

## **Table of Contents**

**State/Territory Name: Idaho**

**State Plan Amendment (SPA) #: 20-0005**

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  
1301 Young Street, Suite 900  
Dallas, Texas 75202



Medicaid and CHIP Operations Group

---

May 29, 2020

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 20-0005

Dear Mr. Jeppesen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review and is approving the enclosed State Plan Amendment (SPA), Transmittal Number 20-0005. The state submitted SPA 20-0005 to CMS on March 03, 2020. This SPA amends State Plan Attachment 3.1-F to add the Adult Group to the list of eligibility group that are included and enrolled into the state's Healthy Connections program.

This SPA is approved effective January 1, 2020.

If there are any questions concerning this approval, please contact me or your staff may contact Walter Neal at [walter.neal@cms.hhs.gov](mailto:walter.neal@cms.hhs.gov) or 206-615-2330.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks".

Bill Brooks, Director  
Division of Managed Care Plan Operations

cc: Matt Wimmer, DHW

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

1. TRANSMITTAL NUMBER  
**20-0005**

2. STATE  
**IDAHO**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

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

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
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  
**SSA § 1932A**

7. FEDERAL BUDGET IMPACT  
a. **FFY 2020 \$ 5,323,848**  
b. **FFY 2021 \$ 6,452,503**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**State Plan Attachment 3.1-F, page 6**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)  
**Pending within SPA 19-0008 as 3.1-F, page 6 with  
7/1/19 effective date**

10. SUBJECT OF AMENDMENT

**The purpose of this amendment is to add the Adult Group as a covered population within the Healthy Connections  
Primary Care Case Management program pages.**

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

*Matt Wimmer*

13. TYPED NAME  
**Matt Wimmer**

14. TITLE  
**Administrator**

15. DATE SUBMITTED

16. RETURN TO:

**Matt Wimmer, 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    **03/03/20**

18. DATE APPROVED    **05/29/20**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
**01/01/20**

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME    **Bill Brooks**

22. TITLE    **Division Director  
Division of Managed Care Plan Operations**

23. REMARKS

State: **IDAHO**

Citation

Condition or Requirement

1932(a)(1)(A)  
Area, 1932(a)(2)

E. Populations and Geographic

1. **Included Populations.** Please check which eligibility groups are included, if they are enrolled on a **Mandatory (M)** or **Voluntary (V)** basis (as defined in 42 CFR 438.54(b)) or **Excluded (E)**, and the geographic scope of enrollment. Under the **Geographic Area** column, please indicate whether the nature of the population’s enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions. Also, if type of enrollment varies by geographic area (for example, mandatory in some areas and voluntary in other areas), please note specifics in the **Geographic Area** column. Under the **Notes** column, please note any additional relevant details about the population or enrollment.

**A. Mandatory Eligibility Groups (Eligibility Groups to which a state must provide Medicaid coverage)**  
**1. Family/Adult**

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Parents and Other Caretaker Relatives	§435.110	X			statewide	
2. Pregnant Women	§435.116	X			statewide	
3. Children Under Age 19 (Inclusive of Deemed Newborns under §435.117)	§435.118	X			statewide	
4. Former Foster Care Youth (up to age 26)	§435.150	X			statewide	
5. Adult Group (Non-pregnant individuals age 19-64 not eligible for Medicare with income no more than 133% FPL )	§435.119	X			statewide	
6. Transitional Medical Assistance (Includes adults and children, if not eligible under §435.116, §435.118, or §435.119)	1902(a)(52), 1902(e)(1), 1925, and 1931(c)(2) of SSA	X			statewide	
7. Extended Medicaid Due to Spousal Support Collections	§435.115	X			statewide	