

# Medicaid State Plan Eligibility

## Medicaid State Plan Eligibility: General Information

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State/Territory name: Idaho  
 Transmittal Number: ID-13-0019

**General Information:**

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

ID MAC - 13-019

**Description:**  
 MAGI Single State Agency

**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-13-0019

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	no
MAGI-Based Eligibility Groups	S25	Mandatory: Parents and Other Caretakers	no
MAGI-Based Eligibility Groups	S28	Mandatory: Pregnant Women	no
MAGI-Based Eligibility Groups	S30	Mandatory: Infants and Children Under Age 19	no

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S32	Mandatory: Individuals Below 133% of the FPL	no
MAGI-Based Eligibility Groups	S33	Mandatory: Former Foster Care Children up to age 26	no
MAGI-Based Eligibility Groups	S50	Optional: Individuals Above 133% of the FPL	no
MAGI-Based Eligibility Groups	S51	Optional: Optional Parents and Caretakers	no
MAGI-Based Eligibility Groups	S52	Optional: Reasonable Classifications of Individuals	no
MAGI-Based Eligibility Groups	S53	Optional: Non IV-E Adoption Assistance	no
MAGI-Based Eligibility Groups	S54	Optional: Optional Targeted Low Income Children	no
MAGI-Based Eligibility Groups	S55	Optional: Tuberculosis	no
MAGI-Based Eligibility Groups	S57	Optional: Foster Care Adolescents - Chafee	no
MAGI-Based Eligibility Groups	S59	Optional: Family Planning	no
Eligibility Process	S94	Single streamlined application or alternative, Renewals, Coordination for enrollment and eligibility (agreements with Exchanges)	no
MAGI Income Methodology	S10	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)	no
Single State Agency	A1-3	Addresses single state agencies delegation of appeals and determinations	yes
Residency	S88	State affirms residency regulations and addresses interstate agreements and temporary absence	no
Citizenship & Immigration Status	S89	State affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility	no
Hospital Presumptive Eligibility	S21	State specifies options for presumptive eligibility conducted by hospitals	no

### Medicaid State Plan Eligibility: Tribal Input

State/Territory name:

Idaho



# Medicaid Administration

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

<b>State Plan Administration Designation and Authority</b>	<b>A1</b>
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42 CFR 431.10

### Designation and Authority

State Name:

IDAHO

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Idaho Department of Health and Welfare

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

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

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

56-209b; 56-210; 56-203 I.C.

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes  No

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

**An attachment is submitted.**

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

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes  No



# Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes     No

<b>State Plan Administration</b>	<b>A2</b>
<b>Organization and Administration</b>	

42 CFR 431.10  
42 CFR 431.11

### Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The administrative and operational functions of Idaho Medicaid are conducted within the Idaho Department of Health and Welfare.

The Division of Welfare is responsible for conducting eligibility determinations for Medicaid.

**Administration & Operations**  
The Division of Medicaid is responsible for management of both directly paid and contracted services, policy oversight and claims system operations.

- Bureau of Operations: Bureau of Operations encompasses Medicaid programs that manage medical assistance to participants. The bureau/units included in this part of the organization are the Bureau of Developmental Disability Services, the Bureau of Medical Care (includes Pharmacy and Primary Care), and the Office of Mental Health and Substance Abuse (includes Mental Health Credentialing).



# Medicaid Administration

- Bureau of Long Term Care – Provides oversight and develops policy for benefits related to long term care and HCBS waivers.
- Bureau of Developmental Disability Services – Provides oversight and develops policy for benefits related to developmentally and intellectually disabled services.
- Bureau of Medical Care – Provides oversight and develops policy for services under medical, dental, pharmacy, primary care case management, CHIP and 1115(a)waivers. This bureau also conducts in house prior authorizations and pre and post-payment reviews for inpatient hospital stays, surgical services, durable medical equipment, ambulance, physical/occupational/speech therapy, and is responsible for contract monitoring of contracts related to in patient services, dental, vision, non-emergency transportation, the Pharmacy and Therapeutics Committee and prescription drug purchasing pool.
- Bureau of Financial Operations – Provides oversight for the Medicaid budget, conducts financial recovery efforts, oversees and develops reimbursement methodology, conducts data analysis and manages the Electronic Health Records provider incentive program.
- Systems Support Bureau - Provides daily operational oversight of MMIS system and its vendors. Supports Medicaid providers and state staff who use the MMIS to perform their jobs and manages automation-related Medicaid projects.
- Office of Mental Health and Substance Abuse – Responsible for oversight of behavioral health services (mental health and substance abuse) and monitoring managed care contract with the vendor who delivers these services.

Upload an organizational chart of the Medicaid agency.

**An attachment is submitted.**

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Department of Health and Welfare (DHW) serves under the leadership of Idaho's Governor. The Director of DHW oversees all department operations and is advised by an 11-member State Board of Health and Welfare appointed by the Governor. DHW is organized into eight divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare, Public Health, Licensing and Certification, Operational Services, and Information and Technology.

The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division does not provide direct medical services, but contracts and pays for services through providers similar to the way a health insurance company operates. The Division of Family and Community Services (FACS) directs many of the department's social service programs. These include child protection, adoption, foster care, developmental disabilities, along with screening and early intervention for infants and toddlers. The Division of Behavioral Health helps children, adults and families address and manage personal challenges resulting from mental illnesses and/or substance use disorders. The Division of Welfare promotes stable, healthy families through assistance and support services. Programs administered by the Division of Welfare include: Child Support, Supplemental Nutrition Assistance Program (SNAP), Child Care, Temporary Assistance for Families in Idaho (TAFI- cash assistance), and Aid to the Aged, Blind, and Disabled (AABD-cash assistance). The Division of Welfare determines Medicaid eligibility. The Division of Public Health provides a wide range of services that includes immunizations, disease surveillance and intervention, regulating food safety, certifying emergency medical personnel, vital records administration, compilation of health statistics, and preparedness for health or safety emergencies. The Division of Licensing and Certification works to ensure Idaho health care facilities and agencies are in compliance with applicable federal and state statutes and rules. The Division of Operational Services provides contracting and purchasing services, building oversight, maintenance and security for DHW hospitals and offices, strategic planning, administrative services and legislative rule



# Medicaid Administration

making, and human resource management for the department's employees. The Information Technology Services Division (ITSD) provides office automation, information processing, local and wide area networking, and enterprise services for the department statewide.

## Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Idaho State Health Exchange is an independent organization tasked with fulfilling exchange functions for a state based exchange as defined in the Affordable Care Act under the supervision of a governor appointed board of directors.

Add

## Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Idaho State Health Exchange is an independent organization tasked with fulfilling exchange functions for a state based exchange as defined in the Affordable Care Act under the supervision of a governor appointed board of directors.

Add

## Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes  No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

- Yes  No

**State Plan Administration**  
**Assurances**

A3



# Medicaid Administration

42 CFR 431.10  
42 CFR 431.12  
42 CFR 431.50

## Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

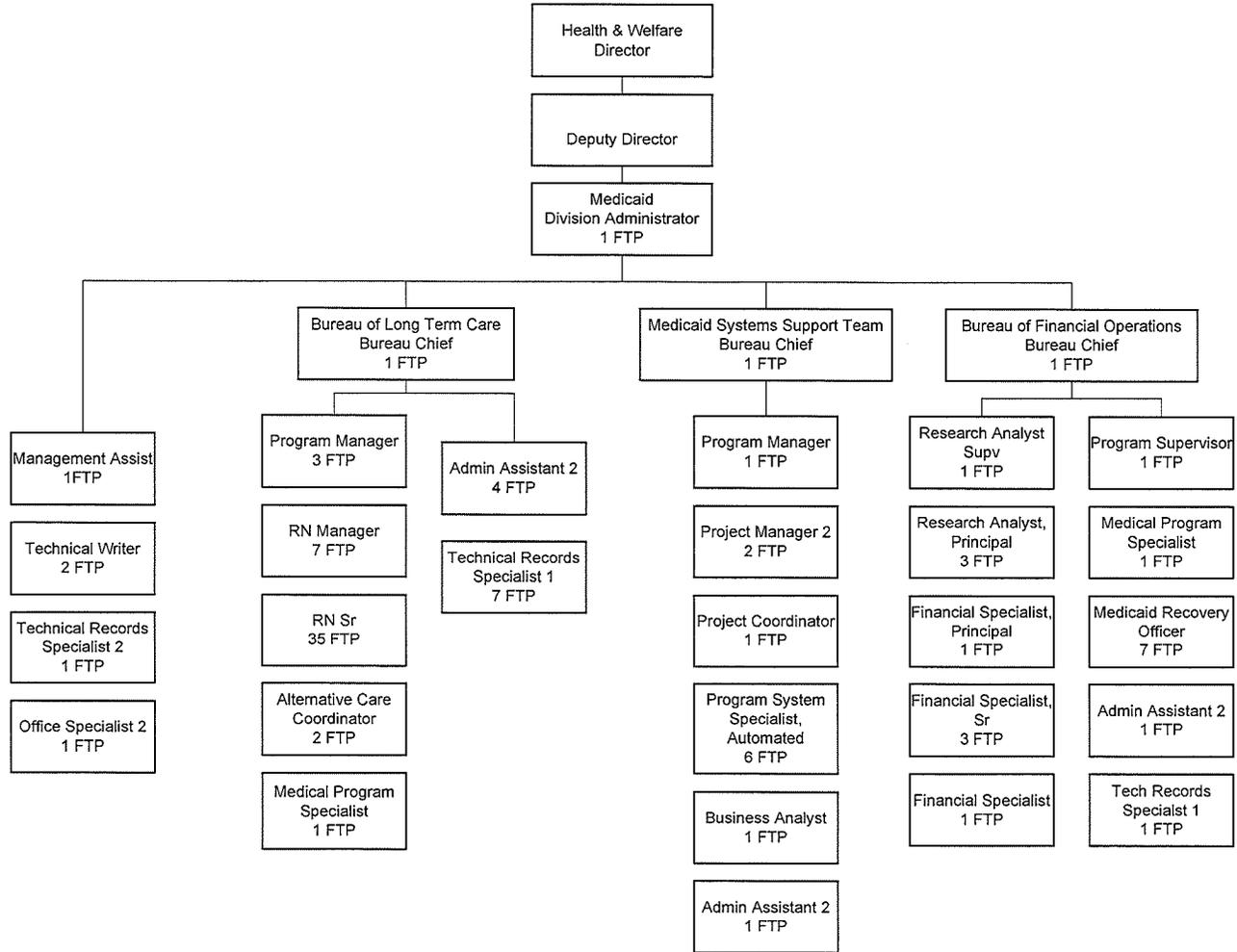
Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

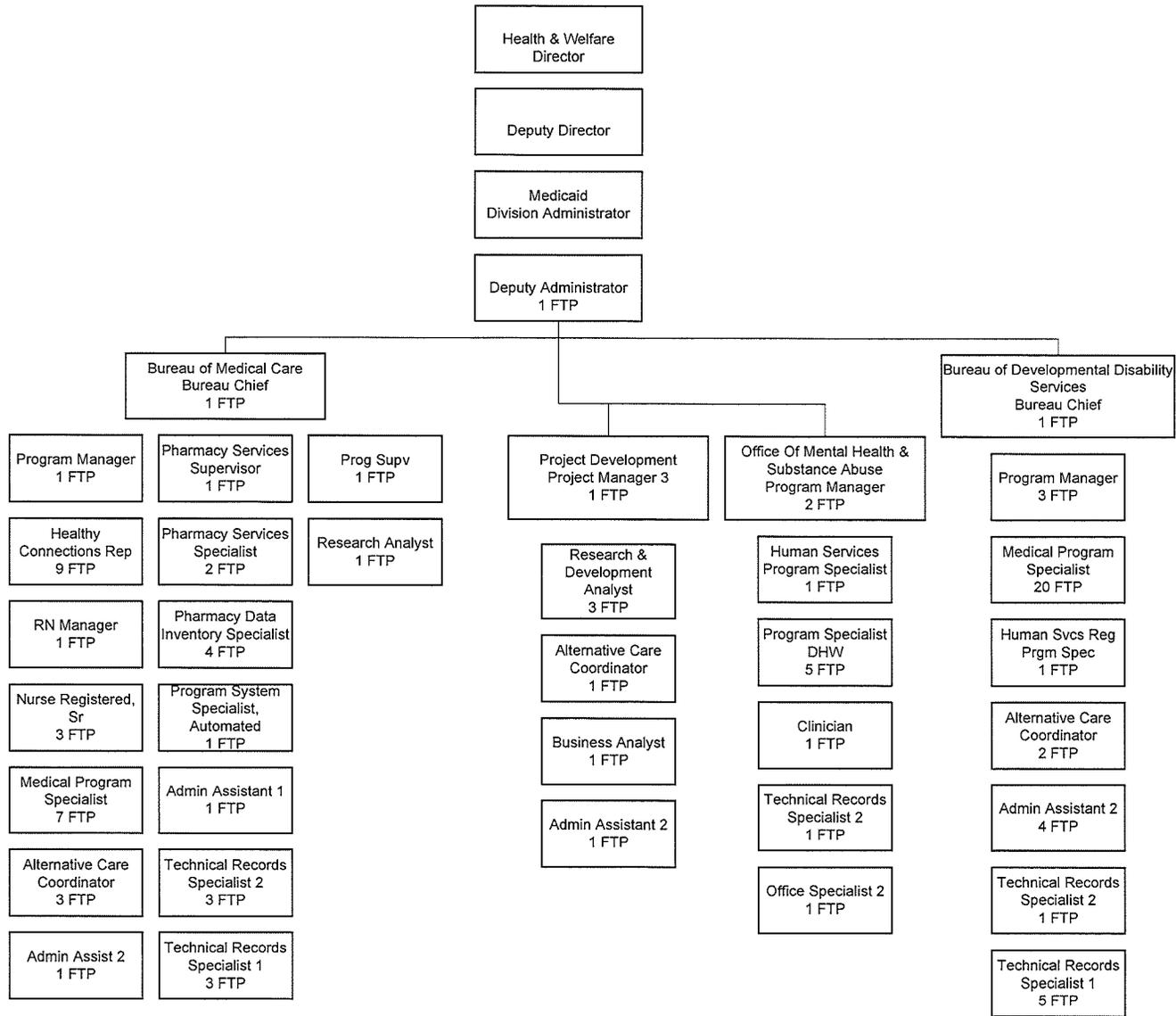
## PRA Disclosure Statement

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 40 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.

# MEDICAID (1 OF 2)

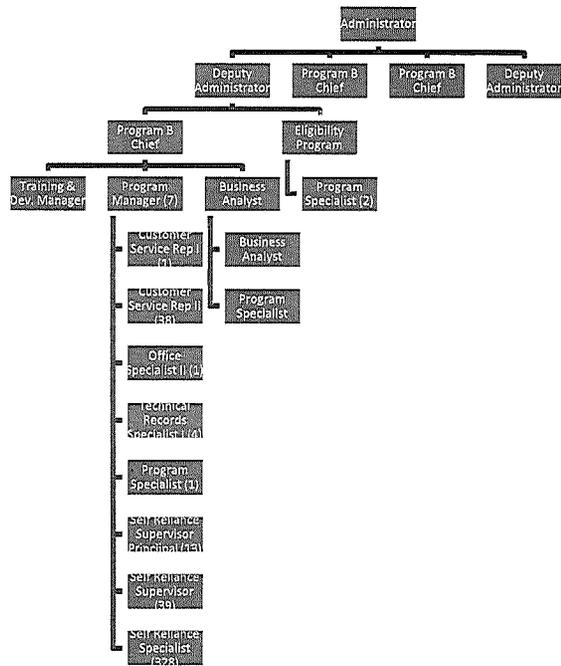


## MEDICAID (2 OF 2)



Revised 9/6/13

DIVISION OF WELFARE – Benefits Determination





STATE OF IDAHO  
OFFICE OF THE ATTORNEY GENERAL  
BOISE 83720

W. ANTHONY PARK  
ATTORNEY GENERAL

August 13, 1974

CERTIFICATION

In response to the request of the Director of the Idaho Department of Health and Welfare, the following certification is made:

House Bill 408, found at Chapter 23 of the Session Laws of the Second Regular Session of the Forty-second Legislature of the State of Idaho, changed the name of the Idaho Department of Environmental and Community Services to the Department of Health and Welfare and vested all the powers of the predecessor department and its administrator in the new Department of Health and Welfare and its Director. In addition, this enactment created the division of Veterans Services within the Department of Health and Welfare.

It should be pointed out that the Department of Environmental and Community Services, as it existed before the name change, was the single state agency which was denominated to satisfy the requirements of paragraph 205.100 (a) (1) of the "Federal Register". It is the conclusion of this office that the Department of Health and Welfare is a single state agency with authority to administer the plan within the aforesaid Federal requirement. For that reason it is the opinion of the Attorney General's office that the Department of Health and Welfare has sufficient authority to administer the plan on a statewide basis.

In conclusion, it is my opinion, and I hereby certify, that the Department of Health and Welfare is the single state agency to administer the programs under Titles IV-A, IV-B, VI and XIX of the Social Security Act; that this department has the authority to supervise and administer this plan; and further, that it has the power to promulgate rules and regulations and to enforce now existing rules and regulations to effectuate the purposes of the plan.

W. ANTHONY PARK  
Attorney General  
State of Idaho

8-14-74

11/74

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JF

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 1.1-A  
MEDICAL ASSISTANCE PROGRAM

State of IDAHO

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

Department of Health and Welfare is the  
single state agency responsible for:

administering the plan.

The legal authority under which the agency administers  
the plan on a Statewide basis is

56-209b; 56-210 ; 56-203 I.C.

(statutory citation)

D supervising the administration of the plan by local  
political subdivisions.

The legal authority under which the agency superv  
the administration of the plan on a Statewide basis is  
contained in

(statutory citation)

The agency's legal authority to make rules and regulations  
that are binding on the political subdivisions administer  
ing the plan is

(statutory citation)

DATE

7/17/75

Signature

ATTORNEY GENERAL

DATE REC'D.  
7/17/75  
TYPE OF  
7/17/74  
COMMENTS

SUB. #  
76-4  
P.O.

DATE TO D. C.  
9/21/74  
DATE TO STATE  
9/74  
FILE FILED  
/

Transmittal Number:  ID-13-0019

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	
------------------------	--

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: This letter was sent hard copy and e-mail to the Federally recognized Idaho Tribe's representatives. This letter was also uploaded to a websited specifically designed for communicaiton between Idaho Medicaid and the Tribes of Idaho. No feedback was received from the Tribes. <b>Uploaded Document Name:</b> 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**

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

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-13-0019

Proposed Effective Date

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

Federal Statute/Regulation Citation

42 CFR 431.10 -13 and 42 CFR 431.50

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00



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:*

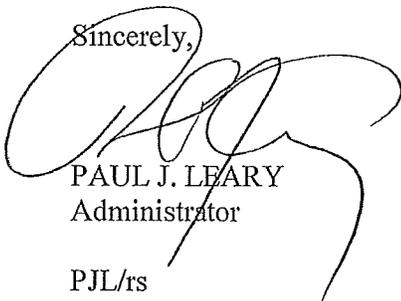
This is to let you know that the Idaho Department of Health and Welfare intends to seek approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, for multiple state plan amendments to comply with regulations of the Affordable Care Act (ACA).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

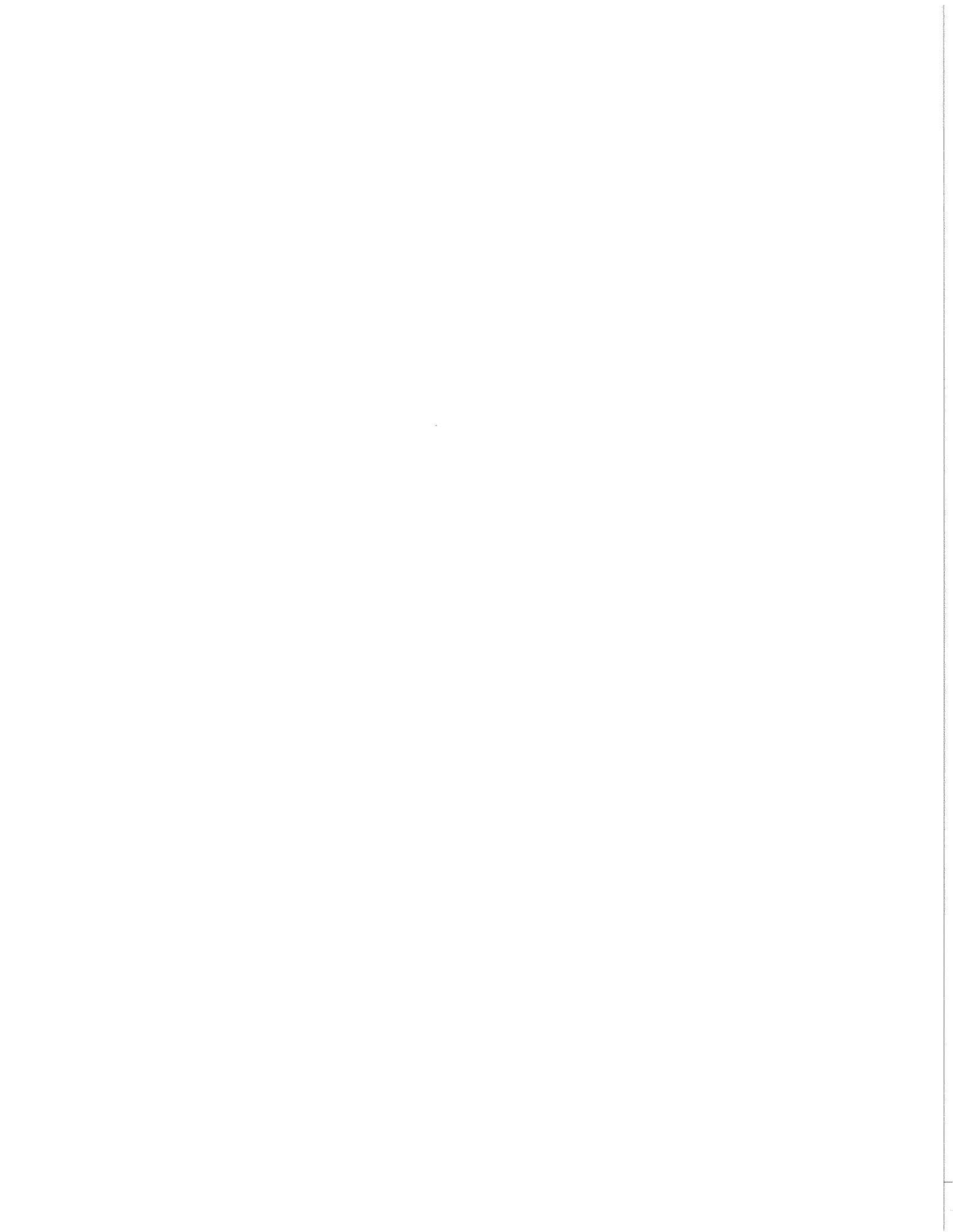
Idaho Medicaid's development of these proposed SPA's will be reviewed as part of the Policy Update at the next quarterly Tribal meeting scheduled for August 14, 2013. Idaho Medicaid is interested in receiving your comments, questions or suggestions relating to these changes. Should you have questions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

Sincerely,



PAUL J. LEARY  
Administrator

PJL/rs



	<b>Federal Fiscal Year</b>	<b>Amount</b>
Second Year	2015	\$ 0.00

**Subject of Amendment**

MAGI Single state agency (ACA XIX SPA action 4 - group single state agency

**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:

Rachel Strutton

Date Submitted:

Oct 8, 2013