

# Medicaid State Plan Eligibility

## Medicaid State Plan Eligibility: General Information

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State/Territory name: **Idaho**  
 Transmittal Number: **ID-15-0002**

**General Information:**

**Submission Title:**

*short (under 100 characters) label used to identify this submission in the web application*

15-0002

**Description:**

Single State Agency SPA- Federal exchange to state exchange

**Populations Covered:**

**Mandatory Coverage:**

- Parents and Other Caretaker Relatives
- Pregnant Women
- Infants and Children under Age 19
- Adult Group
- Former Foster Care Children

**Options for Coverage:**

- Individuals above 133% FPL
- Optional Coverage of Parents and Other Caretaker Relatives
- Reasonable Classification of Individuals under Age 21
- Children with Non IV-E Adoption Assistance
- Optional Targeted Low Income Children
- Individuals with Tuberculosis
- Independent Foster Care Adolescents
- Individuals Eligible for Family Planning Services

## Medicaid State Plan Eligibility: File Management Summary

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State/Territory name: **Idaho**  
 Transmittal Number: **ID-15-0002**

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	no
MAGI-Based Eligibility Groups	S14T	Income Standards - Territories	no
MAGI-Based			

<b>Groups</b>			
<b>MAGI-Based Eligibility Groups</b>	S28	<b>Mandatory: Pregnant Women</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S28T	<b>Mandatory: Pregnant Women - Territories</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S30	<b>Mandatory: Infants and Children Under Age 19</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S30T	<b>Mandatory: Infants and Children Under Age 19 - Territories</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S32	<b>Mandatory: Individuals Below 133% of the FPL</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S33	<b>Mandatory: Former Foster Care Children up to age 26</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S50	<b>Optional: Individuals Above 133% of the FPL</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S51	<b>Optional: Optional Parents and Caretakers</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S52	<b>Optional: Reasonable Classifications of Individuals</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S53	<b>Optional: Non IV-E Adoption Assistance</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S54	<b>Optional: Optional Targeted Low Income Children</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S55	<b>Optional: Tuberculosis</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S57	<b>Optional: Foster Care Adolescents - Chafee</b>	<b>no</b>
<b>MAGI-Based Eligibility Groups</b>	S59	<b>Optional: Family Planning</b>	<b>no</b>
<b>Eligibility Process</b>	S94	<b>Single streamlined application or alternative, Renewals, Coordination for enrollment and eligibility (agreements with Exchanges)</b>	<b>no</b>
<b>MAGI Income Methodology</b>	S10	<b>Designates the income options the state is electing in 2014 (e.g. how pregnant women are counted, reasonably predictable changes in income, cash support, how full-time students are counted)</b>	<b>no</b>
<b>Single State Agency</b>	A1-3	<b>Addresses single state agencies delegation of appeals and determinations</b>	<b>yes</b>

<b>Residency</b>	<b>S88</b>	<b>State affirms residency regulations and addresses interstate agreements and temporary absence</b>	<b>no</b>
<b>Citizenship &amp; Immigration Status</b>	<b>S89</b>	<b>State affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility</b>	<b>no</b>
<b>Hospital Presumptive Eligibility</b>	<b>S21</b>	<b>State specifies options for presumptive eligibility conducted by hospitals</b>	<b>no</b>
<b>Marriage Policy</b>	<b>S12</b>	<b>Medicaid Eligibility Marriage Policy</b>	<b>no</b>

**Medicaid State Plan Eligibility: File Management Detail**

**Form S14: AFDC Income Standards**

Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

**Form S14T: Income Standards - Territories**

Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

**Form S25: Eligibility Groups - Mandatory Coverage: Parents and Other Caretaker Relatives**

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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**Form S28: Eligibility Groups - Mandatory Coverage: Pregnant Women**

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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**Form S28T: Mandatory: Pregnant Women - Territories**

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

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**Form S30: Eligibility Groups - Mandatory Coverage: Infants and Children under Age 19**

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Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

**Form S30T: Mandatory: Infants and Children Under Age 19 - Territories**

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

**Form S32: Eligibility Groups - Mandatory Coverage: Adult Group**

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

**Form S33: Eligibility Groups - Mandatory Coverage: Former Foster Care Children**

Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

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**Form S50: Eligibility Groups - Options for Coverage: Individuals above 133% FPL**

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Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

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**Form S51: Eligibility Groups - Options for Coverage: Optional Coverage of Parents and Other Caretaker Relatives**

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Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

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**Form S52: Eligibility Groups - Options for Coverage: Reasonable Classification of Individuals under Age 21**

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Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

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**Form S53: Eligibility Groups - Options for Coverage: Children with Non IV-E Adoption Assistance**

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Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

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**Form S54: Eligibility Groups - Options for Coverage: Optional Targeted Low Income Children**

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Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

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**Form S55: Eligibility Groups - Options for Coverage: Individuals with Tuberculosis**

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Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

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**Form S57: Eligibility Groups - Options for Coverage: Independent Foster Care Adolescents**

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Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

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**Form S59: Eligibility Groups - Options for Coverage: Individuals Eligible for Family Planning Services**

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Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

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**Form S94: General Eligibility Requirements: Eligibility Process**

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Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

**Form S10: MAGI-Based Income Methodologies**

Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

**Form A1-3: Medicaid Administration: Single State Agency**

Form Description: A1-3  
Uploaded Form:  Date Uploaded: 03/18/2015

**Support Documents**

**Document**

**Form S88: Non-Financial Eligibility: State Residency**

Form Description:

Uploaded Form:  Date Uploaded:

**Support Documents**

**Document**

**Form S89: Non-Financial Eligibility: Citizenship and Non-Citizen Eligibility**

Form Description:

**Uploaded Form:**  **Date Uploaded:**

**Support Documents**

**Document**

**Form S21: Presumptive Eligibility by Hospitals**

Form Description:

**Uploaded Form:**  **Date Uploaded:**

**Support Documents**

**Document**

**Form S12: Medicaid Eligibility Marriage Policy**

Form Description:

**Uploaded Form:**  **Date Uploaded:**

**Support Documents**

**Document**

**Medicaid State Plan Eligibility: Tribal Input**

State/Territory name: **Idaho**  
 Transmittal Number: **ID-15-0002**

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.**

**This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.**

**The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.**

*Complete the following information regarding any tribal consultation conducted with respect to this submission:*

**Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:**

**Indian Tribes**

<b>Indian Tribes</b>	
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**Indian Health Programs**

<b>Indian Health Programs</b>	
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**Urban Indian Organization**

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

Document	
Please provide a short description of this support document: The Tribal solicitation letter was e-mailed and sent US mail to the federally recognized Idaho Tribes as well as the Northwest Portland Area Indian Health Board, who work closely with Idaho Tribes as a Coordinating agency. Solicitation letters are also uploaded onto a website designed specifically for communication between Idaho Medicaid and Idaho Tribes.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
15-012 Tribal Notice - Single State Agency SPA - Change in State Based Marketpla	
Please provide a short description of this support document: Tribal mailing list for the federal recognized Idaho Tribes.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Current Tribal contact information 3-19-14.pdf	

**Indicate the key issues raised in Indian consultative activities:**

**Access**

**Summarize Comments**

No feedback was received from Idaho Tribes.

**Summarize Response**

<input type="checkbox"/>	<b>Quality</b> Summarize Comments
	Summarize Response
<input type="checkbox"/>	<b>Cost</b> Summarize Comments
	Summarize Response
<input type="checkbox"/>	<b>Payment methodology</b> Summarize Comments
	Summarize Response
<input type="checkbox"/>	<b>Eligibility</b> Summarize Comments
	Summarize Response
<input type="checkbox"/>	<b>Benefits</b> Summarize Comments
	Summarize Response
<input type="checkbox"/>	<b>Service delivery</b> Summarize Comments
	Summarize Response
<input type="checkbox"/>	<b>Other Issue</b>

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

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State/Territory name:

Idaho

**Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

**Proposed Effective Date**


(mm/dd/yyyy)

**Federal Statute/Regulation Citation**

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	<input type="text" value="2015"/>	<input type="text" value="\$0.00"/>
Second Year	<input type="text" value="2016"/>	<input type="text" value="\$0.00"/>

**Subject of Amendment**

Single State Agency Update

**Governor's Office Review**

- Governor's office reported no comment**  
 **Comments of Governor's office received**

Describe:

- No reply received within 45 days of submittal**  
 **Other, as specified**

Describe:

**Signature of State Agency Official**

Submitted By: **Teresa Martin**  
 Last Revision Date: **Mar 18, 2015**  
 Submit Date: **Mar 18, 2015**