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## **Table of Contents**

**State/Territory Name: Idaho**

**State Plan Amendment (SPA) #: 18-0002**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

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July 3, 2018

Russell S. Barron, Director  
Department of Health and Welfare  
Towers Building - Tenth Floor  
PO Box 83720  
Boise, ID 83720-0036

RE: Idaho State Plan Amendment (SPA) Transmittal Number 18-0002

Dear Mr. Barron:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 18-0002. This SPA updates the optional state supplement standards for the special income level groups consistent with published 2018 federal poverty levels.

This SPA is approved effective April 1, 2018. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Idaho State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Janice Adams at [janice.adams@cms.hhs.gov](mailto:janice.adams@cms.hhs.gov) or at (206) 615-2541.

Sincerely,

Digitally signed by David L. Meacham -S

A solid black rectangular box used to redact the signature of David L. Meacham.

David L. Meacham  
Associate Regional Administrator

Enclosure

cc:  
Matt Wimmer, Administrator  
Camille Schiller, Eligibility Program Manager

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

1. TRANSMITTAL NUMBER:  
**18-0002**

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

April 1, 2018

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:

~~FY18 Fiscal impact is determined by the COLA increase set by SSA for 2018. Actual fiscal impact for these changes depends on total enrollment in the Medicaid programs.~~

FFY 18: \$0 (P&I)

FFY 19: \$0 (P&I)

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 / 2018 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:

13. TYPED NAME:

HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
13. TITLE:

Administrator

15. DATE SUBMITTED: 06/06/2018

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

6/7/18

18. DATE APPROVED:

7/3/18

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/18

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

David L. Meacham

22. TITLE:

Associate Regional Administrator

23. REMARKS:

06/21/18: P&I change authorized by the state.

OMB No.: 0938-

## 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 - \$ 2,250- effective 4/1/2018**

**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	\$ 2,250	\$ 4,500	\$ 833*	\$ 1,225**	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 – Room and Board		X	\$ 2,250	\$ 4,500	\$ 928	\$ 1,856	
Aged, Blind, Disabled – Semi-Independent Group Residential Facility		X	\$ 2,250	\$ 4,500	\$ 928	\$ 1,856	
Aged, Blind, Disabled – Residential and Assisted Living Facility and Certified Family Home							
Level I		X	\$ 2,250	\$ 4,500	\$ 1,069	\$ 2,138	
Level II		X	\$ 2,250	\$ 4,500	\$ 1,136	\$ 2,272	
Level III		X	\$ 2,250	\$ 4,500	\$ 1,203	\$ 2,406	

TN No: 18-0002

Approval Date: 7/3/18

Effective Date: 4-1-2018

Supersedes TN: 17-0002

HCFA ID: 7985E

**STATE: IDAHO**

<b>Income Limits by Living Situation</b>	
<b>Living Situation</b>	<b>Medicaid Income Limit</b>
Independent: Single Individual Couple	\$783 (\$783-Basic Allowance) \$1,125 (\$1,125 Basic Allowance)
Room and Board	\$928 (\$102 Basic Allowance plus \$826 Room and Board Allowance)
Semi-Independent Group Residential Facility	\$928 (\$349 - Basic Allowance plus \$579 Semi-Independent Group Residential Facility Allowance)
Residential and Assisted Living Facility (RALF) and Certified Family Home (CFH)	Level I \$1,069 (\$102 - Basic Allowance plus \$967 Care Allowance) Level II \$1,136 (\$102 - Basic Allowance plus \$1,034 Care Allowance) Level III \$1,203 (\$102 - Basic Allowance plus \$1,101 Care Allowance)



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 of the social security act. The Standard is:

Maximum: \$123,600

Minimum: \$24,720

The maximum monthly maintenance need allowance is \$3,090

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.