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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 20-0004

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

ID - Submission Package - ID2019MS0006O - (ID-20-0004) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 East 12th Street
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 08, 2026

Sasha O'Connell
Deputy Director & State Medicaid Administrator
Idaho Department of Health and Welfare
450 West State Street PTC Building, 10th Floor
Boise, ID 83705

Re: Approval of State Plan Amendment ID-20-0004

Dear Deputy Director O'Connell,

On March 31, 2020, the Centers for Medicare and Medicaid Services (CMS) received Idaho State Plan Amendment (SPA) ID-20-0004 in order to implement hospital presumptive eligibility.

We approve Idaho State Plan Amendment (SPA) ID-20-0004 with an effective date of January 01, 2020.

If you have any questions regarding this amendment, please contact Courtenay Savage at (312) 353-3721 or courtenay.savage@cms.hhs.gov

Sincerely,
Nicole McKnight
Acting Director, Division of Program
Operations
Center for Medicaid & CHIP Services

ID - Submission Package - ID2019MS0006O - (ID-20-0004) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0006O | ID-20-0004

CMS-10434 OMB 0938-1188

Package Header

Package ID	ID2019MS0006O	SPA ID	ID-20-0004
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	05/08/2026	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Superseded SPA ID	N/A		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

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00060 | ID-20-0004

Package Header

Package ID	ID2019MS00060	SPA ID	ID-20-0004
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	05/08/2026	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID ID-20-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	1/1/2020	ID13-0022
Presumptive Eligibility by Hospitals	1/1/2020	ID13-0022

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00060 | ID-20-0004

Package Header

Package ID	ID2019MS00060	SPA ID	ID-20-0004
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	05/08/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this State Plan Amendment is to update our Hospital Presumptive Eligibility processes and procedures materials to include the Adult Group, recently approved for Medicaid eligibility under ID#19-0007 and to align with recent approval of ID#19-0022 for PW.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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

Federal Statute / Regulation Citation

42 CFR 435.1010

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00060 | ID-20-0004

Package Header

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Approval Date	05/08/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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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ID - Submission Package - ID2019MS00060 - (ID-20-0004) - Eligibility

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00060 | ID-20-0004

CMS-10434 OMB 0938-1188

Package Header

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Submission Type	Official	Initial Submission Date	3/31/2020
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Superseded SPA ID	ID13-0022		
	User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Adult Group - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

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

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00060 | ID-20-0004

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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

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ID - Submission Package - ID2019MS0006O - (ID-20-0004) - Eligibility

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0006O | ID-20-0004

CMS-10434 OMB 0938-1188

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	System-Derived		

- The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.
- The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

A qualified hospital is a hospital that:

- Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
- Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
- Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

Presumptive Eligibility by Hospitals

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	System-Derived		

B. Eligibility Groups or Populations Included

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes No

9. Other Medicaid state plan eligibility groups:

10. Demonstration populations covered under section 1115

Presumptive Eligibility by Hospitals

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C. Standards for Participating Hospitals

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

Yes No

D. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Name of limitation	Description
No more than once per pregnancy.	No more than once per pregnancy.
No more than once within a 12-month period.	No more than once within a 12-month period.

Presumptive Eligibility by Hospitals

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E. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
ID-20-0004_IDMedicaidPresumptiveEligibilityMaterials_FINAL	3/26/2026 2:26 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
2. Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
 - c. Other income methodology
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility by Hospitals

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G. Qualified Entity Requirements

- 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- 2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
ID-20-0004_IDMedicaidPresumptiveEligibilityMaterials_FINAL	3/26/2026 2:27 PM EDT	

H. Additional Information (optional)

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