

Children's Health Insurance Program Eligibility

Children's Health Insurance Program Eligibility: General Information

State/Territory name: Idaho
 Transmittal Number: ID-13-0014

General Information:

Submission Title:

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

ID CHIP Medicaid Expansion - Title XXI SPA action 2

Children's Health Insurance Program Eligibility: File Management Summary

State/Territory name: Idaho
 Transmittal Number: ID-13-0014

Type of SPA	Form Code	Form Name	Uploaded?
MAGI Eligibility & Methods	CS7	Eligibility - Targeted Low-Income Children	no
MAGI Eligibility & Methods	CS8	Eligibility - Targeted Low-Income Pregnant Women	no
MAGI Eligibility & Methods	CS9	Eligibility - Coverage From Conception to Birth	no
MAGI Eligibility & Methods	CS10	Eligibility - Children Who Have Access to Public Employee Coverage	no
MAGI Eligibility & Methods	CS11	Eligibility - Pregnant Women Who Have Access to Public Employee Coverage	no
MAGI Eligibility & Methods	CS12	Eligibility - Dental Only Supplemental Coverage	no
MAGI Eligibility & Methods	CS13	Eligibility - Deemed Newborns	no
MAGI Eligibility & Methods	CS15	MAGI-Based Income Methodologies	no
MAGI Eligibility & Methods	CS16	Other Eligibility Criteria - Spenddowns	no
XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	yes
Establish 2101(f) Group	CS14	Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	no
Eligibility Processing	CS24	General Eligibility - Eligibility Processing	no
Non-Financial Eligibility	CS17	Non-Financial Eligibility - Residency	no
Non-Financial Eligibility	CS18	Non-Financial Eligibility - Citizenship	no
Non-Financial Eligibility	CS19	Non-Financial Eligibility - Social Security Number	no

Type of SPA	Form Code	Form Name	Uploaded?
Non-Financial Eligibility	CS20	Non-Financial Eligibility - Substitution of Coverage	no
Non-Financial Eligibility	CS21	Non-Financial Eligibility - Non-Payment of Premiums	no
Non-Financial Eligibility	CS23	Non-Financial Requirements - Other Eligibility Standards	no
Non-Financial Eligibility	CS27	General Eligibility - Continuous Eligibility	no
Non-Financial Eligibility	CS28	General Eligibility - Presumptive Eligibility for Children	no
Non-Financial Eligibility	CS29	General Eligibility - Presumptive Eligibility for Pregnant Women	no

Children's Health Insurance Program Eligibility: Tribal Input

State/Territory name: Idaho
 Transmittal Number: ID-13-0014

- 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

Indian Tribes	
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- Indian Health Programs

Indian Health Programs	
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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: Tribal solicitation letter EHB & Eligibility ACA SPAs
Uploaded Document Name: 13-269 Tribal letter - EHB & Eligibility (ACA SPAs).pdf

Indicate the key issues raised in Indian consultative activities:

- Access
- Summarize Comments

Summarize Response

Quality

Summarize Comments

Summarize Response

Cost

Summarize Comments

Summarize Response

Payment methodology

Summarize Comments

Summarize Response

Eligibility

Summarize Comments

Summarize Response

Benefits

Summarize Comments

Summarize Response

Service delivery

Summarize Comments

Summarize Response

Other Issue

Children's Health Insurance Program Eligibility: Summary Page

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.

ID-13-0014

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 457.320(a)(2) and (3)

Federal Budget Impact

This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Signature of State Agency Official

Submitted By: Rachel Strutton

Date Submitted: Sep 17, 2013



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Eligibility for Medicaid Expansion Program					CS3
42 CFR 457.320(a)(2) and (3)					
Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards: There should be no overlaps or gaps for the ages entered.					
Age and Household Income Ranges					
	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	6	19	107	133	X
+	0	6	133	141	X

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

PAUL J. LEARY - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

August 2, 2013

Dear Tribal Representative:

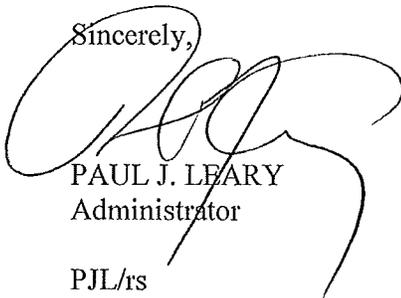
This is to let you know that the Idaho Department of Health and Welfare intends to seek approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, for multiple state plan amendments to comply with regulations of the Affordable Care Act (ACA). These changes will include

- Confirming already existing coverage of essential health benefits (ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care).
- Updating State Agency information.
- Modifying state plan language and requirements around Medicaid eligibility.

These amendments will apply to both our Title XIX Medicaid State Plan and our Title XXI State Plan. We intend to submit the SPAs no later than October 1, 2013.

Idaho Medicaid's development of these proposed SPA's will be reviewed as part of the Policy Update at the next quarterly Tribal meeting scheduled for August 14, 2013. Idaho Medicaid is interested in receiving your comments, questions or suggestions relating to these changes. Should you have questions about this letter or the upcoming SPA submission, please contact Cindy Brock at 208-364-1983 or by email at brockc@dhw.idaho.gov by September 2, 2013.

Sincerely,



PAUL J. LEARY
Administrator

PJL/rs