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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 14-002

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 Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, Mail Stop 43
Seattle, Washington 98121



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

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

FEB 20 2014

RE: Idaho State Plan Amendment (SPA) Transmittal Number 14-002


Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-002. This transmittal updates the optional state supplement standards for special income level groups consistent with the published 2014 federal poverty levels.

This SPA is approved effective January 1, 2014.

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

Sincerely,


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

cc:

Denise Chuckovich, Deputy Director
Paul Leary, Medicaid Benefits Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:

14-002

2. STATE
IDAHO

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

4. PROPOSED EFFECTIVE DATE

January 1, 2014

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 435.1010 MOE for mandatory state supplement
- 42 CFR 435.1011 MOE for optional state supplement
- 42 CFR 435.1005-300 Institutional Need Standard
- Section 1924 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

FFY 2014 \$0 (zero dollars)
FFY 2015 \$0 (zero dollars)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, page 5
Supplement 6 to Attachment 2.6-A, pages 1 and 1b
Supplement 13 to Attachment 2.6-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6-A, page 5
Supplement 6 to Attachment 2.6-A, pages 1 and 1b
Supplement 13 to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT:

Resource limits / 2014 Cost of Living Adjustment (COLA)

11. GOVERNOR'S REVIEW (Check One):

- ☒ 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:
PAUL J. LEARY

14. TITLE:
Administrator

15. DATE SUBMITTED:

2/4/14

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:

2/4/2014

18. DATE APPROVED:

2-20-14

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1-01-14

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Carol J. C Peverly

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 - \$2,163 - effective 1/1/2014

State: IDAHO
Standards for Optional State Supplementary Payments

Payment Category	Administered by		Income Level				Income Disregards Employed
			Gross		Net		
(Reasonable Classification)	Federal	State	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	\$2,163	\$4,326	\$804*	\$1,182**	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	\$2,163	\$4,326	\$696	\$1,392	
Aged, Blind, Disabled – Room and Board		X	\$2,163	\$4,326	\$899	\$1,798	
Aged, Blind, Disabled – Semi-Independent Group Residential Facility		X	\$2,163	\$4,326	\$899	\$1,798	
Aged, Blind, Disabled – Residential and Assisted Living Facility and Certified Family Home							
Level I		X	\$2,163	\$4,326	\$1,040	\$2,080	
Level II		X	\$2,163	\$4,326	\$1,107	\$2,214	
Level III		X	\$2,163	\$4,326	\$1,174	\$2,348	

STATE: IDAHO

Income Limits by Living Situation	
Living Situation	Medicaid Income Limit
Independent: Single Individual Couple	\$754 (\$754-Basic Allowance) \$1,082 (\$1,082-Basic Allowance)
Personal Care Supplement in Residential and Assisted Living Facility and Certified Family Home	\$696 (Sec. 501 – Basic Allowance)
Room and Board	\$899 (\$98 Basic Allowance plus \$801 Room and Board Allowance)
Semi-Independent Group Residential Facility	\$899 (\$349 - Basic Allowance plus \$550 Semi-Independent Group Residential Facility Allowance)
Residential and Assisted Living Facility (RALF) and Certified Family Home (CFH)	Level I \$1,040 (\$98 - Basic Allowance plus \$942 Care Allowance) Level II \$1,107 (\$98 - Basic Allowance plus \$1,009 Care Allowance) Level III \$1,174 (\$98 - Basic Allowance plus \$1,076 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: \$117,240

Minimum: \$23,448

The maximum monthly maintenance need allowance is \$2,931

- 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.