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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 19-0025-A

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CMS-10434 OMB 0938-1188

Package Information

Package ID	ID2019MS00050	Submission Type	Official
Program Name	N/A	State	ID
SPA ID	ID-19-0025-A	Region	Seattle, WA
Version Number	4	Package Status	Approved
Submitted By	Robin Butrick	Submission Date	9/30/2019
Package Disposition		Approval Date	12/13/2019 5:44 PM EST
Priority Code	P2		

ID - Submission Package - ID2019MS00050 - (ID-19-0025-A) - Eligibility

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CMS-10434 OMB 0938-1188

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 and Children's Health Operations

December 13, 2019

Dave Jeppesen
 Director
 Idaho Department of Health and Welfare
 P.O. Box 83720
 Boise, ID 83720

Re: Approval of State Plan Amendment ID-19-0025-A

Dear Dave Jeppesen:

On September 30, 2019, the Centers for Medicare and Medicaid Services (CMS) received Idaho State Plan Amendment (SPA) ID-19-0025-A to treat individuals with and without community spouses comparably for the purpose of determining the personal needs allowance under the Adult Developmental Disability waiver (ID.0076), in accordance with Idaho Administrative Code (IDAPA) 16.03.18.400.06 and current practice. The State applies a personal needs allowance for both populations that is three times the federal SSI benefit amount..

We approve Idaho State Plan Amendment (SPA) ID-19-0025-A on December 13, 2019 with an effective date(s) of July 01, 2019.

Name	Date Created	
No items available		

If you have any questions regarding this amendment, please contact MARIA GARZA at maria.garza@cms.hhs.gov.

Sincerely,
 David L. Meacham
 Deputy Director
 Division of Medicaid and
 Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00050 | ID-19-0025-A

Package Header

Package ID ID2019MS00050
Submission Type Official

SPA ID ID-19-0025-A
Initial Submission Date 9/30/2019

Approval Date 12/13/2019
Superseded SPA ID N/A

Effective Date N/A

State Information

State/Territory Name: Idaho

Medicaid Agency Name: Idaho Department of Health and Welfare

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00050 | ID-19-0025-A

Package Header

Package ID	ID2019MS00050	SPA ID	ID-19-0025-A
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Approval Date	12/13/2019	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID ID-19-0025-A

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	7/1/2019	ID-19-0001-A
Individuals Receiving State Plan Home and Community-Based Services	7/1/2019	ID-17-0013
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	7/1/2019	ID-17-0013

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00050 | ID-19-0025-A

Package Header

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Submission Type	Official	Initial Submission Date	9/30/2019
Approval Date	12/13/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this SPA is to revise eligibility criteria to ensure children who were receiving support services under Idaho's expired 1915(c) waivers (ID-0887 and ID 0859) can continue to receive support services under Idaho's 1915(i) benefit for Children with Developmental Disabilities (Supplement 1 to Attachment 3.1-A).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

1902(a)(10)(A)(iii)(XXII)
42 CFR 435.219

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00050 | ID-19-0025-A

Package Header

Package ID ID2019MS00050
Submission Type Official
Approval Date 12/13/2019
Superseded SPA ID N/A

SPA ID ID-19-0025-A
Initial Submission Date 9/30/2019
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00050 | ID-19-0025-A

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Superseded SPA ID	ID-19-0001-A		
	User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

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C. Additional Information (optional)

Effective January 1, 2019, Idaho no longer covers the Medicaid eligibility group for individuals who qualify on the basis of receiving optional state supplement payments (1902(a)(10)(A)(ii)(XI)) 42 CFR 435.232 and 435.434).

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00050 | ID-19-0025-A

Individuals receiving section 1915(i) state plan home and community-based services.

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	User-Entered		

The state covers the optional Individuals Receiving State Plan Home and Community-Based Services eligibility group in accordance with the following provisions:

- Individuals who are eligible under other eligibility groups receive section 1915(i) home and community-based services under the state plan.

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the needs-based criteria for receiving home and community-based services specified in section 1915(i)(1) of the Act and at 42 CFR 441.715. These are defined in the benefits section of the state plan.
2. Have income that does not exceed the standard described in section D.
3. Will receive at least one state plan home and community-based service as defined at 42 CFR 440.182.

Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00050 | ID-19-0025-A

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	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes No

- a. Individuals age 65 or older
- b. Individuals with blindness
- c. Individuals who have a disability
- d. All children under a specified age limit:
- e. Reasonable classifications of children

Name	Age Covered
Children with DD	Under age 18
Children with SED	Under age 18

- f. Parents and other caretaker relatives
- g. Pregnant women
- h. Other individuals who qualify for home and community-based services under 1915(i)

Individuals Receiving State Plan Home and Community-Based Services

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

Yes No

2. The financial methodology used is:

a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

c. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

Less restrictive methodologies are used in calculating countable income.

Yes No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Children with Developmental Disabilities or SED	The State will disregard the difference in income between 150% FPL and 300% FPL

d. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

e. Other methodology.

Individuals Receiving State Plan Home and Community-Based Services

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D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes No

2. The income standard for this eligibility group is:

- a. 150% FPL
- b. A lower percent of the FPL:

Individuals Receiving State Plan Home and Community-Based Services

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E. Resource Standard Used

There is no resource test for this group.

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00050 | ID-19-0025-A

Individuals receiving section 1915(i) state plan home and community-based services who are otherwise eligible for 1915 HCBS waivers.

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The state covers the optional Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers eligibility group in accordance with the following provisions:

- Individuals who are eligible under other eligibility groups receive section 1915(i) home and community-based services under the state plan.

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are eligible for home and community-based services under an existing 1915 waiver or 1115 demonstration, even if they are not receiving services under such waivers or demonstrations.
2. Have income that does not exceed 300% of the supplemental security income (SSI) federal benefit rate (FBR).
3. Will receive at least one state plan home and community-based service as defined at 42 CFR 440.182.

Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes

No

Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

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C. Financial Methodologies

The income and resource methodologies that would be used to determine eligibility for individuals under the special income level group described in 42 C.F.R. §435.236 are used to determine eligibility for this group.

D. Income Standard Used

The state applies the income standard used to determine eligibility for the relevant 1915 waiver or 1115 demonstration under which the individual is eligible, up to a maximum of 300% of the SSI FBR.

E. Resource Standard Used

The resource standard used for this group is the resource standard used to determine eligibility for the relevant 1915 waiver or 1115 demonstration under which the individual is eligible.

Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

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F. Additional Information (optional)

Individuals qualifying under this eligibility group are limited to those that would be eligible for the Idaho Developmental Disabilities Waiver ID.0076

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 0938-1188. The time required to complete this information collection is estimated to average 40 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.

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