/ 17. Presumptive Eligibility for Pregnant Women. **(1902(a)(47) and 1920 of the Act)** Women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act, limited to no more than one period per pregnancy. The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day. The following types of "qualified providers" or "qualified entities" (as defined in §1920A(b)(3)(A)) are used to determined presumptive eligibility: Federally Qualified Health Centers, State Health Districts The State requires that a written application be completed and signed by the woman. X Yes ☐ No The written application requests the following identifying information: Name, date of birth, Social Security Number, household composition, household income and household resources.

State: IDAHO

Agency* Citation(s)	Groups Covered
	C. Optional Coverage of Medically Needy (Continued) 4.
42 CFR 435.308	5. / / a. Financially eligible individuals who are not described in section C.3. above and who are under the age of-- ___ 21 ___ 20 ___ 19 ___ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training / / b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below: — (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: — (a) In foster homes (and are under the age of____). ___ (b) In private institutions (and are under the age of____).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: IDAHO
ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	/ / (3)
1902(e)(8)and 1905(a) of the Act	/ X / b. For qualified Medicare beneficiaries defined in section 1905(p)(l) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905 (p) (1). The eligibility determination is valid for: / X / 12 months / / 6 months / / ___ months (no less than 6 months and no more than 12 months)

The Basic Benchmark Benefit Package is available for caretaker relatives and pregnant women who would be eligible for AFDC as specified in 42 CFR 435.230, but who do not receive cash assistance.

The Basic Benchmark Benefit Package is available for individuals under age 18 who, except for age and school attendance, would be recipients of AFDC.

The Basic Benchmark Benefit Package is available for an incapacitated parent required to accept remedial medical treatment who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under Title IV-A.

The Basic Benchmark Benefit Package is available for low-income families and children under section 1931 of the Act. Section 402(a)(41) and various provisions at 45 CFR 233.101 (a)(1) and (c)(i)(iii) as in effect prior to the implementation of the Temporary Assistance to Needy Families Program: AFDC Unemployed/Underemployed Parent (UP) Requirements to allow the State to eliminate the one hundred (100) hour rule requirement for the primary wage earner in a two-parent household.

The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

2.A.2 Pregnant Women

The Basic Benchmark Benefit Package is available for pregnant women and infants under one (1) year of age with family incomes up to one hundred thirty three percent (133%) of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(l) (1)(A) and (B) of the Act.

The Basic Benchmark Benefit Package is available for pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) or a "qualified entity" (as defined in §1920A(b)(3) of the Act) based on preliminary information, to meet the applicable income criteria and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

2.A.3 Low-Income Children

The Basic Benchmark Benefit Package is available for children who have attained one (1) year of age but have not attained six (6) years of age, with family incomes at or below one hundred thirty three percent (133%) of the

Federal poverty levels.

The Basic Benchmark Benefit Package is available for children who have attained six (6) years of age but have not attained nineteen (19) years of age, with family incomes at or below one hundred percent (100%) of the Federal poverty levels.

The Basic Benchmark Benefit Package is available for a child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one (1) year from birth.

The Basic Benchmark Benefit Package is available for children who would not be eligible for Medicaid under the policies in the State's Medicaid Plan as in effect on April 15, 1997 (other than because of the age expansion provided for in section 1902(1)(2)(D)) and have family income at or below one hundred fifty percent (150%) of the federal poverty level. Medical assistance for these children is provided under the State Children's Health Insurance Program authorized under Title XXI of the Social Security Act, implemented in October 1997 as expanded benefits under the State's Medicaid Plan.

2.B GENERAL CONDITIONS OF ELIGIBLITY

Each individual provided Medical Assistance under this State plan must meet the conditions of eligibility described in this section.

Each individual provided Medical Assistance under this State Plan must meet the applicable non-financial eligibility conditions.

2.D APPLICATION PROCEDURES

The Department meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medical Assistance.

The Department has procedures to take applications, assist applicants, and perform initial processing of applications for Medical Assistance that includes informing each eligible individual of available benefit options. The Department will inform each individual in a covered population that enrollment in the Basic Benchmark Benefit Package is voluntary (i.e. participants may opt-in), and that such individuals may opt-out