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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 24-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Pages

ID - Submission Package - ID2023MS00030 - (ID-24-0005) - Administration

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 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

October 22, 2025

Sasha O'Connell
Deputy Administrator, 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-24-0005

Dear Deputy Administrator O'Connell,

On July 1, 2024, the Centers for Medicare and Medicaid Services (CMS) received Idaho State Plan Amendment (SPA) ID-24-0005, which proposes to update the state agency responsible for conducting fair hearings, changing it from the Idaho Office of Attorney General to the Idaho Office of Administrative Hearings.

CMS approves Idaho State Plan Amendment (SPA) ID-24-0005 with an effective date of July 01, 2024.

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

Sincerely,
Nicole McKnight
On Behalf of Courtney Miller, MCOG
Director
Center for Medicaid & CHIP Services

ID - Submission Package - ID2023MS00030 - (ID-24-0005) - Administration

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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

CMS-10434 OMB 0938-1188

Package Header

Package ID	ID2023MS00030	SPA ID	ID-24-0005
Submission Type	Official	Initial Submission Date	7/1/2024
Approval Date	10/22/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Idaho

Medicaid Agency Name: Idaho Department of Health and Welfare

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

Package Header

Package ID ID2023MS00030
Submission Type Official
Approval Date 10/22/2025
Superseded SPA ID N/A

SPA ID ID-24-0005
Initial Submission Date 7/1/2024
Effective Date N/A

SPA ID and Effective Date

SPA ID ID-24-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	7/1/2024	ID-15-0002
Intergovernmental Cooperation Act Waivers	7/1/2024	ID-15-0002
Eligibility Determinations and Fair Hearings	7/1/2024	ID-15-0002
Organization and Administration	7/1/2024	ID-15-0002
Single State Agency Assurances	7/1/2024	ID-15-0002

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

Package Header

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives State Plan Administration Designation and Authority

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

42 C.F.R. 431.10

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

Package Header

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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 Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	ID-15-0002		
	System-Derived		

A. Single State Agency

1. State Name: Idaho

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Idaho Department of Health and Welfare (DHW)

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
ID-24-0005_AGCertification2013	9/30/2024 11:29 AM EDT	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

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D. Additional information (optional)

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

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

CMS-10434 OMB 0938-1188

Package Header

Package ID	ID2023MS00030	SPA ID	ID-24-0005
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A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

View Waiver State of Idaho Office of the Attorney General

1. Name of state agency to which responsibility is delegated:

State of Idaho Office of the Attorney General

2. Date waiver granted:

11/17/2015

3. The type of responsibility delegated is (check all that apply):

- a. Conducting fair hearings
- b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

The Single State Agency (DHW) delegates Medicaid eligibility and services fair hearings and operational procedures to the Idaho Office of Attorney General(OAG). The OAG will conduct fair hearings and carry out operational aspects of the fair hearings process including the following activities: receive requests; send appropriate notifications to all parties; process, monitor and retain all documentation related to fair hearings; retain and train hearing officers; participate in quality assurance activities and provide reports as specified in the Memorandum of Agreement between the two agencies. The DHW retains final decision making authority.

5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
- i. A written agreement between the agencies.
 - ii. State statutory and/or regulatory provisions.

Statutory/regulatory citation(s):

Idaho Code 56-202

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- Yes
- No

- The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

7. Additional methods for coordinating responsibilities among the agencies (optional):

The DHW and the OAG have executed a Memorandum of Agreement which serves as the primary coordination tool between the agencies.

DHW assures they will establish an oversight process to monitor the Office of the Attorney General for:

- Compliance with all relevant Federal and State laws, regulations and policies
- Conflicts of interest
- Confidentiality
- Informing of applicants and beneficiaries of their fair hearing rights, including how to contact the Medicaid agency and how to contact and obtain information about fair hearings from OAG
- Compliance and oversight of the appeals decisions
- Quality and accuracy of the final decisions made by OAG
- Institute corrective action as needed, including but not limited to rescission of the delegated authority

DHW director reserves the right to final review of all decisions with respect to conclusions of law, including interpretation of state or federal policy.

8. Date waiver terminated:

Jul 1, 2024

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

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B. Additional information (optional)

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 Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	ID-15-0002		
	User-Entered		

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

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B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- The Medicaid agency is responsible for all Medicaid fair hearings.
 1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:
 - a. Medicaid agency
 - d. Delegated governmental agency
 3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):
 - All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
 No

D. Additional information (optional)

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Medicaid State Plan Administration

Organization

Organization and Administration

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

Description:

Health and Title IV-A

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

DHW Division of Self Reliance.

The Division of Self Reliance is responsible for conducting eligibility determinations for Medicaid and support services. Programs administered by the division include: Child Support, Supplemental Nutrition Assistance Program (SNAP, or Food Stamps), Child Care, Temporary Assistance for Families in Idaho (TAFI-cash assistance), and Aid to the Aged, Blind, and Disabled (AABD-cash assistance) and several additional programs through contracts with local partner organizations that provide food and assistance for basic supports that include home energy costs, telephone, and home weatherization. This division is responsible for eligibility policy and for review of eligibility hearing decisions issued by the OAH.

The Division of Self Reliance's central office staff conducts administrative functions, review of fair hearing requests for eligibility, policy development for eligibility determinations and conducts operations for the eligibility determination system. Operational services for eligibility determination are conducted through the DHW's seven (7) regional offices, as well as field offices.

b. Fair Hearings (including expedited fair hearings)

The Single State Agency (DHW) works with the Idaho Office of Administrative Hearings (OAH) for Medicaid fair hearings. The DHW and the OAH have executed a Memorandum of Understanding (MOU) which serves as the primary coordination tool between the agencies.

The OAH conducts fair hearings and carries out operational aspects of the fair hearings process including the following activities: receiving requests; sending appropriate notifications to all parties; processing, monitoring, and retaining all documentation related to fair hearings; retaining and training hearing officers; participating in quality assurance activities; and providing reports. The Director of DHW retains final decision-making authority. This authority is specific to the agency director only, and agency staff do not have this authority, per the state's Administrative Procedures Act.

DHW provides OAH relevant documentation, witnesses, and other information in the form of exhibits and testimony pertinent to DHW's determination being appealed or reviewed. DHW reviews requests for expedited fair hearings and determines if hearings should be expedited. Expedited fair hearings are conducted by OAH.

DHW monitors OAH for: complying with all relevant Federal and State laws, regulations and policies; identifying and addressing conflicts of interest; maintaining confidentiality; informing applicants and beneficiaries of their fair hearing rights, including how to contact the Medicaid agency and how to contact and obtain information about fair hearings from OAH; and ensuring quality and accuracy of the preliminary decisions made by OAH.

All due process rights enumerated in 42 C.F.R. § 431.242 Procedural rights of the applicant or beneficiary are provided at every hearing before an Office of

Administrative Hearing (OAH) Administrative Law Judge (ALJ).

OAH writes and issues decisions. OAH decisions are preliminary, with the right of appeal to (also referred to as review by) the Director of DHW for fourteen (14) days from the issuance of the order. Any party can request a DHW Director appeal / review. If no appeal / petition for review is taken to the Director, the decision becomes final after the fourteen (14) day appeal period expires. DHW reviews all OAH decisions to determine if it should exercise its right to seek review by the Director.

Where Director's review is sought, per Idaho Code the Director or designee must exercise all decision-making power they would have had if they had presided over the hearing. That is, because the OAH decision is not a final order the Director conducts a de novo review of the Hearing Officer's decision. Thus, where an appeal of an OAH decision is made to the Director, the Director may overturn an OAH decision if the Director determines, on any factual or legal basis, that the Hearing Officer's decision was incorrect.

The DHW Director does review findings of fact from the OAH hearing and is able to reject those findings based on a review of the evidence and transcript of the hearing. When conducting the de novo review, the Director has the authority to request submission of briefs, schedule and hold oral arguments, and have witnesses appear and be cross-examined. During a Director's review, any party may offer additional evidence or request oral argument, and both parties will be afforded equal opportunity to introduce evidence or make oral arguments.

If DHW Director review is sought, absent a remand order to the OAH the DHW Director's decision is the final decision, subject to judicial review. Regardless of whether a party requests a DHW Director appeal, final administrative action is taken within ninety (90) days of the request for a hearing.

All due process rights enumerated in 42 C.F.R. § 431.242 Procedural rights of the applicant or beneficiary are protected during a Director's review.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

Idaho Department of Health and Welfare (DHW).

The Idaho Department of Health and Welfare (DHW) oversees state administered public assistance and human services programs. The administrative and operational functions of Idaho Medicaid are conducted within DHW.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

DHW Division of Medicaid.

The Division of Medicaid is responsible for Medicaid policy development and compliance, as well as, oversight for the Idaho Medicaid State Plan, waivers, and demonstrations.

e. Administration, including budget, legal counsel

DHW Division of Medicaid.

The Division of Medicaid is responsible for management of all Medicaid services and claims system operations. This division is responsible for benefits policy and for review of benefits hearing decisions issued by the OAH.

f. Financial management, including processing of provider claims and other health care financing

DHW Division of Medicaid.

The Bureau of Financial Operations provides oversight for the Medicaid budget, conducts financial recovery efforts, oversees and develops reimbursement methodology, and conducts data analysis.

g. Systems administration, including MMIS, eligibility systems

DHW Division of Medicaid.

The Bureau of Medicaid Enterprise Systems provides daily operational oversight of MMIS system and its vendors. It supports Medicaid providers and state staff who use the MMIS to perform their jobs and manages automation-related Medicaid projects.

h. Other functions, e.g., TPL, utilization management (optional)

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
ID-24-0005_OrganizationalCharts	7/24/2024 11:04 AM EDT	

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | ID2023MS00030 | ID-24-0005

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Organization and Administration

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

- Yes
 No

Organization and Administration

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F. Additional information (optional)

(continued from Organization and Administration RU A.2.b.)

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Medicaid State Plan Administration

Organization

Single State Agency Assurances

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A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

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