

ID - Submission Package - ID2019MS00040 - (ID-19-0022) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	ID2019MS00040	Submission Type	Official
Program Name	N/A	State	ID
SPA ID	ID-19-0022	Region	Seattle, WA
Version Number	5	Package Status	Approved
Submitted By	Robin Butrick	Submission Date	10/23/2019
Package Disposition		Approval Date	1/17/2020 5:55 PM EST
Priority Code	P2		



Division of Medicaid and Children's Health Operations

January 17, 2020

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

Re: Approval of State Plan Amendment ID-19-0022

Dear Dave Jeppesen:

On October 23, 2019, the Centers for Medicare and Medicaid Services (CMS) received Idaho State Plan Amendment (SPA) ID-19-0022 to ensure that no individuals who are categorically eligible for Medicaid on the basis of being pregnant or post-partum will be restricted to pregnancy or post-partum related services..

We approve Idaho State Plan Amendment (SPA) ID-19-0022 on January 17, 2020 with an effective date(s) of October 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 | ID2019MS00040 | ID-19-0022

Package Header

Package ID	ID2019MS00040	SPA ID	ID-19-0022
Submission Type	Official	Initial Submission Date	10/23/2019
Approval Date	1/17/2020	Effective Date	N/A
Superseded SPA ID	N/A		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

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SPA ID and Effective Date

SPA ID ID-19-0022

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
MAGI-Based Methodologies	1/1/2020	ID-14-0012
Mandatory Eligibility Groups	1/1/2020	ID-19-0001-A
Pregnant Women	1/1/2020	ID-13-0020

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00040 | ID-19-0022

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The primary goal of the SPA is to clarify that this population may receive all medically necessary services, as provided under the Idaho State Plan.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

1902(a)(10)(A)(i)(III) and (IV), 1902(a)(10)(A)(ii)(I), (IV) and (IX), 1931(b) and (d)
42 CFR 435.116

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

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Package ID ID2019MS00040
Submission Type Official
Approval Date 1/17/2020
Superseded SPA ID N/A

SPA ID ID-19-0022
Initial Submission Date 10/23/2019
Effective Date N/A

Governor's Office Review

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

Submission - Public Comment

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Idaho State Publishing	9/4/2019	Pocatello, Idaho
Post Register	9/4/2019	Idaho Falls, Idaho
Idaho Press Tribune	9/4/2019	Nampa, Idaho
Idaho Statesman	9/4/2019	Boise, Idaho

- Publication in state's administrative record, in accordance with the administrative procedures requirements

- Email to Electronic Mailing List or Similar Mechanism

Date of Email or other electronic notification: Aug 30, 2019

Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used: The notice/documents were available for public review or comment at all regional Medicaid service offices statewide.

- Website Notice
- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
2019-01_1915_ABPs_Amend_MedExp_Public Notice	9/24/2019 5:42 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology

Eligibility

Benefits

Service delivery

Other issue

Submission - Tribal Input

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
8/1/2019	Notification of opportunity for solicitation was provided to the Tribes of Idaho on August 1, 2019 via email blast to Tribal contact list, posted to the Tribal website and hard copy via USPS mail. Opportunity for comment and consultation was provided at the August 2019 routine quarterly meeting conducted in Plummer, Idaho. The Tribes submitted not comments and requested no formal consultation.

All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
8/1/2019	Notification of opportunity for solicitation was provided to the Tribes of Idaho on August 1, 2019 via email blast to Tribal contact list, posted to the Tribal website and hard copy via USPS mail. Opportunity for comment and consultation was provided at the August 2019 routine quarterly meeting conducted in Plummer, Idaho. The Tribes submitted not comments. The Tribes submitted no comment and requested not formal consultation.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
8/1/2019	Notification of opportunity for solicitation was provided to the Tribes of Idaho on August 1, 2019 via email blast to Tribal contact list, posted to the Tribal website and hard copy via USPS mail. Opportunity for comment and consultation was provided at the August 2019 routine quarterly meeting conducted in Plummer, Idaho. The Tribes submitted no comment and requested not formal consultation.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
190020PregnantWomenS28MedExpTribNot_post	9/24/2019 5:27 PM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00040 | ID-19-0022

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	System-Derived		

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

A. Household Composition

1. In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
2. In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
 - a. The pregnant woman is counted just as herself.
 - b. The pregnant woman is counted as herself, plus one.
 - c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
3. In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:
 - a. Age 19
 - b. Age 19, or in the case of full-time students, age 21

MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00040 | ID-19-0022

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B. Household Income

Financial eligibility is determined consistent with the following provisions:

- When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
- When determining eligibility for current beneficiaries, financial eligibility is based on:
 - a. Current monthly household income and family size
 - b. Projected annual household income and family size for the remaining months of the current calendar year.
- In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:
 - Yes No

- a. Include a prorated portion of a reasonably predictable increase in future income and/or family size.

The methodology used by the state to account for and verify such change is:

When using the MAGI-based methodology for eligibility determinations and renewals, Idaho will employ a reasonable methodology for predictable increases in future income over a 12-month period. The methodology applies when the applicant/beneficiary has income that the Department has identified as most likely to fluctuate, and the applicant/beneficiary has attested that for the upcoming year the annual amount from the income most likely to fluctuate is approximately equal to the annual amount from that income for the current year.

The Department has identified the following income types as most likely to fluctuate:

- Self-employment
- Seasonal Earned Income
- Commission based Earned income

This reasonable methodology will use the applicant/beneficiary's attestation of fluctuating income amount over the course of one year. It will then convert that amount into an average monthly amount that will be added to the applicant/beneficiary's current monthly non-fluctuating incomes. This combined amount will be used to determine eligibility for the applicant/ beneficiary.

Examples of verification that could be submitted to attest to fluctuation in income:

- Prior year's tax returns
- History of predictable fluctuation in income as evidenced by quarterly data information or prior pay stubs
- Signed letter of explanation of income fluctuation due to self-employment and changes within the business

If the applicant does not have income that the Department has identified as most likely to fluctuate, or the applicant has not provided an annual amount for fluctuating income, or the applicant has not attested that the annual amount for the upcoming year for fluctuating income is approximately equal to the annual amount for the current year, the Department will not apply the reasonable methodology for predictable increases in future income.

- b. Account for a reasonably predictable decrease in future income and/or family size.

The methodology used by the state to account for and verify such change is:

When using the MAGI-based methodology for eligibility determinations and renewals, Idaho will employ a reasonable methodology for predictable decreases in future income over a 12-month period. The methodology applies when the applicant/beneficiary has income that the Department has identified as most likely to fluctuate, and the applicant/beneficiary has attested that for the upcoming year the annual amount from the income most likely to fluctuate is approximately equal to the annual amount from that income for the current year.

The Department has identified the following income types as most likely to fluctuate:

- Self-employment
- Seasonal Earned Income
- Commission based Earned income

This reasonable methodology will use the applicant/beneficiary's attestation of fluctuating income amount over the course of one year. It will then convert that amount into an average monthly amount that will be added to the applicant/beneficiary's current monthly non-fluctuating incomes. This combined amount will be used to determine eligibility for the applicant/ beneficiary.

Examples of verification that could be submitted to attest to fluctuation in income:

- Prior year's tax returns
- History of predictable fluctuation in income as evidenced by quarterly data information or prior pay stubs
- Signed letter of explanation of income fluctuation due to self-employment and changes within the business

If the applicant does not have income that the Department has identified as most likely to fluctuate, or the applicant has not provided an annual amount for fluctuating income, or the applicant has not attested that the annual amount

for the upcoming year for fluctuating income is approximately equal to the annual amount for the current year, the Department will not apply the reasonable methodology for predictable increases in future income.

4. MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.
5. Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
6. In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
7. Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

Yes No

MAGI Based Methodologies

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C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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	System-Derived		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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 ?
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

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B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

C. Additional Information (optional)

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 - Mandatory Coverage

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00040 | ID-19-0022

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

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The state covers the mandatory pregnant women group in accordance with the following provisions:

A. Characteristics

- Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
- Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

Yes

No

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The state uses the following income standard for this group:

FPL 133.00%

Pregnant Women

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D. Benefits for Pregnant Women

Benefits for individuals in this eligibility group consist of the following:

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

Pregnant Women

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E. Basis for Pregnant Women Income Standard

1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes
 No

b. The minimum income standard for this eligibility group is 133% FPL.

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

G. Additional Information (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 0938-1188. 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.

This view was generated on 1/17/2020 6:32 PM EST

