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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 12-001

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



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

MAR 06 2012

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 12-001

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 12-001. This transmittal updates the optional state supplement standards for special income level groups consistent with the published 2012 federal poverty levels.

This SPA is approved effective January 1, 2012.

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

Sincerely,

A black rectangular box redacting the signature of Carol J.C. Peverly.

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Leslie Clement, Deputy Director, Idaho Department of Health and Welfare
Paul Leary, Medicaid Benefits Plan Administrator, Division of Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-001	2. STATE IDAHO
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 1/1/2012	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <ul style="list-style-type: none">42 CFR 435.1010 MOE for mandatory state supplement42 CFR 435.1011 MOE for optional state supplement42 CFR 435.1005-300 Institutional Need StandardSection 1924 of the Social Security Act		7. FEDERAL BUDGET IMPACT: FFY 2012 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <ul style="list-style-type: none">1. Supplement 1 to Attachment 2.6-A page 52. Supplement 6 to Attachment 2.6-A page 13. Supplement 6 to Attachment 2.6-A page 1.b4. Supplement 13 to Attachment 2.6-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <ul style="list-style-type: none">1. Supplement 1 to Attachment 2.6-A page 52. Supplement 6 to Attachment 2.6-A page 13. Supplement 6 to Attachment 2.6-A page 1.b4. Supplement 13 to Attachment 2.6-A	
10. SUBJECT OF AMENDMENT: <ul style="list-style-type: none">1. Resource limits2. 2012 COLA			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: [Redacted] 14. TITLE: Deputy Director 15. DATE SUBMITTED: 2/3/12		16. RETURN TO: Paul J. Leary, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: February 6, 2012		18. DATE APPROVED: MAR 06 2012	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2012			
21. TYPED NAME: Carol J.C. Peverly		20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted] 22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

4. Special Income Level for Institutionalized Individuals

The income eligibility level for aged, blind and disabled individuals who are institutionalized for 30 consecutive days is:

NF/ICF-MR - \$2,094 - effective 1/1/12

State: IDAHO

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by FederalState		Income Level				Income Disregards Employed
			Gross		Net		
	1 person	Couple	1 person	couple			
(1)	(2)		(3)		(4)		(5)
Aged, Blind, Disabled – Living Independently, Including room and board paid to a parent, child or sibling.		X	\$2,094	\$4,188	\$781*	\$1,148**	Income disregards of the SSI program. * Includes \$50 special needs allowance described in Supplement 6 to Attachment 2.6-A, page 1.a. **The couple's net income level is equal to the SSI couple's amount. The amount listed also includes the \$50 special needs allowance for each person described in Supplement 6 to Attachment 2.6-A, page 1.a.
Aged, Blind, Disabled – Personal Care Supplement in Residential and Assisted Living Facility and Certified Family Home		X	\$2,094	\$4,188	\$ 673	\$1,346	
Aged, Blind, Disabled – Room and Board		X	\$2,094	\$4,188	\$876	\$1,752	
Aged, Blind, Disabled – Semi-Independent Group Residential Facility		X	\$2,094	\$4,188	\$876	\$1,752	
Aged. Blind, Disabled – Residential and Assisted Living Facility and Certified Family Home							
Level I		X	\$2,094	\$4,188	\$1,017	\$2,034	
Level II		X	\$2,094	\$4,188	\$1,084	\$2,168	
Level III		X	\$2,094	\$4,188	\$1,151	\$2,302	

STATE: IDAHO

Income Limits by Living Situation	
Living Situation	Medicaid Income Limit
Independent: Single Individual Couple	 \$731 (\$731 Basic Allowance) \$1,048 (\$1,048 Basic Allowance)
Personal Care Supplement in Residential and Assisted Living Facility and Certified Family Home	\$673 (Sec. 501 – Basic Allowance)
Room and Board	\$876 (\$94 Basic Allowance plus \$782 Room and Board Allowance)
Semi-Independent Group Residential Facility	\$876 (\$349 Basic Allowance plus \$527 Semi-Independent Group Residential Facility Allowance)
Residential and Assisted Living Facility (RALF) and Certified Family Home (CFH)	Level I \$1,017 (\$94 Basic Allowance plus \$923 Care Allowance) Level II \$1,084 (\$94 Basic Allowance plus \$990 Care Allowance) Level III \$1,151 (\$94 Basic Allowance plus \$1,057 Care Allowance)

State: Idaho

Citation	Condition or Requirement
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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 of the social security act. The Standard is:

Maximum: \$ 113,640

Minimum: \$22,728

The maximum monthly maintenance need allowance is \$2,841

- 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.