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State/Territory Name: ID

State Plan Amendment (SPA) #: 20-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

June 30, 2020

Mr. Matt Wimmer, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009

Dear Mr. Wimmer:

The Centers for Medicare and Medicaid Services (CMS) has completed its review of Idaho's State Plan Amendment (SPA) #20-0001, which was submitted via email on March 31, 2020. The purpose of this SPA is to update the State Plan to reflect the 2020 income and resource limits for the State of Idaho.

CMS approved this SPA on June 15, 2020, with an effective date of January 1, 2020, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved page for incorporation into the Idaho State Plan.

If you have any questions about this letter or require any further assistance, please contact Laura D'Angelo at (816) 426-6425, or Laura.DAngelo1@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 20-0001	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 01-01-2020	

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: <ul style="list-style-type: none"> • 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: \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 13 Attachment 2.6-A Page 1 * Supplement 6 Attachment 2.6-A Page 1.b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 13 Attachment 2.6-A Page 1 * Supplement 6 Attachment 2.6-A Page 1.b

10. SUBJECT OF AMENDMENT:
Resource limits/ 2020 Cost of Living Adjustment (COLA)

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Matt Wimmer, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009
13. TYPED NAME: MATT WIMMER	
14. TITLE: Administrator	
15. DATE SUBMITTED: March 31, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: April 1, 2020	18. DATE APPROVED: June 15, 2020
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Ruth A. Hughes	22. TITLE: Acting Director, Division of Program Operations

23. REMARKS:

* Per email from state (Robin Butrick) on 5/27/20, the state has requested a pen-and-ink change to the CMS-179 form to reflect removal of Supplement 6 to Attachment 2.6-A, page 1.b from the SPA submission.

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: \$128,640.00

Minimum: \$25,728.00

The maximum monthly maintenance need allowance is \$3,216.00

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.

TN No.: 20-0001

Approval Date: 6-15-2020

Effective Date: 1-1-2020

Supersedes TN. No.: 19-0001

HCFA ID: 1038/0015P