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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 23-0015

This file contains the following documents in the order listed:

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ID - Submission Package - ID2023MS0002O - (ID-23-0015) - Eligibility

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Related Actions

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



Center for Medicaid & CHIP Services

February 27, 2025

Juliet Charron
Deputy Director, Medicaid & Behavioral Health, Idaho Department of Health and Welfare
Idaho Department of Health and Welfare
450 West State Street PTC Building, 10th Floor
Boise, ID 83705

Re: Approval of State Plan Amendment ID-23-0015

Dear Director Charron,

On March 31, 2023, the Centers for Medicare and Medicaid Services (CMS) received Idaho State Plan Amendment (SPA) ID-23-0015, in which the state proposed to adopt the changes to the eligibility rules for the Former Foster Care Children eligibility group, as enacted by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Pub. L. No. 115-217, section 1002.

We approve Idaho State Plan Amendment ID-23-0015 with an effective date of January 01, 2023.

If you have any questions regarding this amendment, please contact Courtenay Savage at courtenay.savage@cms.hhs.gov

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2023MS0002O | ID-23-0015

CMS-10434 OMB 0938-1188

Package Header

Package ID	ID2023MS0002O	SPA ID	ID-23-0015
Submission Type	Official	Initial Submission Date	3/31/2023
Approval Date	02/27/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Idaho	Medicaid Agency Name:	Idaho Department of Health and Welfare
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2023MS0002O | ID-23-0015

Package Header

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Submission Type	Official	Initial Submission Date	3/31/2023
Approval Date	02/27/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID ID-23-0015

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2023	SPA ID-19-0022
Former Foster Care Children	1/1/2023	SPA ID-13-0020-MM

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2023MS0002O | ID-23-0015

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Approval Date	02/27/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives	<p>Idaho is updating its Idaho Medicaid State Plan eligibility pages to make required changes for the former foster children (FFCC) group. These changes will apply exclusively to individuals who turn eighteen (18) on or after January 1, 2023. Those Individuals will be eligible in the FFCC group if they meet all of the below requirements:</p> <ul style="list-style-type: none">• Are under age twenty-six (26);• Are not enrolled in an eligibility group described in section 1902(a)(10)(A)(i)(I)-(VII) of the Act (even if they meet the eligibility requirements for such group);• Were in foster care under the responsibility of any state upon attaining age eighteen (18) (or such higher age as the state has elected in its title IV-E plan); and• Were enrolled in Medicaid in any state while in such foster care.
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This is consistent with the SUPPORT Act and State Health Official Letter SHO# 22-003 RE: Coverage of Youth Formerly in Foster Care in Medicaid (Section 1002(a) of the SUPPORT Act).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

Federal Statute / Regulation Citation

Section 1002(a) of the SUPPORT Act; Section 1902(a)(10)(A)(i)(IX) of the Social Security Act; 42 C.F.R. § 435.150

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2023MS00020 | ID-23-0015

Package Header

Package ID	ID2023MS00020	SPA ID	ID-23-0015
Submission Type	Official	Initial Submission Date	3/31/2023
Approval Date	02/27/2025	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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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ID2023MS0002O | ID-23-0015

CMS-10434 OMB 0938-1188

Package Header

Package ID	ID2023MS0002O	SPA ID	ID-23-0015
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Superseded SPA ID	SPA ID-19-0022		
User-Entered			

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" 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 
Qualified Medicare Beneficiaries			<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals			<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries			<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals			<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ID2023MS00020 | ID-23-0015


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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 checked="" 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

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ID - Submission Package - ID2023MS0002O - (ID-23-0015) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | ID2023MS0002O | ID-23-0015

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

CMS-10434 OMB 0938-1188

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Superseded SPA ID	SPA ID-13-0020-MM		
	User-Entered		

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

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

- Are under age 26
- Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
- Are described under either Section B. or C.

B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- ☒ a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- ☐ b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- ☐ c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- ☒ a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- ☐ b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- ☐ c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

Former Foster Care Children

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D. Additional Information (optional)

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