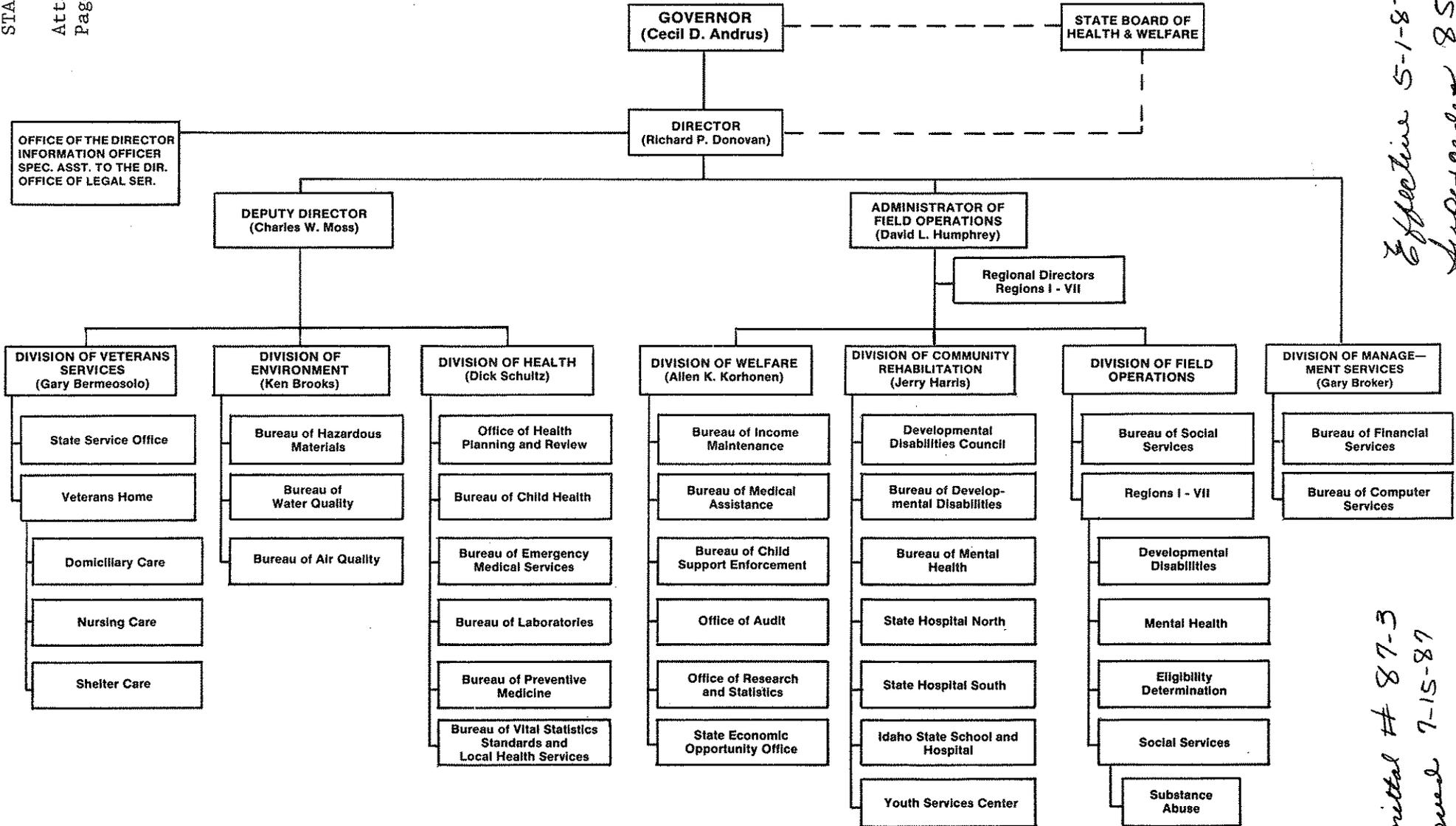


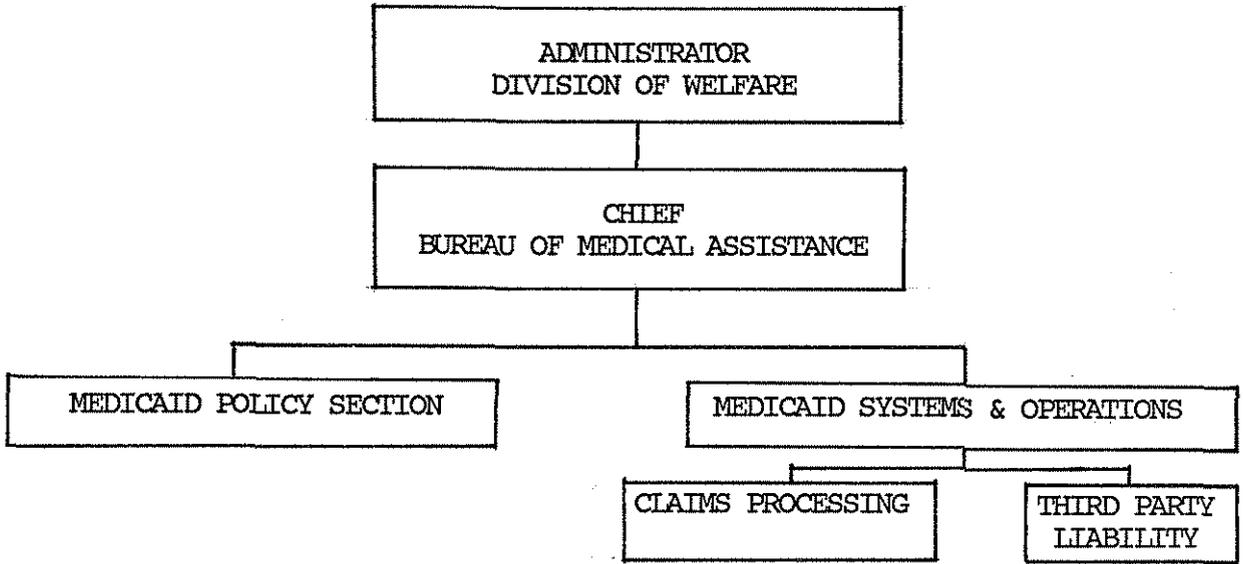
DEPARTMENT OF HEALTH AND WELFARE



*Effective 5-1-87
Supervisor 85-1*

*Transmitted # 87-3
Approved 7-15-87*

BUREAU OF MEDICAL ASSISTANCE



*Transmittal # 87-3
Approved 7-15-87*

*Effective 5-1-87
Supersedes 85-1*

The Department of Health and Welfare is the single state agency for Idaho. The Bureau of Medical Assistance, Division of Welfare, Department of Health and Welfare, functions as the Medical Assistance unit for Idaho. The Bureau of Medical Assistance contains two sections, the Medicaid Policy Section and the Medicaid Systems and Operations Section. Both section supervisors report to the Bureau Chief.

Within the Medicaid Policy Section are the following professional and support staff:

- 1 - - Supervisor, Medicaid Policy Section
- 1 - - Secretary/Records Manager
- 2 - - Technical Typists
- 2 - - Medicaid Reimbursement Policy Specialists
(Long Term Care and Hospital)
- 1 - - Alternative Care State Coordinator
- 2 - - S/UR Analysts
- 1 - - Medicaid Payment Adjudicator (R.N.)
- 1 - - Physician Consultant (Part-time)
- 1 - - Dental Consultant (Part-time)
- 1 - - Clerical Specialist
- 1 - - Pharmacist (Part-time)

Within the Medicaid Systems and Operations Section are the following professional and support staff:

- 1 - - Supervisor, Medicaid Systems and Operations Section
- 1 - - Medical Claims Examiner Supervisor
- 1 - - Secretary/Office Coordinator
- 3 - - Clerical Specialists
- 3 - - Senior Adjudicators
- 7 - - Adjudicators
- 1 - - T.P.L. Supervisor
- 2 - - Clerical Specialists
- 1 - - TPL Adjudicator
- 1 - - Clerical Trainee (Student Part-time)

J.N. 85-1
Effective 1-1-85
Approved 2-6-85
80-22

ATTACHMENT 1.2C

Staffing of the Title XIX operation is contained in the Idaho Department of Health and Welfare. The Bureau of Medical Assistance which is part of the Division of Welfare is composed of two sections: the Medicaid Policy Section and the Systems/Operations Section. The latter section is responsible for claims processing and third party liability functions. The Division of Health, Bureau of Vital Statistics, Standards, and Local Health Services is responsible for licensure and certification surveys and Inspection of Care.

A. Division of Welfare/Bureau of Medical Assistance,
Medicaid Policy Section

1. Title XIX Management and Supervision

The Title XIX program is managed by the Chief, Bureau of Medical Assistance. The Policy Section Supervisor supervises all medical and professional policy staff and reports to the Bureau Chief. Responsibilities include:

- (a) providing general direction to the Medical Assistance Program;
- (b) planning the scope, content, and priorities of the Medical Assistance Program within the present and anticipated available financial resources;
- (c) participating in the development of methods for providing effective personal health and related services and maintains liaison with the providers of services, including the establishment of reasonable costs of medical supplies and services;
- (d) with the assistance of the agency medical care advisory committee, developing and maintaining standards pertaining to the quality of health and medical care and medical eligibility factors, including the fair hearing processes relating to medical care;
- (e) acting as a Medicaid liaison to other State agencies and other sections of the Department;
- (f) Representing the Title XIX unit in community or governmental activities, organizations, agencies, etc.;
- (g) Developing and maintaining workable relationships with the provider community;

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Effective 1-1-85
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Supersedes 80-23

- (h) developing plan material for submission to the Federal agency for approval and its implementation; and
- (i) providing consultation, interpretation, and assistance to Regional Services Managers and supervisors in the discharge of State and Regional functions and responsibilities.

2. Surveillance and Utilization Review

The major function is development and maintenance of ongoing evaluation of medical service utilization patterns of providers and recipients. Staff includes S/URs Analysts, who are responsible for the following:

- (a) Develops and implements policy and procedures for monitoring utilization patterns, case review, case resolution, establishes priorities, and establishes new procedures to facilitate review.
- (b) Reviews, and evaluates data and designs systems revisions.
- (c) Examines utilization patterns of providers and recipients and makes recommendations for corrective action.
- (d) Identifies potential providers and recipients who are abusing the program, conducts reviews, develops the cases, confers with professionals on appropriateness, and issues case reports.
- (e) Makes recipient Lock-In program recommendations.
- (f) Conducts presentations to educate providers on S/UR functions.
- (g) Does abuse reports for Federal government.
- (h) Coordinates recoupments on abuse cases.

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3. Pharmacy Services

The major function is the development of policy, rules and regulations as they pertain to the drug program. Staff consists of a contract pharmacist, a clerical specialist, and the Medicaid Policy Section Supervisor. Functions include:

- (a) Development of policy relating to the amount and scope of services.
- (b) Establishment and maintenance of dispensing fees.
- (c) Input and maintenance of State Plan.
- (d) Providing a liaison with the provider community.
- (e) Correction of provider errors.
- (f) Coordination of S/URs information with drug program management objectives.
- (g) Development and maintenance of a price file for medical supplies.
- (h) Reviewing of contracts.
- (i) Development of budget projections, interpretation of MMIS reports, analyzing and compiling statistical information.
- (j) Providing professional testimony to peer review groups, hearings and legislators.
- (k) Insuring currency and accuracy of the drug cost of goods and pricing file.

4. Alternative Care State Coordination

The major function is to develop, maintain, monitor, and evaluate the alternative care program including, but not limited to, home health, rural health, personal care program, certain disabled children, nurse practitioner, and home and community-based waiver programs. Provides technical support to the Division of Health's Licensure and Certification and Inspection of Care program. This position:

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80.23

- (a) Develops program rules and procedures, in conjunction with the Division of Health for the Inspection of Care Program.
- (b) Completes Federal reports.
- (c) Supervises issuance and maintenance of long term care facilities provider agreements.
- (d) Provides education to the advisory committee, legislature, and individual and provider groups.
- (e) Develops Medicaid rules.
- (f) Makes sure that all certified health facilities have been properly certified and make certain that all health facilities from whom the Department purchases skilled and intermediate care have a valid provider agreement.
- (g) Develops and monitors Home and Community-Based waiver program applications, policies and rules.

5. Reimbursement Specialists

The major function is to develop detailed schedules and rules for reimbursement of institutional providers, as well as program policy development, and interpretation. Staff includes reimbursement specialists with expertise in hospital and nursing home reimbursement as well as audit activities.

- (a) Analyzes financial reports.
- (b) Develops the Medicaid budget.
- (c) Develops policy and procedures material and writes legislation and rules.
- (d) Establishes and maintains effective provider relations.
- (e) Evaluates reimbursement for compliance with Federal and State Regulations.
- (f) Operates the State's reimbursement systems.
- (g) Provides technical assistance to the Office of Audit.

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6. Early Periodic Screening, Diagnostic and Treatment Program

The major function is to develop and implement EPSDT program rules and policy and monitor program implementation.

7. Medicaid Eligibility

The major function is development and maintenance of eligibility policy based on State and Federal Regulations. Welfare Eligibility Specialists in the Bureau of Income Maintenance are responsible for policy writing and updates. These specialists write policy for Medicaid, AFDC and food stamps.

8. Medical Consultant

The medical consultation section consists of several part-time medical consultants to the Bureau of Medical Assistance. Such part-time consultants provide consultation to the Title XIX unit upon request in the areas of general medical, dental, drug therapy, ophthalmology, otology and optometry.

9. Clerical

Secretaries and Technical Typists perform clerical functions for this section.

B. Division of Welfare/Bureau of Medical Assistance, Systems/Operations Section

The Systems and Operations Section Supervisor, who reports directly to the Bureau Chief, is responsible for the following:

1. Claims Section

(a) Maintains a provider enrollment system to ensure that all providers are properly enrolled, are assigned provider numbers for payment process and IRS reporting, and are properly identified.

(b) Processes all Medicaid claims in an accurate, timely, and efficient manner according to the rules and regulations established by the policy section for claims payment.

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Supersedes 80-23

- (c) Makes necessary manual checks, coding, and entries for computer processing.
- (d) Ensures that claims and related transactions are accurately entered into the system at the earliest possible time.
- (e) Verifies all computer rejects of claims as to whether manual correction can be implemented or claims should be returned to providers.
- (f) Brings to the attention of the appropriate section any claims that are potential frauds, questionable practices and defects as to the quality of services and the utilization of services by medical care providers.
- (g) Makes necessary claim adjustments as to scope, fee structures, third party resources, or other factors affecting payment and reimbursement.
- (h) Answers requests for information from providers involving the status of invoices, eligibility of recipients, scope of the Medical Assistance Program, and verification of provider eligibility.

2. Third Party Liability

Staff includes a TPL Supervisor and TPL Adjudicators. The functions and responsibilities are as follows:

- (a) Investigates claims for determination of potential Third Party Liability.
- (b) Develops and implements procedures for retention and retrieval of TPL.
- (c) Adjudicates claims which have TPL.

3. Clerical

Principle clerks and clerical specialists perform all the clerical functions for the Systems and Operations Section.

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Effective 1-1-85
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Supersedes 80-23*

C. Division of Health/Bureau of Preventive Medicine,
Standards, and Local Health Services

Staff includes Registered Nurses, Environmentalists, and life-safety staff persons. Contracts are held for Physician Services, Pharmacy Services, Dieticians, and Medical Records Services. The functions of the Bureau in relation to Title XIX are:

1. The Licensing and Certification Section of the Bureau of Preventive Medicine does surveys of provider facilities, certifies compliance with Federal Regulations, and makes recommendations to the Bureau of Medical Assistance regarding provider agreements.
2. Provides for the operation of the Inspection of Care Program. Program reports are provided to the Bureau of Medical Assistance for program action.

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Effective 1-1-85
Approved 2-6-85
Supersedes 80-23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
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The following groups are covered under this plan.

A. Mandatory Coverage - - Categorically Needy and Other Required Special Groups

XIX 42 CFR 435.110 1. Recipients of AFDC

The approved State AFDC plan includes:

- Families with an unemployed parent for the mandatory 6-month period and an optional extension of 6 months.
- Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

XIX 42 CFR 435.115 2. Deemed Recipients of AFDC

- a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage.

TN No. 93-016
Supersedes
TN No. 91-19

Approval Date 11-17-93

Effective Date 7-1-93
HCFA ID: 7983E

State: IDAHO

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

2. Deemed Recipients of AFDC.

- | | | |
|-----|--|--|
| XIX | 1902(a)(10)(A)(i)(I) of the Act | b. Effective October 1, 1990, participants in an optional work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act. |
| XIX | 402(a)(22)(A) of the Act | c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds. |
| XIX | 406(h) and 1902(a)(10)(A)(i)(I) of the Act | d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act. |
| XIX | 1902(a) of the Act | e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act. |

*Agency that determines eligibility for coverage.

TN No. <u>91-19</u>	Approval Date <u>1-21-92</u>	Effective Date <u>7-1-91</u>
Supersedes		<u>10-1-91</u>
TN No. <u>90-11</u>		HCFA ID: 7983E

State: IDAHO

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902
(a)(10)(A)(i)
and 1905(m)(1)
of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

XIX 1902(a)(52)
and 1925 of
the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

TN No. 93-016
Supersedes
TN No. 91-19

Approval Date 11-17-93

Effective Date 7-1-93

HCFA ID: 7983E

State: IDAHO

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

XIX 42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:

- a. Families denied AFDC solely because of income and resources deemed to be available from--
 - (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
- b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
- c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

TN No. <u>91-19</u>	Approval Date <u>1-21-92</u>	Effective Date <u>11-1-91</u>
Supersedes		
TN No. <u>86-9</u>		HCFA ID: 7983E <u>10-1-91</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
	(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
1902(a)(10)(A) (i)(III) and 1905(n) of the Act	b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
	<u>Children born after</u> <u>(specify optional earlier date)</u> who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A)
(i)(IV) and
1902(1)(1)(A)
and (B) of the
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

— The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902(a)(10)(A)
(i)(VI)
1902(1)(1)(C)
of the Act

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902(a)(10)(A)(i)
(VII) and 1902(1)
(1)(D) of the Act

- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)
(A)(i)(V) and
1905(m) of the
Act

10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5)
of the Act

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6)
of the Act

b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

TN No. 92-2
Supersedes
TN No. 91-19

Approval Date 5-22-92 Effective Date 1-1-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1902(e)(4) of the Act	12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
42 CFR 435.120	13. Aged, Blind and Disabled Individuals Receiving Cash Assistance <u>X</u> a. Individuals receiving SSI. This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act. <u>X</u> Aged <u>X</u> Blind <u>X</u> Disabled

State: IDAHO

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

435.121 13. b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)
of the Act

- Aged
- Blind
- Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

TN No. 97-19 Approval Date 1-21-92 Effective Date 7-1-91
Supersedes
TN No. 97-4 HCFA ID: 7983E 10-1-91

State: IDAHO

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- | | | |
|-----|--|--|
| XIX | 1902(a)
(10)(A)
(i)(II)
and 1905
(q) of
the Act | 14. Qualified severely impaired blind and disabled individuals under age 65, who--

a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or

b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--

(1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;

(2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;

(3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act; |
|-----|--|--|

*Agency that determines eligibility for coverage.

TN No. <u>91-19</u>	Approval Date <u>1-21-92</u>	Effective Date <u>7-1-91</u>
Supersedes		<u>10-1-91</u>
TN No. <u>87-4</u>		HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB NO.: 0938-

State: IDAHO

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1619(b)(3)
of the Act

The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

TN No. <u>91-19</u>	Approval Date <u>1-21-92</u>	Effective Date <u>7-1-91</u>
Supersedes		<u>10-1-91</u>
TN No. _____		HCFA ID: 7983E

State: IDAHO

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
XIX	1634(c) of the Act	15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who-- <ul style="list-style-type: none">a. Are at least 18 years of age;b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.<input type="checkbox"/> c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.<input type="checkbox"/> d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
XIX	42 CFR 435.122	16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
XIX	42 CFR 435.130	17. Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

TN No. <u>91-19</u>	Approval Date <u>1-21-92</u>	Effective Date <u>11-1-91</u>
Supersedes		<u>10-1-91</u>
TN No. _____		HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 6f
OMB NO.: 0938-

State: IDAHO

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

XIX. 42 CFR 435.131 18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

___ Aged ___ Blind ___ Disabled

Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

TN No. <u>91-19</u>	Approval Date <u>1-21-92</u>	Effective Date <u>1-1-91</u>
Supersedes		<u>10-1-91</u>
TN No. _____		HCFA ID: 7983E

State: IDAHO

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- XIX 42 CFR 435.135 22. Individuals who --
- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
 - b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.
- Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.
- Not applicable because the State applies more restrictive eligibility requirements than those under SSI.
- The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. 91-19 Approval Date 1-21-92 Effective Date 7-1-91
Supersedes _____
TN No. _____ HCFA ID: 7983E 10-1-91

State: IDAHO

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

XIX 1634 of the Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. <u>91-19</u>	Approval Date <u>1-21-92</u>	Effective Date <u>11-1-91</u>
Supersedes		
TN No. <u>91-10</u>		HCFA ID: 7983E <u>10-1-91</u>

State/Territory: IDAHO

Agency*	Citation(s)	Groups Covered
1634(d) of the Act	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	24.	Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.
	—	The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.
	—	In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.
	—	In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.
	—	In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual

*Agency that determines eligibility for coverage.

TN No. 91-24
Supersedes
TN No. 91-19

Approval Date 2-13-92

Effective Date 10-1-91

State: IDAHO

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
1902(a)(10)(E)(i) and 1905(p) of the Act		25. Qualified Medicare beneficiaries-- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI. (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)
1902(a)(10)(E)(ii), 1905(s) and 1905(p)(3)(A)(i) of the Act		26. Qualified disabled and working individuals-- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI. d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. (Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

TN No. 93-003
Supersedes
TN No. 91-19

Approval Date 5-4-93 Effective Date 1-1-93

State: IDAHO

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act

27. Specified low-income Medicare beneficiaries--
- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
 - b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
 - c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

TN No. 93-003
Supersedes
TN No. ~~0~~

Approval Date 5-4-93 Effective Date 1-1-93

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	1634(e) of the Act	28. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month. b. The State applies more restrictive eligibility standards than those under SSI. Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

*Agency that determines eligibility for coverage.

TN No. 95-011
Supersedes Approval Date 10-30-95 Effective Date 7-1-95
TN No. 95-003

State: IDAHO

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy

XIX 42 CFR 1. Individuals described below who
435.210 would be eligible for AFDC, SSI, or an
1902(a) optional State supplement as specified in 42
(10)(A)(ii) and CFR 435.230, but who do not receive cash
1905(a) of assistance.
the Act

The plan covers all individuals as described above.

The plan covers only the following group or groups of individuals:

Aged
 Blind
 Disabled
 Caretaker relatives
 Pregnant women

XIX 42 CFR 2. Individuals who would be eligible for AFDC, SSI
435.211 or an optional State supplement as specified in 42
CFR 435.230, if they were not in a medical
institution.

*Agency that determines eligibility for coverage.

TN No. 91-19 Approval Date 1-21-92 Effective Date 7-1-91
Supersedes
TN No. _____ HCFA ID: 7983E 10-1-91

Revision: HCFA-PM-91-10 (BPD)

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DECEMBER 1991

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State: IDAHO

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

(Continued)

42 CFR 435.212 & 1902(e)(2) of the Act, P.L. 99-272 (section 9517) P.L. 101-508(section 4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or an entity described in section 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, or a ~~Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act or a managed care organization (MCO), or a primary care case management (PCCM) program,~~ but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. ~~The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a).~~ Coverage under this section is limited to HMO MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

The State elects not to guarantee eligibility.

The State elects to guarantee eligibility. The minimum enrollment period is __ months (not to exceed six).

The State measures the minimum enrollment period from:

The date beginning the period of enrollment in the ~~HMO~~ or other entity MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.

The date beginning the period of enrollment in the ~~HMO~~ MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

The date beginning the last period of enrollment in the ~~HMO~~ MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

TN # 03-008
Supersedes TN # 91-24

Effective Date AUG - 1 2003
Approval Date OCT 28 2003

Revision: HCFA-PM-91-1-4 (BPD)
DECEMBER 1991

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State: IDAHO

Agency*	Citation(s)	Groups Covered
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1903(m)(2)(F) of the Act
P.L. 98-369
(section 2364),
P.L. 99-272
(section 9517)
P.L. 101-508
(section 4732)
1932(a)(4) of Act

B. Optional Groups Other Than Medically Needy
(continued)

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56 434.27.

This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

___ Disenrollment rights are restricted for a period of ___ months (not to exceed 6 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

X No restrictions upon disenrollment rights.

1903(m)(2)(H),
1902(a)(52) of the Act
P.L. 101-508
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an ~~entity having a contract under section 1903(m)~~ MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

X The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

* Agency that determines eligibility for coverage.

State/Territory: Idaho

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.217

- X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determines eligibility for coverage.

TN No. 91-24 Approval Date 2-13-92 Effective Date 10-1-91
Supersedes
TN No. 91-19 HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: IDAHO

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

*Agency that determines eligibility for coverage.

TN No. <u>91-19</u>	Approval Date <u>1-21-92</u>	Effective Date <u>7-1-91</u>
Supersedes		
TN No. <u>86-9</u>		HCFA ID: 7983E <u>10-1-91</u>

State: IDAHO

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220

6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

The State covers all individuals as described above.

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

The State covers only the following group or groups of individuals:

- ___ Individuals under the age of--
 - ___ 21
 - ___ 20
 - ___ 19
 - ___ 18
- ___ Caretaker relatives
- ___ Pregnant women

42 CFR 435.2
1902(a)(10)
(A)(ii) and
1905(a)(i) of
the Act

7.

a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are ~~21 years of age or younger~~ as indicated below.

under the age of]

- ___ 20
- ___ 19
- ___ 18

TN No. 91-19
Supersedes
TN No. 86-9

Approval Date 1-21-92

Effective Date 11-1-91

HCFA ID: 7983E

10-1-91

State: IDAHO

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

XIX 42 CFR 435.222

/X/ b. Reasonable classifications of individuals described in (a) above, as follows:

X (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

X (a) In foster homes (and are under the age of 21).

X (b) In private institutions (and are under the age of 21).

 (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).

 (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).

X (3) Individuals in NFs (who are under the age of 21). NF services are provided under this plan.

X (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).

TN No. 91-19
Supersedes
TN No. 90-17

Approval Date 1-21-92

Effective Date 11-1-91
10-1-91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: IDAHO

Agency*	Citation(s)	Groups Covered
XIX	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
	<u> </u> (5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of <u> </u>). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
	<u> X </u> (6)	Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> .

TN No. 91-19
Supersedes 90-100 Approval Date 1-21-92 Effective Date 11-1-91
TN No. 90-100 HCFA ID: 7983E 10-1-91

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: IDAHO

Agency* Citation(s) Groups Covered

XIX

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10) X
(A)(ii)(VIII)
of the Act

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
- b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

<u>X</u>	21
—	20
—	19
—	18

TN No. 91-19
Supersedes
TN No. 90-8

Approval Date 1-21-92

Effective Date 11-1-91
10-1-91
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AUGUST 1991

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State: IDAHO

Agency* Citation (s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.223 X

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

Individuals under the age of--

21

20

19

18

Caretaker relatives

Pregnant women

Others as described below

Incapacitated parent required to accept remedial medical treatment

TN No. 91-19

Supersedes

TN No. ~~91-18~~

Approval Date 1-21-92

Effective Date 11-1-91

HCFA ID: 7983E 10-1-91

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: _____ IDAHO

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - ___ (1) All aged individuals.
 - ___ (2) All blind individuals.
 - ___ (3) All disabled individuals.

TN No. 91-19
Supersedes
TN No. 86-9

Approval Date 1-21-92

Effective Date 10-1-91
~~1-1-91~~

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: IDAHO

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|----------------|-------|---|
| 42 CFR 435.230 | — (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | — (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | — (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | — (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | — (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | — (9) | Individuals in additional classifications approved by the Secretary as follows: |

TN No. 91-19
Supersedes
TN No. 86-9

Approval Date 1-21-92

Effective Date 11-1-91
10-1-91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: IDAHO

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 91-19
Supersedes 86-4
TN No. 86-4

Approval Date 1-21-92

Effective Date 1-1-91
HCFA ID: 7983E 10-1-91

State: IDAHO

Agency*	Citation(s)	Groups Covered
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XIX

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR ~~435.120,~~
435.121 ~~and~~ 435.230
1902(a)(10)
(A)(ii)(XI)
of the Act

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- (1) All aged individuals.
 (2) All blind individuals.
 (3) All disabled individuals.

TN No. 91-19

Supersedes

TN No. 87-4

Approval Date 1-21-92

Effective Date 10-1-91
11-1-91

HCFA ID: 7983E

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AUGUST 1991
State: IDAHO

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Agency* Citation(s) Groups Covered

XIX

B. Optional Groups Other Than the Medically Needy
(Continued)

- X (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- X (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- X (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- X (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 91-19
Supersedes 87-4
TN No. 86-9

Approval Date 1-21-92

Effective Date 10-1-91
11-1-91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 , (BPD)
AUGUST 1991

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OMB NO.: 0938-

State: IDAHO

Agency*	Citation(s)	Groups Covered
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XIX

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes

 X No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 91-19
Supersedes
TN No. ~~87-1~~

Approval Date 1-21-92

Effective Date ~~11-1-91~~

HCFA ID: 7983E
10-1-91

State: IDAHO

Agency* Citation(s) Groups Covered

XIX

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231
1902(a)(10)
(A)(ii)(V)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

- Aged
 Blind
 Disabled
Individuals under the age of--
___ 21
___ 20
___ 19
___ 18
___ Caretaker relatives
___ Pregnant women

TN No. 91-19
Supersedes
TN No. 87-4

Approval Date 1-21-92

Effective Date 4-1-91

HCFA ID: 7983E

10-1-91

State/Territory IDAHO

Agency* Citation(s) Groups Covered
B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) /X/ 13. Certain disabled children age 18 or
of the Act under who are living at home, who
would be eligible for Medicaid under the plan
if they were in a medical institution, and for
whom the State has made a determination as required
under section 1902(e)(3)(B) of the Act.
Supplement 3 to ATTACHMENT 2-A describes
The method that is used to determine the cost effectiveness of
caring for this group of disabled children at home.

IV-A

1902(a)(10) / / 14. The following individuals who are not
(A)(ii)(IX) mandatory categorically needy whose income
and 1902(1) does not exceed the income level (established
of the Act at an amount above the mandatory level and not
more than 185 percent of the Federal poverty
income level) specified in Supplement 1 to
ATTACHMENT 2.6-A for a family of the same
size, including the woman and unborn child or
infant and who meet the resource standards
specified in Supplement 2 to ATTACHMENT
2.6--A
a. Women during pregnancy (and during the 60-day period
beginning on the last day of pregnancy); and
b. Infants under one year of age.

*Agency that determined eligibility for coverage

State: IDAHO

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(10)(A)
(ii)(IX)
and 1902(1)(1)
(D) of the Act

15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

7 years of age; or

8 years of age.

TN No. 91-19
Supersedes
TN No. ~~89-23~~

Approval Date 1-21-92

Effective Date 11-1-91
HCFA ID: 7983E 10-1-91

State: IDAHO

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 91-19
Supersedes _____
TN No. _____

Approval Date 1-21-92

Effective Date 10-1-91
~~11-1-91~~

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47)
and 1920 of
the Act

- X 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

TN No. 92-2

Supersedes

TN No. 91-19

Approval Date

5-22-92

Effective Date

1-1-92

Citation

Groups Covered

B. Optional Coverage Other than the Medically Needy
(Continued)

1902 (a) (10) (A)
(ii) (XIV) of the Act

X

20. Optional Targeted Low Income Children who:

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1) (2) (D));
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a state which receives no Federal funds for the program;
- d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110 (b) (4) of the Act) but by no more than 50 percentage points.

TN No. 98-006
Approved: 6/18/98
Effective: 10/1/97

The State covers:

 X All children described above who are under age 19 (18, 19) with family income at or below 50 percent of the Federal poverty level.

 The following reasonable classifications of children described above who are under age (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902 (e) (12) of the Act

 X 21. A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1930A of the Act

 22. Children under age 19 who are determined by a "qualified entity" (as defined in S1920A (b) (3) (A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN# 99-015 Approval Date: 12-22-00
Supersedes
TN# 99-006 Effective Date: 11-1-99

STATE: IDAHO

Citation	Group Covered
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B. Optional Coverage Other Than the Medically Needy
(Continued)

1902 (a) (10) (A)
(ii) (XVIII) of the Act

X [23]. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act

X [24]. Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 01-007 Approval Date: 6-5-01 Effective Date: July 1, 2001
Supersedes TN No. -0-

State: IDAHO

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

- | | |
|----------------------------------|--|
| 42 CFR 435.301 | This plan includes the medically needy.
<input checked="" type="checkbox"/> No.
<input type="checkbox"/> Yes. This plan covers: |
| 1902(e) of the Act | 1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls. |
| 1902(a)(10)(C)(ii)(I) of the Act | 3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act. |

TN No. 91-19
Supersedes
TN No. 89-3

Approval Date 1-21-92

Effective Date 10-1-91
11-1-91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: IDAHO

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- ___ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ___).
- ___ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
- ___ (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan.
- ___ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).
- ___ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ___). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- ___ (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 91-19
Supersedes
TN No. _____

Approval Date 1-21-92

Effective Date 10-1-91
11-1-91

HCFA ID: 7983E

State: IDAHO

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- | | | |
|-------------------------------|-------------------------------------|---|
| 42 CFR 435.310 | <input checked="" type="checkbox"/> | 6. Caretaker relatives. |
| 42 CFR 435.320
and 435.330 | <input checked="" type="checkbox"/> | 7. Aged individuals. |
| 42 CFR 435.322
and 435.330 | <input checked="" type="checkbox"/> | 8. Blind individuals. |
| 42 CFR 435.324
and 435.330 | <input checked="" type="checkbox"/> | 9. Disabled individuals. |
| 42 CFR 435.326 | <input checked="" type="checkbox"/> | 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. |
| 435.340 | | 11. Blind and disabled individuals who:
a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
b. Were eligible as medically needy in December 1973 as blind or disabled; and
c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

TN No. 91-19
Supersedes _____
TN No. _____

Approval Date 1-21-92

Effective Date 10-1-91
~~11-1-91~~

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (BPD)

October 1991

ATTACHMENT 2.2-A

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OMB NO.: 0938-

State: IDAHO

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of _____ months.

J.N. # 91-22

Supersedes —

approval Date: 1-23-92

Effective Date: 10-1-91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act. <ol style="list-style-type: none">1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.	

TN No. 05-005 Approval Date SEP 27 2005 Effective Date July 1, 2005

Supersedes

TN No. _____

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.2-A
Page 1
OMB NO.:0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: IDAHO

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

Individuals under age 18 who, except for age and school attendance, would be recipients of AFDC.

Individuals under age 21 receiving inpatient psychiatric services in a psychiatric hospital which is under the authority of the Division of Family and Community Services and certified by the Health Care Financing Administration.

TN No. 94-008
Supersedes
TN No. 91-19

Effective Date: 1-1-94
Approval Date: 3-22-94

Revision: HCFA-PM-91-4
2.2-A

(BPD) SUPPLEMENT 3 TO ATTACHMENT

AUGUST 1991

Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children At Home

A community care plan is developed for each applicant that identifies the medical services necessary to maintain the child in the community. This information is provided to the Department's Regional Medicaid Units (RMU). Costs for medical services that will be incurred by the Medicaid program are developed by RMU staff and compared against the average cost of the appropriate level of institutional care determined by RMU staff to be needed by the applicant. If the care plan costs exceed that of the appropriate level of institutionalization, then the application is denied.

For on-going eligibility, the care plan is reviewed and the costing is re-evaluated at least annually.

TN No. 95-015
Supersedes 91-19 Approval Date 2-2-96 Effective Date 10-1-95
TN No. _____