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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 19-0016

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
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Western Division - Regional Operations Group

November 13, 2019

Dave Jeppesen, 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 19-0016

Dear Mr. Jeppesen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed SPA Transmittal Number 19-0016. This SPA amends Idaho's Enhanced Alternative Benefit Plan (Enhanced ABP) to add the adult group as a covered eligibility group.

This SPA was approved by CMS on November 13, 2019 with an effective date of January 1, 2020. 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 Walter Neal at walter.neal@cms.hhs.gov or 206-615-2330.

Sincerely,

A large black rectangular box redacting the signature of David L. Meacham.

David L. Meacham
Deputy Director

Enclosure

cc:
Matt Wimmer, Administrator

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Idaho**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

ID-19-0016

Proposed Effective Date

01/01/2020 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.119; 1902(a)(10)(A)(i)(VIII)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2020	\$0.00
Second Year	2021	\$0.00

Subject of Amendment

Eligibility coverage addition for the Adult Group (contingent on SPAs 19-0004, 19-0005, 19-0006); addition of "Qualified Disabled Children under Age 19" for coverage of Katie Beckett (HCCDC) population; and a correction changing the current group "Aged, Blind and Disabled Individuals in 209(b) States" to the population "Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash." This correction is needed because Idaho is not a 209(b) state.

Governor's Office Review

- ☒ Governor's office reported no comment
- ☐ Comments of Governor's office received

Describe:

- ☐ No reply received within 45 days of submittal
- ☐ Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Robin Butrick**

Last Revision Date: **Oct 18, 2019**

Submit Date: **Apr 15, 2019**



Alternative Benefit Plan

Attachment 3.1-C-

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Populations

ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Enhanced Alternative Benefit Plan

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Parents and Other Caretaker Relatives	Voluntary	X
+	Pregnant Women	Voluntary	X
+	Infants and Children under Age 19	Voluntary	X
+	Former Foster Care Children	Voluntary	X
+	Extended Medicaid due to Spousal Support Collections	Voluntary	X
+	Transitional Medical Assistance	Voluntary	X
+	Deemed Newborns	Voluntary	X
+	Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Voluntary	X
+	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Voluntary	X
+	SSI Beneficiaries	Voluntary	X
+	Individuals Eligible for SSI/SSP but for OASDI COLA increases since April, 1977	Voluntary	X
+	Certain Individuals Needing Treatment for Breast or Cervical Cancer	Voluntary	X
+	Qualified Disabled Children under Age 19	Voluntary	X
+	Adult Group	Voluntary	X

Enrollment is available for all individuals in these eligibility group(s).

Targeting Criteria (select all that apply):

☒ Income Standard.

Income Standard:

☒ Income standard is used to target households with income at or below the standard.

TN: ID-19-0016 (ABP1)

Supersedes TN: ID-17-0009

Approval: 11/13/2019

Effective Date: 01/01/2020



Alternative Benefit Plan

☐ Income standard is used to target households with income above the standard.

The income standard is as follows:

- ☐ A percentage:
- ☒ A specific amount

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Other basis for income standard

Statewide standard

	Household Size	Income Standard	
+	1	282	X
+	2	355	X
+	3	448	X
+	4	540	X
+	5	633	X
+	6	725	X
+	7	819	X
+	8	911	X
+	9	986	X
+	10	1,061	X

Additional incremental amount?

☒ Yes ☐ No

Increment amount \$

☐ Disease/Condition/Diagnosis/Disorder.

☒ Other.

Other Targeting Criteria (Describe):

Individuals with healthcare needs that cannot be met with the Standard State Plan
Pregnant individuals within the income limits above are eligible for full Medicaid
Pregnant individuals with incomes greater than those listed above, but below 133% FPL are eligible for pregnancy-related services
Children 0 - 6 in families with income under 142% FPL are eligible for Medicaid
Children 6 - 18 in families with income under 133% FPL are eligible for Medicaid



Alternative Benefit Plan

Deemed Newborns - Automatic Eligibility
Former Foster Care Children under 26 years old, who were in Foster Care at age 18 - Automatic Eligibility
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care - Automatic Eligibility
Extended Medicaid due to Spousal Support Collections - Continue with previous eligibility

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Yes

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130724



Alternative Benefit Plan

State Name: Idaho

Attachment 3.1-L- B

OMB Control Number: 0938-1148

Transmittal Number: ID - 19 - 0016

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2a

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

No

These assurances must be made by the state/territory if the Adult eligibility group is included in the ABP Population.

- ☒ The state/territory shall enroll all participants in the "Individuals at or below 133% FPL Age 19 through 64" (section 1902(a)(10)(A)(i)(VIII)) eligibility group in the Alternative Benefit Plan specified in this state plan amendment, except as follows: A beneficiary in the eligibility group at section 1902(a)(10)(A)(i)(VIII) who is determined to meet one of the exemption criteria at 45 CFR 440.315 will receive a choice of a benefit package that is either an Alternative Benefit Plan that includes Essential Health Benefits and is subject to all 1937 requirements or an Alternative Benefit Plan that is the state/territory's approved Medicaid state plan not subject to 1937 requirements. The state/territory's approved Medicaid state plan includes all approved state plan programs based on any state plan authority, and approved 1915(c) waivers, if the state has amended them to include the eligibility group at section 1902(a)(10)(A)(i)(VIII).
- ☒ The state/territory must have a process in place to identify individuals that meet the exemption criteria and the state/territory must comply with requirements related to providing the option of enrollment in an Alternative Benefit Plan defined using section 1937 requirements, or an Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan that is not subject to section 1937 requirements.
- ☒ Once an individual is identified, the state/territory assures it will effectively inform the individual of the following:
 - a) Enrollment in the specified Alternative Benefit Plan is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan defined subject to section 1937 requirements at any time and instead receive an Alternative Benefit Plan defined as the approved state/territory Medicaid state plan that is not subject to section 1937 requirements; and
 - c) What the process is for transferring to the state plan-based Alternative Benefit Plan.
- ☒ The state/territory assures it will inform the individual of:
 - a) The benefits available as Alternative Benefit Plan coverage defined using section 1937 requirements as compared to Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan and not subject to section 1937 requirements; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan subject to 1937 requirements differs from the Alternative Benefit Plan defined as the approved Medicaid state/territory plan benefits.

How will the state/territory inform individuals about their options for enrollment? (Check all that apply)

- ☐ Letter
- ☐ Email
- ☒ Other



Alternative Benefit Plan

Describe:

The Department has procedures to take applications, assist applicants, and perform initial processing of applications for Medical Assistance that include informing each eligible individual of the available benefit options. Upon identification of an individual who is exempt from mandatory enrollment per 42 CFR 440.315, the Department will inform these individuals that they may choose to enroll in any plan for which they are eligible (Standard, Basic, or Enhanced), and that they may opt out of an ABP at any time and instead access Medicaid benefits under the State plan.

The Department will provide such information at the following opportunities:

- Initial application for assistance;
- Notice of eligibility determination; and
- Selection of primary care case manager.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about their options for enrollment.

An attachment is submitted.

When did/will the state/territory inform the individuals?

The state informs participants of their benefit plan options when exempt status is determined at the time of enrollment, at redetermination, upon selection of the primary care case manager, and upon request.

Please describe the state/territory's process for allowing individuals in the Section 1902(a)(10)(A)(i)(VIII) eligibility group who meet exemption criteria to disenroll from the Alternative Benefit Plan defined using section 1937 requirements and enroll in the Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan.

The Department has an "Any Door" policy. The participant can notify their local eligibility office, their regional office, their Healthy Connections provider, or the Medicaid Central Office and obtain information about switching plans and/or initiate the process to opt out of an ABP and instead access Medicaid benefits under the State plan.

☒ The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Chose to enroll in Alternative Benefit Plan coverage subject to section 1937 requirements or defined as the state/territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

Where will the information be documented? (Check all that apply)

- ☒ In the eligibility system.
- ☐ In the hard copy of the case record.
- ☐ Other

What documentation will be maintained in the eligibility file? (Check all that apply)

- ☒ Copy of correspondence sent to the individual.
- ☒ Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- ☐ Other



Alternative Benefit Plan

- ☒ The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in either Alternative Benefit Plan coverage subject to section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

Other information related to benefit package selection assurances for exempt participants (optional):

The communication text that is used to inform individuals identified as exempt, as defined under 42 CFR 440.315, about their options for enrollment is as follows:

1. You may choose any benefit plan for which you are eligible—the Standard Benefit Plan, the Basic Alternative Benefit Plan, or the Enhanced Alternative Benefit Plan.
2. You may change your choice of plans at any time by contacting the Department.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- B

Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under section 1902(a)(10)(A)(i)(VIII) of the Act ABP2b

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- ☒ The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- ☒ The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
 - a) Enrollment is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
 - c) What the process is for disenrolling.
- ☒ The state/territory assures it will inform the individual of:
 - a) The benefits available under the Alternative Benefit Plan; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

- ☐ Letter
- ☐ Email
- ☒ Other:

Describe:

The Department has procedures to take applications, assist applicants, and perform initial processing of applications for Medical Assistance that include informing each eligible individual of the available benefit options. Upon identification of an individual who is exempt from mandatory enrollment per 42 CFR 440.315, the Department will inform these individuals that they may choose to enroll in any plan for which they are eligible (Standard, Basic, or Enhanced), and that they may opt out of an ABP at any time and instead access Medicaid benefits under the State plan.

The Department will provide such information at the following opportunities:

- Initial application for assistance;
- Notice of eligibility determination; and
- Selection of primary care case manager.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

An attachment is submitted.

When did/will the state/territory inform the individuals?

The state informs participants of their benefit plan options when exempt status is determined at the time of enrollment, at



Alternative Benefit Plan

redetermination, upon selection of the primary care case manager, and upon request.

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.

The Department has an "Any Door" policy. The participant can notify their local eligibility office, their regional office, their Healthy Connections provider, or the Medicaid Central Office and obtain information about switching plans and/or initiate the process to opt out of an ABP and instead access Medicaid benefits under the State plan.

☒ The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- ☒ In the eligibility system.
- ☐ In the hard copy of the case record.
- ☐ Other:

What documentation will be maintained in the eligibility file? (Check all that apply.)

- ☒ Copy of correspondence sent to the individual.
- ☒ Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- ☐ Other:

☒ The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (optional):

The communication text that is used to inform individuals identified as exempt, as defined under 42 CFR 440.315, about voluntary enrollment is as follows:

1. You may choose any benefit plan for which you are eligible—the Standard Benefit Plan, the Basic Alternative Benefit Plan, or the Enhanced Alternative Benefit Plan.
2. You may change your choice of plans at any time by contacting the Department.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807